SUMMARY

Goals

✓ Pain will be treated in a systematic, step-wise approach based on comprehensive assessment and planning
✓ Improve function; facilitate participation in rehabilitative efforts; reduce sense of suffering
✓ Avoid injury/complications by iteratively considering risks and benefits

Alerts

• Attitudes about managing pain require socioeconomic, cultural, and religious sensitivity. Therefore, the method in which care is delivered is equally as important as the care itself.
• Non-pharmacologic therapies and non-opioid therapies are preferred for managing chronic non-cancer pain.

Diagnostic Criteria
See CCHCS Care Guide: Pain Management Part 1—Assessment for guidance on identifying types of pain and formulating a differential diagnosis. This care guide does not cover cancer, hospice, or palliative care pain management.

Evaluation/Treatment
[See CCHCS Care Guide: Pain Management Part 1—Assessment for details on conducting a full assessment.] Pain is a multidimensional experience. Pain management is most effective when a biopsychosocial model and a multimodal approach are used together. Each patient has different needs and it is essential they play an active role in their own pain management program. A Stepwise Approach to Chronic Pain Management shows the gradual progression necessary to create an individualized program for your patient.

Step 1: Self-Management

• Recommended first line treatment for all chronic pain patients.
• There are a host of tools and techniques available to providers that can be used to assist patients with the management of their chronic pain.
• Patients are much more likely to embrace self-management strategies if they are taught how to do things rather than being told "you need to learn to live with it."
• The pain treatment paradigm is changing and the focus is "now on a biopsychosocial model of pain care" (See page 4).
• After completing your patient assessment (See CCHCS Care Guide: Pain Management Part 1 — Assessment), you should be able to suggest several "self-management activities" to help your patient start their self-management process.
• Be sure to introduce concepts such as, the mind-body connection, the importance of physical activity, sleep hygiene, healthy eating, relaxation techniques, etc. (See page 5 and Patient Education page PE-1). As providers we need to address our patient’s pain, but with a shift toward “using a whole-health approach to improve quality of life and increase functional status.”

Step 2: Non-Pharmacologic Therapies (See pages 6-7)

Physical Therapy (PT)
• Therapeutic exercise (graded and progressive with coaching)
• Range of motion, stretching and strengthening
• Gait and balance retraining
• Soft tissue, joint, and spinal mobilization
• Transcutaneous Electrical Nerve Stimulation (TENS)
• Mobility aids

Behavioral Therapies
• Cognitive Behavioral Therapy (CBT)
• Psychotherapy
• Dialectical Behavioral Therapy
• Support groups
• Motivational Enhancement Therapy (MET)

**Step 3: Non-Opioid Pharmacologic Therapy** (See pages 8-9 & 11-12)
• Recommended for patients who continue to have intolerable pain impacting function, despite incorporating Steps 1 and 2.
• Selections of non-opioid therapy (agent trials) should be based on type of pain (i.e., somatic vs. neuropathic pain).
• Other Agents: Corticosteroids, muscle relaxants, topical anesthetics, etc.

**Step 4: Procedures/Interventions** (See page 10)
Interventional techniques ranging from trigger point injections, intra-articular injections, spinal interventions, and surgery may be beneficial in select cases (consider them based on clinical findings and differential diagnosis).

**MONITORING**
• Monitor functional status and progress toward patient goals.
• Encourage patient to complete the pain log (see Patient Education, PE-2 & 3 attachments on Lifeline) before each visit to track functional impact.
• Schedule prudent follow-up visits that are timed appropriately for the stage of treatment (i.e., ranging from 1-4 weeks for new agent trials, to 3-6 months for stable patients without changes to management plan).