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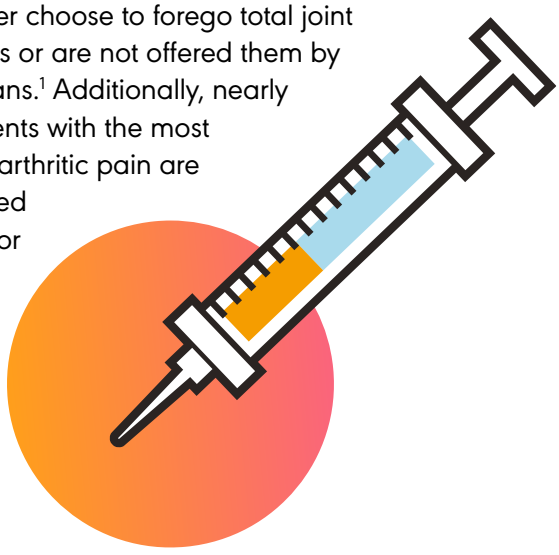
WHY EARLY PAIN ASSESSMENT IS CRITICAL IN THE TREATMENT CYCLE

By Sean Li, MD, Premier Pain Centers

As the baby boomer generation ages and life expectancy grows, a large population of Americans expect to be active and healthy into their golden years. Increasingly, many aging Americans are finding that chronic joint pain in their hips, knees and backs is interfering with their lifestyles.

Providing these patients with evidence-based interventions to treat their pain swiftly and early is critical to preserving their function, mobility and lifestyle and, by extension, keeping other chronic illnesses that may come with age at bay. This is a major focal point of my practice as a pain physician.

The majority of my patients' pain stems from chronic degenerative processes in their joints. But not all osteoarthritic pain patients want surgery or are candidates for it. Because of concerns about post-operative complications and recovery, many patients either choose to forego total joint replacements or are not offered them by their physicians.[1] Additionally, nearly 25% of patients with the most severe osteoarthritic pain are not considered candidates for surgery.[2]



Surgery is often neither the first nor the complete solution for making a patient comfortable and functional. Fortunately, there are non-surgical pain management techniques and procedures that can be extremely effective in treating this form of pain.

THE CRITICAL ROLE OF PAIN ASSESSMENT

In my practice, properly assessing a patient's pain during their first visit or visits is a vital initial step in my treatment algorithm and in providing them with relief, often without surgery. Thoroughly assessing a patient to understand the full story behind their chronic joint pain is key to successfully determining their diagnosis. Without that information, treatment has less value, as the physician has a limited view into the problem requiring it.

A pain assessment analyzes the functional and emotional implications of a patient's pain – how it impacts their mechanics of daily living and how they

cope emotionally with it. The resulting information is key to determining a course of treatment. It also seeks to crystallize a diagnosis through a physical examination, a discussion with the patient about when and where their pain occurs, a thorough review of the patient's history of present illness and pathology (sometimes in consultation with the patient's orthopedic surgeon) and, if needed, diagnostic imaging.

LEVERAGING ASSESSMENTS TO DRIVE TREATMENT DECISIONS

Degenerative knee, hip and back joints are common sources of pain for my patients. When patients exhibit this form of pain for the first time or are experiencing occasional pain but not totally debilitated by it, I often propose conservative treatments, such as physical therapy or weight management.

However, most patients who come through my door have already tried these options and have not found substantial relief. For patients who experience more frequent pain that limits their physical activity, I often recommend slightly less conservative treatments like steroid or viscosupplementation injections.

Injecting steroids into the joint blocks the inflammatory cascade caused by degeneration. Steroid injections can be effective in providing short-term pain relief; however, they may have to be repeated.[3] In my experience, in cases where steroids do not offer relief, I've found that another option for some patients may be viscosupplementation injections. This involves the injection of hyaluronic acid gel into the degenerative joint to cushion it, decreasing the friction between joint and bone to reduce pain.

Many of the patients I see have tried the above approaches for 6 months or more without experiencing

KEY INDICATORS THAT CAN BE GATHERED THROUGH PAIN ASSESSMENTS INCLUDE:

- Numeric pain levels, as reported by the patient. These can be provided via pain assessment tools including a Brief Pain Inventory (BPI) or Visual Analog Scale (VAS) Pain Assessment, which consist of forms where patients characterize the severity of their pain using a numeric pain rating scale or points they mark on a chart, respectively;
- Body language cues from the patient on the location and severity of the pain, as observed during the physical exam. This information can often provide the strongest evidence to guide a diagnosis and treatment plan, beyond what imaging modalities are capable of;
- Tolerance for pain, as described by the patient during the physical exam;
- Duration of time the pain has persisted;
- Past diagnoses and treatments the patient has tried;
- Physical abnormalities surrounding the source of pain, as provided by diagnostic imaging. These may include acute fractures, torn ligaments, infections or visual signs of degenerative joints.

Taken together, this information, along with guidance from the patient's orthopedic surgeon, is critical in designing a patient's treatment path.

a marked improvement in their pain levels. They are often at a point at which they struggle to tolerate any of their symptoms and find their daily activities constantly hindered by pain, but either do not want or are not candidates for total joint replacement. Even patients who are candidates for joint replacement surgery and have the operation do not always experience significant pain relief.

For these patients, I often look to low-risk non-surgical options like cooled radiofrequency (RF) ablation, a minimally invasive option for nerve ablation. Patients who respond positively to diagnostic nerve blocks, reporting at least 50% improvement from a single block (with slight variance by payor), are candidates for cooled RF.[4]

As a pain physician, there's nothing more fulfilling than reducing patients' pain and improving their quality of life. Knowledge gleaned from patient assessments coupled with understanding of the newest non-surgical treatment options are key to accomplishing those goals.

Sean Li, MD, has a consulting/speaking/financial relationship with Avanos Medical, Inc.

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3. KS&R. Halyard sponsored study: Osteoarthritis Pain Landscape & Patient Journey. 2015. Data on file.
4. Avanos Medical. Hip Cooled RF Training Presentation, Knee Cooled RF Training Presentation and Lumbar Cooled RF Training Presentation. 2017.

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

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