

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. The McGill Pain Questionnaire: <https://bit.ly/37PHhyi>
 - b. Revised Oswestry Disability Index: <https://rb.gy/ruckms>
 - c. Oswestry Low Back Pain: <https://bit.ly/39PIRCj>
 - d. Pittsburgh Sleep Quality Index (PSQI): <https://bit.ly/2Fv5Wfs>
Sleep and inflammation may have an additive effect on chronic musculoskeletal pain.
 - e. Hamilton Depression Rating Scale: <https://bit.ly/309PevW>
 - f. DRAM: <https://rb.gy/klgi7f>
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"> • Abnormal gait with lack of heel-to-toe ambulation • Absence of perineal reflex • Acute presentation of bilateral sciatica • Acute urinary retention • Drop foot or inability to dorsiflex the foot 	<ul style="list-style-type: none"> • Intravenous drug abuse • Progressive neuromotor or sensory loss • Recent diagnosis of malignancy • Recent infection • Recumbent worsening of pain • Saddle block anesthesia • Urinary and/or bowel incontinence
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Specific Treatment Plan

Specific Chronic Pain Syndrome	Mild	Moderate	Severe
Low Back Pain	<ul style="list-style-type: none"> • Dolor Ease™: 1 capsule BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • A variety of non-pharmacological therapies, including yoga, TENS, physical therapy, cognitive behavioural therapy, mindfulness-based stress reduction, etc.^{7,8} 	<ul style="list-style-type: none"> • Dolor Ease: 2 capsules BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • A variety of non-pharmacological therapies, including yoga, TENS, physical therapy, cognitive behavioural therapy, mindfulness-based stress reduction, etc.^{7,8} 	May require the additional use of prescription medications as part of the integrated protocol
Herniated Disc	<ul style="list-style-type: none"> • Dolor Ease: 1 capsule BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • Inversion therapy for lumbar discogenic disease⁹ • Spinal manipulation for lumbar disc herniations¹⁰ • Ultrasound, laser, traction¹¹ 	<ul style="list-style-type: none"> • Dolor Ease: 2 capsules BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • Inversion therapy for lumbar discogenic disease⁹ • Spinal manipulation for lumbar disc herniations¹⁰ • Ultrasound, laser, traction¹¹ 	May require the additional use of prescription medications as part of the integrated protocol
Osteoarthritis	<ul style="list-style-type: none"> • Dolor Ease: 1 capsule BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • NEM®: 1 capsule QD¹²⁻¹⁵ • Exercise programs, including yoga, tai chi, standard exercise, aquatic exercise, etc.¹⁶ 	<ul style="list-style-type: none"> • Dolor Ease: 2 capsules BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • NEM: 1 capsule QD¹²⁻¹⁵ • Exercise programs, including yoga, tai chi, standard exercise, aquatic exercise, etc.¹⁶ 	May require the additional use of prescription medications as part of the integrated protocol
Sciatica	<ul style="list-style-type: none"> • Dolor Ease: 1 capsule BID OR Theracurmin 2X: 1 capsule QD • PEA: 1 capsule TID⁶ • Spinal manipulation, acupuncture¹⁷ 	<ul style="list-style-type: none"> • Dolor Ease: 2 capsules BID OR Theracurmin 2X: 1 capsule QD • Mito AMP®: 1 capsule TID¹⁸ • PEA: 1 capsule TID⁶ • Spinal manipulation, acupuncture¹⁷ 	May require the additional use of prescription medications as part of the integrated protocol

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

Re-Assessment

Repeat clinical and laboratory measurements as indicated.

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