

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 algorithm³:
 - 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. The 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	<ul style="list-style-type: none"> • RICE • Theracurmin® Pro-60: 1 capsule QD 	<ul style="list-style-type: none"> • RICE • Exercise-based rehabilitation and early mobilization associated with improved outcomes⁶ • Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁷ 	May require the use of prescription medications as part of the integrated protocol
Contusion	<ul style="list-style-type: none"> • RICE • Theracurmin Pro-60: 1 capsule QD⁸ 	<ul style="list-style-type: none"> • RICE • Theracurmin 2X: 1 capsule QD 	May require the use of prescription medications as part of the integrated protocol

Myalgia	<ul style="list-style-type: none"> • RICE • Theracurmin Pro-60: 1 capsule QD⁸ • Magnesium Bisglycinate: 200 mg BID with food^{9,10} 	<ul style="list-style-type: none"> • RICE • 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^{11,12} • OptiMega-3®: 1 softgel BID with meals^{15,16} 	<p>May require the use of prescription medications as part of the integrated protocol</p>
Arthralgia	<ul style="list-style-type: none"> • RICE • Theracurmin Pro-60: 1 capsule QD • PEA: 1 capsule TID⁷ 	<ul style="list-style-type: none"> • RICE • Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁷ • OptiMega-3: 1 softgel BID with meals¹⁷ 	<p>May require the use of prescription medications as part of the integrated protocol</p>

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

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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