

# 5 THINGS ORTHOPEDIC SPECIALISTS NEED TO KNOW ABOUT PAIN MANAGEMENT PHYSICIANS

By Jeffrey R. Lyman, MD, Orthopedic Specialty Institute

One of the biggest challenges orthopedists face involves the question of what to do about a patient in chronic pain. “Sometimes when you get a patient who says they’re in a lot of pain, it’s hard to know what’s really going on,” notes Jeffrey Lyman, MD, a knee specialist at the Orthopedic Specialty Institute in Coeur D’Alene, Idaho. “And sometimes you realize there’s more to it than the pain—that they may be there to see you because they’re looking for narcotics.”

His solution, Lyman says, is to only prescribe narcotics as a last resort. But he also keeps several pain medicine specialists “on speed dial,” and notes that other orthopedists’ patients may benefit from this approach. “If I see a troubled patient, they get in to see a pain management specialist immediately. It’s really about doing what’s in the patient’s best interest.”



**Wondering if a pain management physician might help your patients, too? Here are five things you should know about the treatment of chronic pain.**



## **PAIN MANAGEMENT PHYSICIANS ARE PAIN MEDICINE SPECIALISTS.**

According to the American Academy of Pain Medicine (AAPM), the professional association representing pain medicine physicians, this multidisciplinary subspecialty focuses on “the study of pain, prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain.”<sup>1</sup> Pain management physicians may serve as consultants to other providers, but they also may act as a patient’s principal treating physician. There are currently no independent residency training programs for the specialty, but the American Board of Pain Medicine provides certification to physicians who meet its stringent requirements.<sup>2</sup>



## **PAIN MANAGEMENT PHYSICIANS CAN TREAT NEUROPATHIC PAIN.**

Orthopedic surgeons, Lyman notes, are “great at performing surgery,” but many of the patients he sees with chronic pain “don’t need surgery, they need something else.” That’s especially the case with neuropathic pain, he says. “If it falls outside of my standard skill set—a neuroma, or an irritated nerve, or any kind of pain that is ill-defined—I’m probably going to send them to a pain physician.”

### 3

#### PAIN MEDICINE PRACTICES ARE NOT OPIOID PHARMACIES.

A skilled pain medicine provider has a number of treatment tools at their disposal, “narcotics being one of the least favorable,” Lyman says. In fact, according to Peter Staats, MD, MBA, a pain medicine specialist at Premier Pain Centers in New Jersey, these strategies include physical or occupational therapy, oral or topical non-opioid medications, and interventional therapies like steroid injections or cooled radiofrequency. “It’s not that opiates are never indicated,” Staats says, “but we do try to avoid them if we can.”

### 4

#### PAIN MEDICINE SPECIALISTS MAY BE BUSY, BUT THEY’RE READY TO COLLABORATE WITH YOU TO ACHIEVE THE BEST PATIENT OUTCOMES.

With an estimated 100 million American adults suffering from chronic pain, many pain specialists are in high demand.<sup>3</sup> Still, Lyman says, “once you have their ear, and they understand that you’re sending them patients who have real problems that they can fix, you’re going to build a relationship of mutual respect.” He looks at his pain specialists as “partners,” Lyman adds. “They’re usually available whenever I need their help.”



### 5

#### PAIN MEDICINE PHYSICIANS MAY IMPROVE OUTCOMES AND PATIENT SATISFACTION.<sup>4</sup>

Every orthopedic physician knows how important it is to get patients up and moving after surgery. But what if those patients are in significant pain? Pain medicine physicians, notes Antonia Chen, MD, MBA, an orthopedic surgeon who is also a pain specialist, are well aware that their treatment choices can significantly impact a patient’s long-term outcomes. Opioids, for example, can cause numerous troubling side effects, including addiction, nausea, drowsiness, and constipation, Chen says. “If you’re trying to get a patient into physical therapy, any one of these things can be a real problem.”



**When I reach out to a pain specialist, that’s the goal – to provide my patient’s with better outcomes.**

– Jeffrey R. Lyman



With that in mind, a pain medicine physician might instead try a treatment that comes with fewer risks, and which may ultimately help the patient get better faster.

*Jeffrey R. Lyman, MD, has a consulting/speaking/financial relationship with Avanos Medical, Inc.*

1. <http://www.painmed.org/files/aapm-fact-sheet.pdf>
2. <http://www.abpm.org/uploads/files/talking%20points%20-%20federal%20approach%20needed%20final.pdf>
3. <https://www.nap.edu/read/13172/chapter/2>
4. <http://www.healthleadersmedia.com/quality/managing-pain-improves-satisfaction-revenue>

There are inherent risks in all medical devices. For more detail on indications, cautions, warnings and contraindications, [click here](#).

# AVANOS

[avanospainmanagement.com](http://avanospainmanagement.com)

\*Registered Trademark or Trademark of Avanos Medical, Inc., or its affiliates.  
© 2018 AVNS. All rights reserved.  
DG172186 COPY-02024