

# Chronic Musculoskeletal Protocol: Reducing Pain

## Introduction

Specific chronic pain syndromes, including sciatica, low back pain, and osteoarthritis, 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 and intensity
2. Physical functioning and quality of life
3. Emotional functioning
  - a. A biopsychosocial approach to chronic musculoskeletal pain has emerged as the most effective approach to chronic pain, as it acknowledges a patient's understanding of pain and treatment expectations. (See Distress and Risk Assessment Method [DRAM] intake below).
4. Patient ratings of improvement or worsening of the pain
5. Define the involved structure using the following algorithm:
  - 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.

## General Recommendations

1. Monitor progress of patients using:
  - a. McGill Pain Inventory: <https://bit.ly/37PHhyi>
  - b. Revised Oswestry Disability Index: <https://bit.ly/306Z6q3>
  - c. Oswestry Low Back Pain: <https://bit.ly/39PIRCj>
  - d. PSQI Pittsburgh: Sleep Quality Index: <https://bit.ly/2Fv5Wfs>  
Sleep and inflammation may have an additive effect on chronic musculoskeletal pain.
  - e. Hamilton Depression Scale: <https://bit.ly/309PevW>
  - f. DRAM: <https://bit.ly/2ZZxvqW>
2. Laboratory:
  - a. Imaging (X-ray, MRI) as needed, though typically not warranted in the absence of red flag signs/symptoms suggesting the need for immediate work-up.
  - b. Red flag signs/symptoms include:
 

<ul style="list-style-type: none"> <li>• Abnormal gait with lack of heel-to-toe ambulation</li> <li>• Absence of perineal reflex</li> <li>• Acute presentation of bilateral sciatica</li> <li>• Acute urinary retention</li> <li>• Drop foot or inability to dorsiflex the foot</li> <li>• Intravenous drug abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Progressive neuromotor or sensory loss</li> <li>• Recent diagnosis of malignancy</li> <li>• Recent infection</li> <li>• Recumbent worsening of pain</li> <li>• Saddle block anesthesia</li> <li>• Urinary and/or bowel incontinence</li> </ul>
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## Specific Treatment Plan

Specific Chronic Pain Syndrome	Mild	Moderate	Severe
<b>Low Back Pain</b>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease™</b>: 1 capsule BID OR <b>Theracurmin® 2X</b>: 1 capsule QD</li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• A variety of non-pharmacological therapies, including yoga, TENS, physical therapy, cognitive behavioral therapy, mindfulness-based stress reduction, etc.<sup>7,8</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 2 capsules BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• A variety of non-pharmacological therapies, including yoga, TENS, physical therapy, cognitive behavioral therapy, mindfulness-based stress reduction, etc.<sup>7,8</sup></li> </ul>	<p>May require the additional use of prescription medications as part of the integrated protocol</p>
<b>Herniated Disc</b>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 1 capsule BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Inversion therapy for lumbar discogenic disease<sup>9</sup></li> <li>• Spinal manipulation for lumbar disc herniations<sup>10</sup></li> <li>• Ultrasound, laser, traction<sup>11</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 2 capsules BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Inversion therapy for lumbar discogenic disease<sup>9</sup></li> <li>• Spinal manipulation for lumbar disc herniations<sup>10</sup></li> <li>• Ultrasound, laser, traction<sup>11</sup></li> </ul>	<p>May require the additional use of prescription medications as part of the integrated protocol</p>
<b>Osteoarthritis</b>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 1 capsule BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>Synerase®</b>: 2 capsules TID in between meals<sup>12</sup></li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Exercise programs, including yoga, tai chi, standard exercise, aquatic exercise, etc.<sup>13</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 2 capsules BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>Synerase</b>: 3 capsules TID in between meals<sup>12</sup></li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Exercise programs, including yoga, tai chi, standard exercise, aquatic exercise, etc.<sup>13</sup></li> </ul>	<p>May require the additional use of prescription medications as part of the integrated protocol</p>
<b>Sciatica</b>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 1 capsule BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Spinal manipulation, acupuncture<sup>14</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Dolor Ease</b>: 2 capsules BID OR <b>Theracurmin 2X</b>: 1 capsule QD</li> <li>• <b>Mito AMP®</b>: 2 capsules BID<sup>15</sup></li> <li>• <b>PEA</b>: 1 capsule TID<sup>6</sup></li> <li>• Spinal manipulation, acupuncture<sup>14</sup></li> </ul>	<p>May require the additional use of prescription medications as part of the integrated protocol</p>

QD: daily; BID: two times per day; TID: three times per day; TENS: transcutaneous electrical nerve stimulation; PEA: palmitoylethanolamide

## Re-Assessment

Repeat clinical and laboratory measurements as indicated.

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