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Editorial
Another opinion on non-malignant pain management?

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My appreciation of what is happening in the real world of pain management was enriched by my assumption of a consultant role for a review organization.

As a tyro, I was amazed by the machinations of the various attending physicians — their reluctance to approach 'benign pain' with a conservative and systematic regimen.

As my experience with this organization deepened, my awe changed into disappointment. The usual slippery slope from non-steroidal meds to oral synthetic narcotics to injectables and ending with morphine pumps.

Hardly ever did I see an effort for a comprehensive chronic pain management program. Occasionally, a psychologist would be consulted for an opinion in isolation!

Another option often encountered was the continuation of acupuncture — forever.

While I'm on the subject, passive physical modalities, e.g. acupuncture, diathermy, trigger point injections, myofascial releases, and massage are overused — and abused.

What's wrong with a short trial of treatment to see what works and then spend more time in instruction of the patient in a home program?

Apparently, our colleagues have lost the notion that chronic pain needs attention by the patient every day.

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This, of course, is a circumstance that requires attention by a knowledgeable and cooperative patient. (NB. I did not say client!) A 'client' is a pejorative term implying dependency — obviously the exact opposite of every goal of rehabilitation.

Even our practice guidelines for acute low back pain emphasize the necessity for a basic home program once the diagnosis is firm.

If the diagnosis is clear and the pain continues, then the top option should be the evaluation and management in a CARF accredited comprehensive interdisciplinary chronic pain management program.