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Acute Musculoskeletal Protocol: Reducing Pain

Introduction

Acute pain (present for less than 3 months) can be medically managed through appropriate assessment, patient monitoring, and various integrative modalities, as outlined below.

Assessment

For musculoskeletal pain, history and physical exam, including:

1. Pain history: elements include the site, onset, distribution, quality, duration, temporal factors, intensity, aggravating and relieving factors, impact on daily living, associated symptoms, previous similar symptoms, and current and previous treatments.[1]
2. Physical functioning and quality of life.
3. Emotional functioning:
   a. Pain is now widely recognized to be a multi-factorial experience and should be understood as part of a biopsychosocial perspective. (See Distress and Risk Assessment Method [DRAM] intake below.)
4. Patient ratings of improvement or worsening of the pain.[2]
5. Define the involved structure using the following algorithm[3]:
   a. Watch for referred pain patterns from deep spinal structures.
   b. Use all necessary clinical skills and imaging.
   c. Specify location of pain.
   d. Define clinical process triggering the pain.
   e. Name the problem: inflammation, degeneration, strain, sprain, etc.
   f. Look for red flag clues for serious illness and yellow flag clues for psychosocial issues.
   g. Develop a working diagnosis and management plan in conjunction with the patient.

General Recommendations

1. Monitor progress of patients using:
   a. McGill Pain Questionnaire : **https://bit.ly/39BFsYh**
   b. Oswestry Low Back Pain Disability Questionnaire: **https://bit.ly/3eWKm2Z**
   c. Pittsburgh Sleep Quality Index (PSQI): **https://bit.ly/3hrICQO**
      Sleep has been shown to influence both acute and chronic pain perception.[4]
   d. Hamilton Depression Rating Scale: **https://bit.ly/39oBTEB**
      Depression has been shown to influence the transition from acute to chronic pain.[5]
   e. DRAM: **https://rb.gy/klgi7f**

Specific Treatment Plan

Acute Pain	Mild	Moderate	Severe
Sprain/strain	• RICE • **Dolor Ease™:** 1 capsule BID *OR* **Theracurmin® Pro-60:** 1 capsule QD	• RICE • Exercise-based rehabilitation and early mobilization associated with improved outcomes[6] • **Dolor Ease:** 2 capsules BID *OR* **Theracurmin 2X:** 1capsule QD • **PEA:** 1 capsule TID[7]	May require the use of prescription medications as part of the integrated protocol
Contusion	• RICE • **Dolor Ease:** 1 capsule BID *OR* **Theracurmin Pro-60:** 1 capsule QD	• RICE • **Dolor Ease:** 2 capsules BID *OR* **Theracurmin 2X:** 1 capsule QD	May require the use of prescription medications as part of the integrated protocol

Myalgia	• RICE • **Dolor Ease:** 1 capsule BID *OR* **Theracurmin Pro-60:** 1 capsule QD[8] • **Magnesium Bisglycinate:** 200 mg BID with food[9,10]	• RICE • **Dolor Ease:** 2 capsules BID *OR* **Theracurmin 2X:** 1 capsule QD • **Ubiquinol CoQ10 200 mg:** 1 softgel QD[11,12] • **Mito AMP®:** 2 capsules BID[13,14] • **Magnesium Bisglycinate:** 200 mg BID with food[9,10] • **OptiMega-3®:** 1 softgel BID with meals[15,16]	May require the use of prescription medications as part of the integrated protocol
Arthralgia	• RICE • **Dolor Ease:** 1 capsule BID *OR* **Theracurmin Pro-60:** 1 capsule QD • **PEA:** 1 capsule TID[7] • **NEM®:** 1 capsule QD[17]	• RICE • **Dolor Ease:** 2 capsules BID *OR* **Theracurmin 2X:** 1 capsule QD • **PEA:** 1 capsule TID[7] • **NEM:** 1 capsule QD[17] • **OptiMega-3:** 1 softgel BID with meals[18]	May require the use of prescription medications as part of the integrated protocol

QD: daily; BID: two times per day; TID: three times per day; RICE: Rest, Ice, Compression, Elevation; PEA: Palmitoylethanolamide; NEM: natural eggshell membrane

Re-Assessment

Repeat clinical and laboratory measurements as indicated. Confirm progress with treatment or re-assess barriers to improvement, including possible red/yellow flags that did not present earlier.

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