

Practical **PAIN MANAGEMENT**

The journal with the practitioner in mind.

2010 Editorial Direction & Content



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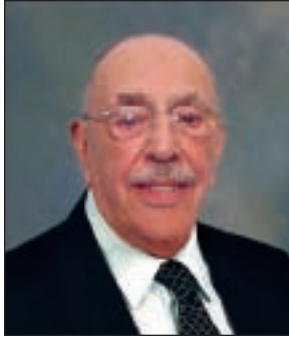
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A Message from the Publisher



Background and Charter

I count, among the memorable friends I've known, the late Dr. Richard Weiner—the founder and first executive director of the American Academy of Pain Management. Long before the launch of *Practical Pain Management*, we discussed the needs of the physicians who had dedicated their practices to the emerging specialty of pain management. Dr. Weiner recognized that the field was graced with competent scientific journals that were moving the profession forward with reports on studies, investigations and proposals that boded well for an expanding number of options for the treatment of pain. The missing element was, in his opinion, a publication that educated the population of pain physicians in the state of the art. Further, because of the dynamic growth of pain management, he felt that a periodical would best track and report on this expanding and developing field.

Thus, with his encouragement and guidance, *Practical Pain Management* was born in September 2000. At the outset, we established a charter that remains today—tutorial articles that are designed to educate the pain physicians throughout the country. Without a fixed editorial calendar, we were able to stay pertinent by seeking out the most important articles covering the very latest procedures and modalities that have proven effective in clinical experience. We have been open to all methods of pain management as illustrated by articles on laser therapy, prolotherapy, intervention, physical therapy, massage therapy and electromedicine.

As time passed and we gained experience, we found that there were subjects that warranted planned, continuing coverage. We established departments and enlisted the support of leaders in each of the disciplines to manage the departments. They write or edit articles in almost every issue.

For 2010, we continue these departments with some new department heads and, in general, adjust the focus to keep up with the latest innovations and changes in the field of pain. This document presents the department heads and board members as well as our objectives going forth into 2010 and, in recognition of the important role of pharmacologic modalities, we are creating a special Pharmaceutical Advisory Review Board.

As you will read on, you will find information about these departments and the pharmaceutical advisory review board. While your primary interest as an advertiser may lie in a limited number of departments, we would like to point out to you that our complete coverage of pain management approaches ensures the maximum number of readers and, thus, viewers of your ad.

A handwritten signature in black ink that reads "Marvin Rosenfeld". The signature is written in a cursive, flowing style.

Marvin Rosenfeld
Publisher

The Pharmaceutical Advisory Review Board

The most compelling questions that have been addressed since the inception of *Practical Pain Management* are concerned with the prescribing of pharmaceuticals for pain. For example, what pharmaceuticals are available for specific ailments such as fibromyalgia, CRPS, headache, depression, and so on? What are the methods of monitoring patients' drug usage? What are the restrictions and legal pitfalls? How do patients react after chronic usage and how do they function after as many as ten years on opioids?

PPM has presented numerous articles from competent practicing physicians but none have contributed more to the body of information for the improvement of pain management than the three members of the very special Pharmaceutical Advisory Review Board introduced below. Members of this Board will review articles, write commentaries, contribute important articles and, finally, select the most important subjects to be covered in detail.



Jennifer Schneider, MD, PhD

For many years, Dr. Schneider has devoted her practice to addiction and pain management. She is one of the nation's leading authorities on the use of opioids and fluid testing to verify compliance. She has written extensively and provided commentary on both of these subjects in *Practical Pain Management* and has proven herself to be our most thorough reviewer.

One of her many outstanding contributions to pain management education is her patient education book, *Living With Chronic Pain: The Complete Guide To The Causes and Treatment of Chronic Pain* (2nd Edition, 2009). It is arguably the most complete patient education book and, as such, assists pain physicians in treating pain patients with knowledge and understanding.



Joseph Shurman, MD

Dr. Shurman is the most active and well-known pain physician in the San Diego area. He is the Chairman of Pain Management at Scripps Memorial Hospital and a board member of the Whittier Diabetes Institute.

Dr. Shurman is nationally known for his model of pain management named "Share The Risk." The approach takes into consideration the various specialties required to treat severe chronic pain. Share The Risk was the inspiration for the Cephalon-sponsored Emerging Solutions In Pain program.

Of greatest importance now is Dr. Shurman's involvement in the pain management services of Casa Palmera of Del Mar, California. Under the direction of Dr. Shurman, the facility—servicing addiction and eating-disorder patients—has added pain management services to this comprehensive in-patient facility for the first time.



Forest Tennant, MD, DPH

Dr. Tennant is CEO of Veract, Inc., an individual practice devoted exclusively to intractable pain patients and is arguably the most active practice of this type in the country. Patients travel from all over the country to visit his West Covina, CA facility to receive treatment that is unavailable elsewhere.

His articles have covered little known but important subjects. *The Tennant Blood Study*—the recipient of an award at an AAPM meeting—revealed the ability of patients to function satisfactorily while being treated with opioids. He is presently conducting a longevity study cataloging the records of patients treated with opioids for ten years and longer. Concurrently, he is investigating whether the inability of some patients to respond to some opioids is due to a genetic defect that does not permit the liver to metabolize opioids.

Departments

The departments cover permanent editorial subjects that the staff of PPM determined to be of sufficient importance to pain physicians to warrant a continuing dialog. In the text that follows, the department heads are introduced and the importance and direction of the subjects are delineated.



CLINICAL REPORT

Editor: Tiziano Marovino, DPT, FAAPM

This department focuses on new technology developments as they apply to pain management including both interventional and evaluative developments. Sometimes it isn't as much about a new technology as it is about a new or novel application of an older method that has evolved. Pain medicine is a

growing and expanding field with new frontiers being explored by scientists around the globe every day. We will bring this new technology to our readers in the form of well-balanced clinical reports that attempt to evaluate the benefits of a new technology within the context of currently available research. Our goal is to focus strongly on those technologies that show promise in becoming important tools in the fight against pain.



COMPLEX REGIONAL PAIN SYNDROME (CRPS)

Editor: Peter Moskovitz, MD

Clinical Professor of Orthopaedic Surgery and Neurological Surgery, George Washington University, Washington, DC

The care of people with CRPS has much in common with the care of those with other painful conditions. There is one particular reason why understanding the evaluation

and management alternatives for CRPS has much to teach the practitioner about the care of patients who suffer painful conditions in general. That reason derives from the experiential nature of pain. Nociception is the transduction, transmission, encoding and storage of a stimulus to produce the neural representation of tissue damage—or of a stimulus that mimics tissue damage such as capsaicin injection. Nociception is an objective, measurable event, provided our instruments are sensitive enough.

The experience of pain, on the other hand, is not measurable by any instrument that is subject to external validation. We know the presence of pain by our patients' behaviors that express and reveal their subjective experience of the location, quality and intensity of the "pain." Because the experience of pain is a subjective state of consciousness, the interpretation of it by an observer is easily influenced by the observer's prejudices and preconceptions. An understanding of the experience of people who have CRPS is applicable to the care of people who suffer other painful conditions.

The goals of the articles that will appear in the CRPS section during 2010 are (a) to declare what is known with reasonable certainty about CRPS, (b) to confront controversy where our knowledge is shaky, and (c) to keep our focus on the experience and interests of our patients.



ELECTROMEDICINE

Editor: Daniel L. Kirsch, PhD, DAAPM, FAIS
Chairman of the Board, EPI, Inc. and expert research and practice consultant to Veterans Affairs Medical Centers and the U.S. Army

Electromedicine in various forms has been an integral part of pain management for over 150 years. It has enjoyed a growing acceptance by physicians, therapists and

patients alike. Even the Food and Drug Administration makes it

relatively easy to get a device cleared for marketing claims involving pain management for peripheral treatment. Newer electromedical devices can quickly and safely change both the neurochemistry and electrophysiology of the brain as measured by electroencephalogram (EEG) and functional magnetic resonance imaging (fMRI). The electromedicine department will continue to keep the practitioner informed of evidence-based advances and emerging practical applications of the evolving electromedicine.



ETHICS AND HEALTH POLICY

Editor: James Giordano, PhD

Distinguished Professor Institute for Psychological Sciences, University of Oxford; Director Neurotechnology Studies, Potomac Institute for Policy Studies

The facts of pain and the ways it affects those who are patients and influences the actions of those who are clinicians—together

with a philosophy of pain and pain medicine, moral constructs of therapeutic agency, and use of various ethical systems—are each and all critical to informing and formulating policies that guide and sustain the execution of care. To be sure, "...ethics, education and policy are dynamically related, and mutually reliant."

In such light, this department will assume a somewhat broader (yet nonetheless deep) address, to focus upon specific moral issues and questions, various ethical approaches, and how these affect—and might be affected by—guidelines and policies.

Under the new title of Ethics and Health Policy, we seek to bring together leading scholars to provide the readership a thorough, realistic, and clearer view of the ethical problems facing the profession and practice of pain care, and the ways that policies might be developed and enacted to provide some direction for resolution and mitigation of these problematic issues.



FIBROMYALGIA

Editor: Rae Marie Gleason

Executive Director of the National Fibromyalgia Association and long-time advocate

Until the recent past, fibromyalgia (FM) was predominantly researched, diagnosed and treated by rheumatologists. As science has advanced and more than 5,000 fibromyalgia scientific papers published, it has become

evident that FM is a central nervous system chronic pain disorder. With more than 10 million Americans suffering with this illness, the impact on the patient population and on pain clinics everywhere is staggering. In answer to this need, *Practical Pain Management* offers an opportunity for the exchange of information about up-to-date treatment options appropriate for pain specialists in dealing with these patients.

The authors and topics chosen to represent FM information in PPM illustrate the breadth of possibilities based on accurate science that can be incorporated into pain specialists' treatment regimens. In the coming months, new ideas and procedures will be discussed—including more information about the impact of cervical spine abnormalities in this patient population, biofeedback as a viable treatment adjunct, and even the benefits of a C2 area scalp stimulator (a neuromodulation device) for some patients with co-morbid headaches.

Departments



HEADACHE

Editors:

**Lawrence Robbins, MD
and John Claude Krusz,
PhD, MD**

Headache is a major area of interest for a wide range of headache professionals. Our headache

department presents practical treatment strategies for simple and complex headache patients. Comorbidities—particularly psychiatric—are discussed. The emphasis is on clinical treatment but basic science is also discussed. Advanced strategies utilizing various medications are offered, as well as non-medication aspects of headache care. Upcoming articles will deal with opioids, the role of stimulants, and the neuroimmune system with regard to headache.



HEAD AND NECK

Editor: Edwin Ernest, III, DMD

The complex and challenging signs and symptoms associated with pain of the head and neck (craniofacial pain) necessarily involves a number of separate medical disciplines. Dental medicine is one of those disciplines that can help bridge the gap or provide the missing link when the patients'

pain is unanswered despite the efforts of other medical disciplines. If the brain has the capacity to devote 70% of its resources to receiving, interpreting, and responding to afferent stimuli from the trigeminal nerve, then dental medicine has a part to play in the field of pain management beyond the traditional concepts of dental care.

The temporomandibular joint is a remarkable system and, at times, influences the other medical disciplines that carry responsibility for head and neck pain management. It is the goal of this department to present subject matter that will serve to provide information that is both practical and relevant for our readers.



HEALTH INFORMATION TECHNOLOGY

Editor: Greg Winterkamp

President, Addison Health Systems

Health care in the U.S. is going through a massive overhaul of historic proportions. Landmark legislation cleared the way for sweeping changes in trying to modernize our health care system. Recently, in February 2009, President Obama signed into law the

American Recovery and Reinvestment Act (ARRA) that continues the transformation towards health information technology. The ARRA legislation offers financial incentives of up to \$44,000 per physician to computerize a clinic with an ARRA certified EMR/EHR.

The goals of the Health Information Technology (HIT) department are to keep physicians informed, help them understand ARRA certification requirements, decipher what is real versus marketing/sales hype, and provide the education necessary to make correct technology decisions. Future articles will discuss specifics of EMR implementation, definition of requirements for demonstrating "meaningful use," practical ways to computerize a clinic, as well as explaining new technologies as they become available.



INTERVENTIONAL THERAPY

Editor: Lynn Webster, MD

For the last few years, interventional procedures have been the subjects of articles in this department. Interventional procedures are practiced by a significant number of the recipients of *Practical Pain Management*.

Continuing articles on these therapies are important to us because of our intention to cover all significant approaches to pain management.

Interventional therapies—such as RF therapy, epidural steroid injections, nerve blocks, discography, intrathecal pumps, spine stimulators and others—are very important since they are not only utilized as the primary approach but are often complementary to pharmaceutical therapy.



LASER THERAPY

Editor: William J. Kneebone, DC, RN, CNC, DIHom, FIAMA, DIACT

The clinical application of therapeutic laser, also known as Low Level Laser Therapy, has been researched in nearly 3,000 studies worldwide over the past 30 years. It has only been seriously studied in the United States during the last 8 to 10 years. This is an

extremely exciting time for therapeutic laser because it is an emerging technology and is providing us with new insights into how it affects the body and aids in healing with every new study.

Practical Pain Management has been an effective vehicle for presenting information to physicians and other clinicians about the clinical value of therapeutic laser for the treatment of painful conditions. This has been done by presenting research literature reviews, condition specific treatment protocols and case studies. New methods of clinical application and types of laser are being researched and developed constantly so there is a continuous opportunity for sharing information as the technology unfolds.



PROLOTHERAPY

Editor: Donna Alderman, DO

Prolotherapy has evolved over the years to take a prominent place in the non-surgical treatment of musculoskeletal pain. A dextrose-based formula is injected proximal to injured ligaments, tendons or joints to create a localized inflammation so as to "trick" the body into healing previous

unhealed injuries. The newest addition to prolotherapy treatment is the use of Platelet Rich Plasma (PRP) injections. This method uses the patient's blood, centrifuged in a special unit to concentrate growth factor rich platelets and then injected into the sites of injured soft tissue.

Prolotherapy and PRP injections are used for conditions such as chronic sprains, tendonitis, tendonosis, elbow, knee, ankle, wrist, foot, back or neck pain (including degenerative disc disease), plantar fasciitis, tennis and golfer's elbow, mechanical low back pain and osteoarthritis. Next on the horizon for prolotherapy is the use of stem cell injections, harvested in the office from the patient's bone marrow, then processed and injected into injured joint areas.

Upcoming articles include newly developed protocols, complementary procedures such as neuraltherapy and mesotherapy, platelet rich plasma case studies, a controlled low back study, and stem cell prolotherapy injection therapy.

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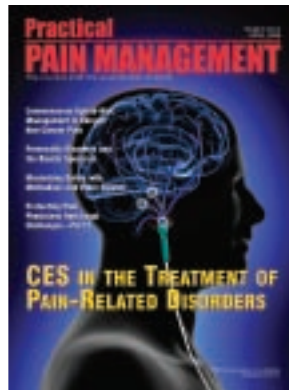
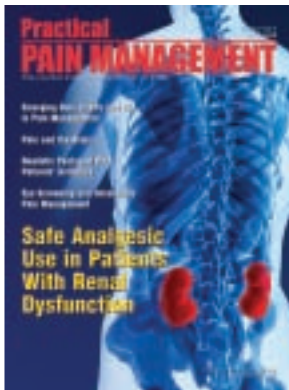
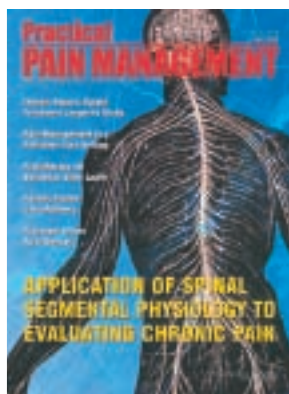
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