

YOU AND YOUR PAIN BROCHURE

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YOU AND YOUR PAIN

EVERYONE EXPERIENCES PAIN

PAIN IS UNAVOIDABLE

Everyone experiences pain. From something as simple as a stubbed toe, to the type of chronic, debilitating pain experienced by over 10 million Americans, pain is a part of our everyday lives. But while pain is unavoidable, it is not unmanageable. Today, your interventional pain physician has numerous ways to treat or manage pain, not only by decreasing its severity but also sometimes completely eliminating it. Pain takes many forms. Let's take a look at them.

LOW BACK PAIN

Low back pain is the most common form of pain. At some point in their lives, 80% of people will experience low back pain. Half of them will have it again; in some, the pain will come and go their entire lives. Low back pain can be as simple as having a sore back after working or exercising too hard. It usually goes away quickly by just taking it easy for awhile. But many experience pain that is prolonged, severe, and disabling. If your pain is like that, an interventional pain physician might be able to help you.

WHAT CAUSES LOW BACK PAIN?

There are a number of possible causes. There are many structures in the spine that can cause pain. Most people think all low back pain is caused by a ruptured disc, but mostly it is from other causes. In the majority of cases tests, including MRI, cannot tell where the pain is coming from.



pain. In people without a ruptured disc, this can cause similar symptoms.

Another cause of back pain is stenosis. Your spinal cord passes within a canal formed by your vertebrae. Stenosis is when this canal narrows. This narrowing can cause pressure on your spinal cord, resulting in pain. Your spine's joints—called facet joints—allow your spine to move and flex. Like other joints in your body, they can be a source of pain. These joints can cause pain in approximately 30% to 40% of patients even when x-rays are normal and disc herniation is not present. In addition to the facet joints, there is also a joint connecting the spine to the pelvic bones called the sacroiliac joint. The sacroiliac joint pain might be seen in as many as 10% of patients when there is no evidence of disc herniation or sciatica.

HOW DO WE DIAGNOSE BACK PAIN?

An interventional pain physician is specially trained to figure out where your pain is coming from. A history will be taken from you and you will be given a thorough physical examination. In some cases, one or more tests will be ordered, such as X-ray, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), or nerve conduction studies. However, all these methods show a cause of pain in only approximately 15% of patients. This results in 85% of patients not knowing where their pain is coming from. However, an interventional pain physician can solve this puzzle to a great extent by performing diagnostic nerve blocks, which help increase the diagnostic accuracy in approximately 85% of patients – instead of only 15%. Even so, 10% to 25% of patients might still never find out the reason for their pain. The diagnostic nerve blocks also provide assistance in deciding your treatment and the direction of treatment.

MID TO UPPER BACK PAIN

Your mid to upper back is called the thoracic area. Pain in the thoracic area is not as common as either the neck or low back, with the prevalence of thoracic pain being 15% of the general population. But for those who experience pain there, it can be just as severe.

WHAT CAUSES MID TO UPPER BACK PAIN?

As described earlier regarding low back and neck pain, mid to upper back pain can arise from discs, facet joints, muscles, and ligaments. In addition, just like low back and neck pain, disc herniation, degenerative disc disease, arthritis of the

BACK PANEL (MAIL PANEL)

FRONT PANEL

PAGE 1 PANEL

PAGE 2 PANEL

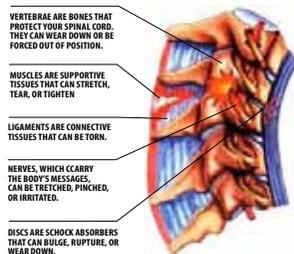
facet joints, injury, and spinal stenosis can also occur in the mid to upper back. Thoracic facet joints have been implicated as the source of chronic pain for those with thoracic pain in 34% to 48% of patients. A ruptured disc in the thoracic spine is not as common as it is in the cervical or lumbar areas.

HOW DO WE DIAGNOSE MID TO UPPER BACK PAIN?

In the thoracic spine, 11% to 13% of disc herniations do not show up on CT scans. If facet joints are suspected as the cause of pain, an interventional pain physician will perform controlled comparative local anesthetic blocks of the suspected facet joint nerves. If these blocks succeed in creating pain relief, then your interventional pain physician can proceed with therapy.

NECK PAIN

Your neck has a tough job to do. It has to hold up the weight of your head, including your brain and skull. It has to be flexible enough to allow your head to move from side to side as well as up and down. This weight bearing and range of motion mean that your neck has a lot to do. As a consequence, there are many things that can go wrong with your neck, and unfortunately, they often do. The part of your spine located in the neck is called the cervical spine. Pain from the cervical spine is very common which manifests as pain in the neck, pain in the shoulder blades, pain in the upper back, pain in the upper extremity, and, finally, as headache and occasionally as pain in the face.



VERTEBRAE ARE BONES THAT PROTECT YOUR SPINAL CORD. THEY CAN WEAR DOWN OR BE FORCED OUT OF POSITION.

MUSCLES ARE SUPPORTIVE TISSUES THAT CAN STRETCH, TEAR, OR TIGHTEN.

LIGAMENTS ARE CONNECTIVE TISSUES THAT CAN BE TORN.

NERVES, WHICH CARRY THE BODY'S MESSAGES, CAN BE TIGHTENED, PINCHED, OR IRRITATED.

DISCS ARE SHOCK ABSORBERS THAT CAN BULGE, RUPTURE, OR WEAR DOWN.

WHAT CAUSES NECK PAIN?

Causes of neck pain are as complex as low back pain, even though neck pain is not as common. However, if you ever had neck pain, you know it can bother you as much as low back pain. Similar to low back pain, neck pain can start from several structures – discs, facet joints, muscles, ligaments, joints on the top of the neck connecting with the head bone. In addition, just like low back pain, disc herniation, degenerative disc disease, arthritis of the facet joints, and spinal stenosis are also very common in the neck. Many patients suffer with facet joint pain in the neck, causing neck pain, headache, and some upper extremity pain. Causes are due to whiplash, degenerative disc disease, and other disorders. Facet joints might be responsible for cervical pain in 30% to 50% of cases when there is no ruptured disc.

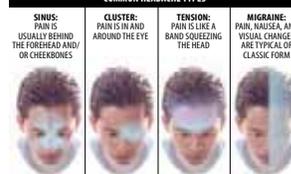
HOW DO WE DIAGNOSE NECK PAIN?

An interventional pain physician will discover the cause of your neck pain by taking a history from you and giving you a physical examination. Additional tests such as X-rays or Magnetic Resonance Imaging (MRI) might be ordered. Just like in the low back, the actual cause of pain might be determined only in 15% of patients without disc herniation or pain in the arm with all the tests described above. Consequently, in 85% of cases, unfortunately, a physician cannot make a diagnosis based on these tests. An interventional pain physician can identify the cause of your pain by performing diagnostic interventions, thus ruling out the structures in the cervical spine which are not causing your pain such as headache, neck pain, and upper extremity pain. This reduces the proportion of patients without a diagnosis to a significantly lower number. The results of diagnostic blocks will assist in providing therapy for your neck problems.

HEADACHES

When it comes to headache, it's not just all in your head. Of course, headaches are no joking matter. They are the most common physical complaint. Close to 90% of us experience headaches—you are definitely not alone. Headaches are among the leading causes of illness and lost work time, resulting in millions of sick days as well as a profound effect on our economy. If your doctor has tried everything he or she can and nothing has worked, an interventional pain physician might be just the right person to help you control and manage your headaches.

COMMON HEADACHE TYPES



There are many types of headaches. The most common is called tension headache. Perhaps you've had a bad day at work, you're running late for an appointment, or you've just received bad news. All of these situations can cause stress. A tension headache occurs when the muscles in your head, neck, upper back, or face tense up for a long period. Another type of headache is migraine. Nearly one-fifth of adults experience migraines. They are related to blood flow to the brain and are also known as vascular headaches. Sensitivity to light and sound is common. Some people experience an aura with their migraine—seeing, hearing, feeling, sometimes even smelling things that are not there. Cluster headaches occur quickly and can be quite severe. They develop behind or near an eye and do not spread to other areas of the head. Cervicogenic headaches have their cause located in nerves located in the neck. Pain in the arm, neck, face, and shoulder can also occur with this type of headache.

HOW DO WE DIAGNOSE HEADACHES?

An interventional pain physician, similar to other physicians, may assist you with diagnosis of headaches by various means. Many patients prior to coming to an interventional pain physician have tried to see a family doctor and neurologist, etc. In these cases, the medication therapy has not been helpful. An interventional pain physician can provide a proper diagnosis if pain is originating in the neck or rule out the neck as the origin. An interventional pain physician will use diagnostic and therapeutic nerve blocks to provide you with relief to carry on close to a near normal lifestyle.

SHINGLES

Shingles are related to a childhood disease you are probably familiar with—chicken pox. A viral infection, herpes

zoster, affects the nerves and skin. Skin blisters or lesions appear that follow the route of certain nerves. The most common areas affected by shingles include the chest wall, upper back, lower back, lower limbs, and eyes. Catching shingles early allows your interventional pain physician to keep your shingles from developing into painful postherpetic neuralgia. If post-herpetic neuralgia has already started, your physician has other treatment options that will be discussed with you.

OTHER

You may experience other forms of pain. To understand what it is, what causes it, and what the diagnosis is for it, please discuss with your interventional pain physician.

WHY AN INTERVENTIONAL PAIN PHYSICIAN?

Interventional pain management is a medical specialty devoted to the diagnosis and treatment of pain and related disorders. These physicians receive additional specialized training. They may receive sub-specialty certification from a board which is part of the American Board of Medical Specialties or the American Board of Interventional Pain Physicians. An interventional pain physician applies special interventional techniques to treat pain, along with other treatment modalities. Interventional treatments are minimally invasive, usually outpatient procedures that are well-tolerated. They are preferable to more invasive, risky, and aggressive surgery. Interventional techniques allow patients to recover faster and return to work and their normal daily activities sooner.

An interventional pain physician has specialized training beyond medical school. This training not only covers how to diagnose complicated pain syndromes, it also covers the specialized procedures and equipment used by interventional pain physicians.

Pain can make your life difficult. But choosing an interventional pain physician to help you manage, and perhaps even eliminate, your pain is an important step in improving your health and well-being.

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