

Treatments for Common Pain Disorders

Matthew R. Kohler, MD
Hudson Spine and Pain Medicine
03/01/2017



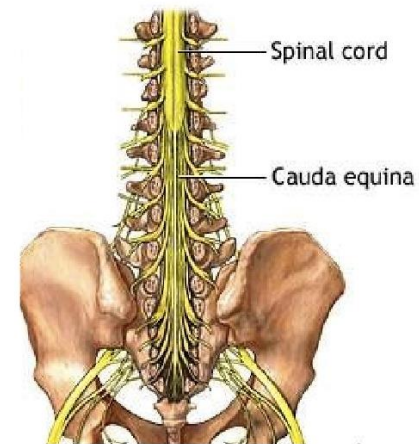
Acute Disc Herniation

- Conservative Approach (Four to Six Weeks)
 - Physical Therapy, exercise and gentle stretching to help relieve pressure on the nerve root
 - Ice and Heat Therapy
 - Chiropractic Manipulation
 - NSAIDs
 - Oral Steroids to decrease inflammation
 - Epidural Steroid Injections
 - Initial loading dose includes 2-3 injections, 2 weeks apart
 - Subsequent Injections must be at least 10 weeks apart
- Surgery
 - If conservative treatments not effective, decompression surgery (microdiscectomy) can be considered

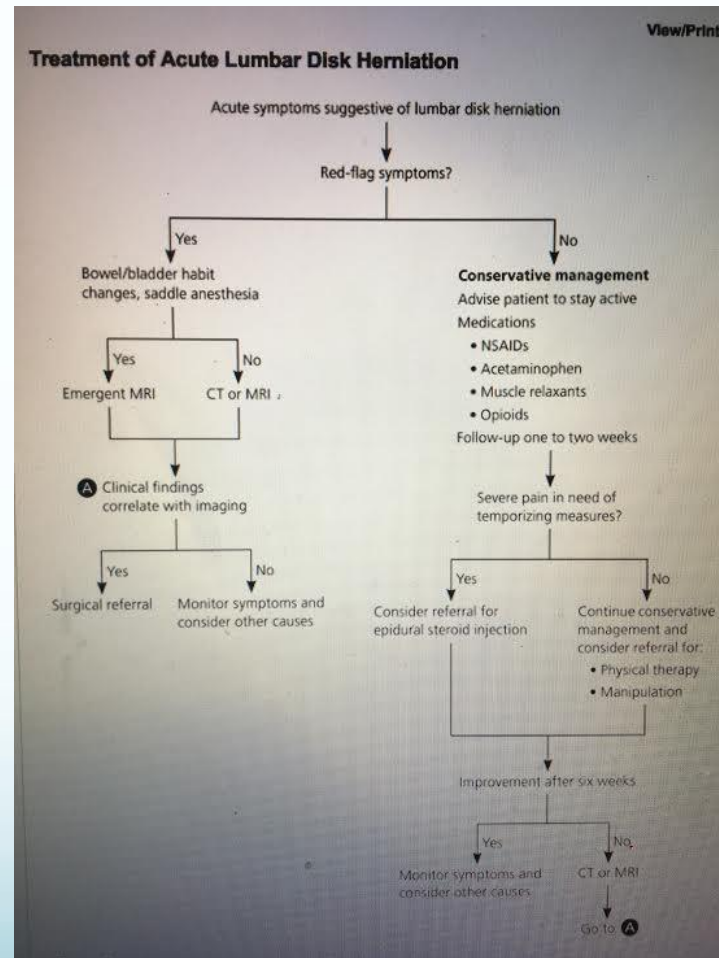
Acute Disc Herniation

- Red Flag Symptoms
 - Cauda Equina Syndrome
 - Fecal Incontinence
 - Saddle Anesthesia
 - Urinary Retention
 - Infection
 - Immunosuppression
 - IV drug Use
 - Unexplained Fever
 - Neoplasm
 - History of Cancer
 - Weight Loss

CAUDA EQUINA



Acute Disc Herniation

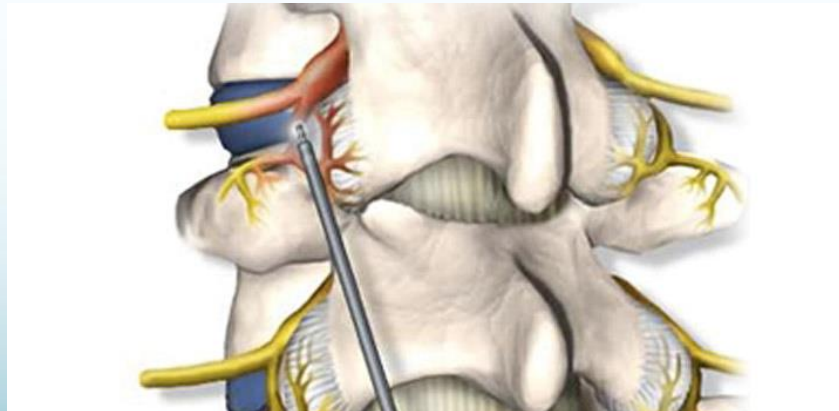


Facet Arthropathy and Spondylosis

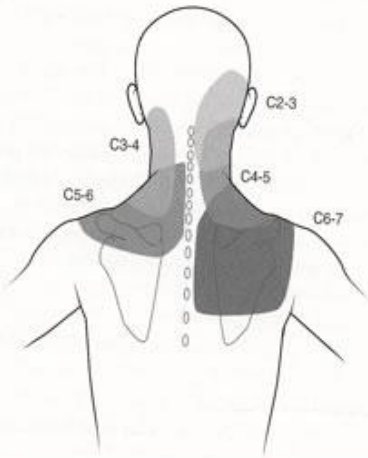
- Conservative
 - Physical Therapy
 - Emphasis on posture
 - Heat or Ice
 - Lifestyle Modifications
 - NSAIDs
 - Chiropractic Manipulations
 - Medial Branch Nerve Blocks → Radiofrequency Ablation
- Surgery
 - In unusually severe cases, bone fusion surgery to stop both disc and facet joint problems may be indicated

Facet Arthropathy and Spondylosis

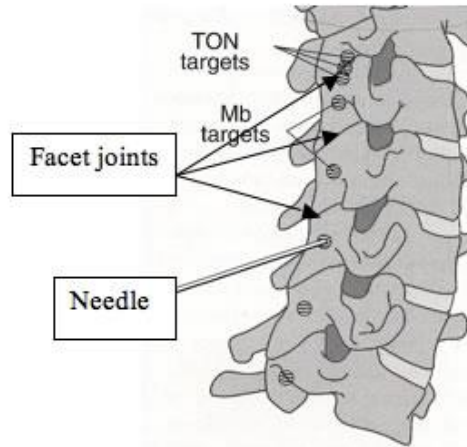
- Interventional Management
 - Medial Branch Nerve Radiofrequency (Facet Blocks)
 - Used to treat facet joint arthritis causing AXIAL back pain
 - 2 diagnostic blocks (2 weeks apart) followed by unilateral Radiofrequency Ablation procedure (Left:Right) 2 weeks apart
 - RFA can then be repeat EVERY 6 MONTHS



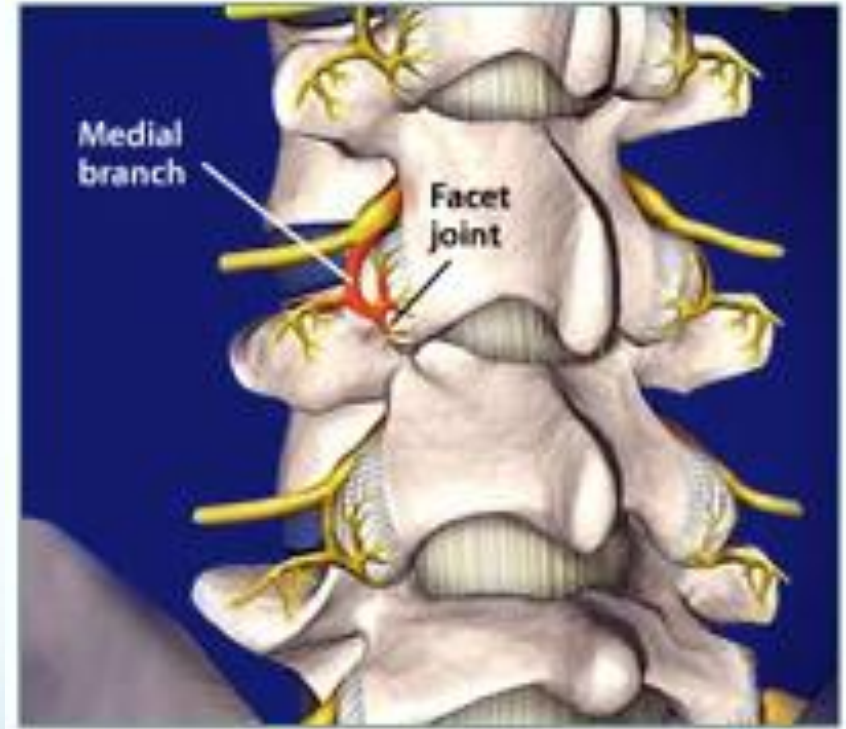
Facet Arthropathy and Spondylosis



Distribution of headache, neck pain, and shoulder pain due to cervical facet joint disease



Diagnostic cervical medial branch (facet) block



Chronic Degenerative Disc Disease

- Goals for treatment of degenerative disc disease usually include a combination of Pain Control, Exercise/Rehabilitation, Lifestyle Modifications
- Pain Control
 - Pain usually caused by combination of inflammation, nerve compression, facet arthropathy, instability
 - Trial and Error approach to find which types of treatment work best
 - Medications:
 - NSAIDs (Ibuprofen, Naproxen, Celecoxib)
 - Muscle Relaxers (Cyclobenzaprine, Tizanidine, Baclofen)
 - Neuropathic Agents (Gabapentin, Lyrica, Duloxetine)
 - Opioids (Tramadol, Percocet, Vicodin)

Chronic Degenerative Disc Disease

- Pain Control (Con't)
 - Interventional Procedures
 - Epidural Steroid Injections
 - Best for presentations with radicular pain component / spinal stenosis
 - Initial loading dose of 2-3 injections separated 2 weeks apart
 - Repeat injection for total of 3-4 injections per year, separated by at least 10 weeks
 - Medial Branch Nerve Radiofrequency (Facet Blocks)
 - Used to treat facet joint arthritis causing AXIAL back pain
 - 2 diagnostic blocks (2 weeks apart) followed by unilateral Radiofrequency Ablation procedure (Left:Right) 2 weeks apart
 - RFA can then be repeat EVERY 6 MONTHS
 - Spinal Cord Stimulation
 - Consider in Failed Back Surgery Syndrome or patients with refractory pain despite multimodal therapy x 6 months or more

Knee Osteoarthritis

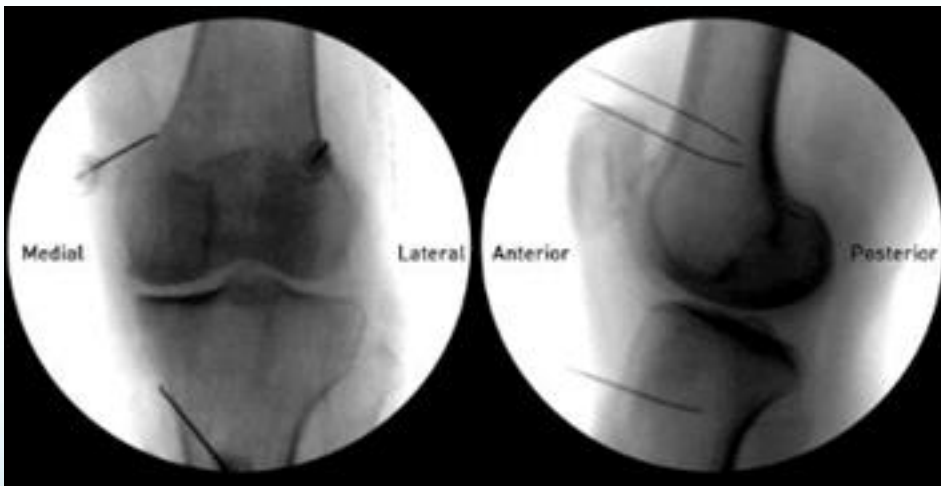
- Nonpharmacologic Interventions
 - Physical Therapy, Multimodal
 - Weight Loss (Optimal BMI 18.5-25, nutrition counseling)
 - Knee Brace/orthotics
 - Acupuncture
 - Patellar Taping
 - TENS
- Pharmacological Management
 - NSAIDs – Oral or Topical (Pennsaid, Voltaren Gel)
 - Acetaminophen
 - Glucosamine/Chondroitin
 - Opioids (mod-sev OA, long-term efficacy has not been shown)

Knee Osteoarthritis

- **Interventional Management**
 - Intra-Articular Steroid Injections
 - Viscosupplementation
 - Series of 1-5 injections on each affected knee may be repeated every 6-12 months
 - Often Excluded by Insurance Plans
 - Genicular Nerve Radiofrequency Ablation
 - 1 diagnostic genicular nerve block, followed by Genicular Nerve RFA 2 weeks later.
 - May be repeated EVERY 6 MONTHS
- **Surgery**
 - Consider Knee Replacement Surgery if no improvement with conservative therapies

Knee Osteoarthritis

- Genicular Nerve RFA



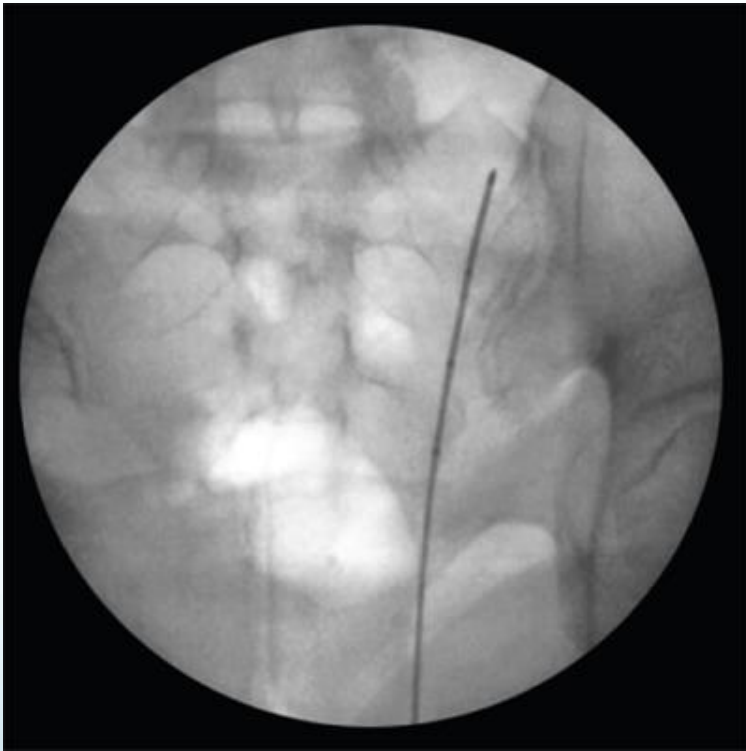
Myalgia

- Can present independently or as a symptom of underlying spine condition
- Often present as Trigger Points (contraction knots in muscle) in chronic pain syndromes
- Non-Pharmacologic Management
 - Acupuncture Needling
 - Trigger Point Massage
 - Physical Therapy / Exercise / Stretching
- Pharmacologic Management
 - NSAIDs
 - Muscle Relaxers
 - Trigger Point Injections of local anesthetic and steroid (may repeat every one-two weeks in series of up to ~6 sessions)

Sacroiliitis

- Non-Pharmacologic Management
 - Physical Therapy x 4-6 weeks
 - Chiropractic Therapy
 - Ice, Heat, Rest
 - SI Joint Brace
- Pharmacologic Management
 - NSAIDs, Acetaminophen
 - SI Joint Injections with local anesthetic and steroids
- Interventional Management
 - SIJ Steroid Injection
 - Simplicity RF Neurotomy of lateral branches of S1-S3
 - 2 sets of diagnostic nerve blocks, 2 weeks apart
 - RFA may be repeated every 6 months

Sacroiliitis



Chronic Regional Pain Syndrome (CRPS)

- Non-Pharmacological Management
 - TENS
 - Mobilizing the Extremity, Aggressive PT
 - Gentle reactivation, desensitization
 - Isometric Movement Flexibility
 - ROM, stress loading, isometric strength
 - Ergonomics, walking/swimming, movement therapy
 - Psychological Interventions
- Pharmacological Management
 - NSAIDs, Opioids, Tricyclics, α_2 agonists, Sodium Channel Blockers
 - Series of 3-6 Sympathetic Nerve Blocks
 - Spinal Cord Stimulation (SCS)

Chronic Regional Pain Syndrome

