

The Role of Pain Psychology in Functional Restoration and Multidisciplinary Treatments

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When acute injury evolves to chronic pain

A biopsychosocial approach emphasizing active exercise integrated with psychological pain management has proven to be an effective pathway back to health, improved function, and return-to-work.

*Recommended by evidence based
MTUS/ACOEM Guidelines*

MTUS/ACOEM Guidelines recommend multidisciplinary approaches of varying degrees of intensity

- Referral to PT and psychotherapist for standalone treatments
- Work Conditioning
- Work Hardening
- Back School
- Functional Restoration Program (highest intensity and integration)

Core Principles

- PT with an emphasis on active exercise (cardio and strengthening), posture and body mechanics.
- Pain management psychotherapy with a cognitive behavioral orientation.
- Peer group interaction helps normalize pain behaviors

Core Principles

- Close daily integration of PT and pain psychology
- Intensity and duration of treatment
- Comprehensive focus on biopsychosocial issues
- Caring, committed and knowledgeable staff utilizing evidence based approaches, with proven track record

Pain Psychology >>> Active Ingredients

- Job of psychologist in FRP is not to fix longstanding chronic psychiatric/behavioral/addiction problems.
- Separate supplemental treatments may be necessary for addiction or serious mood disorders
- FRP psych treatment focuses on strategies for
 - coping effectively with pain and stress
 - adjusting to functional limitations
 - exercise fear-avoidance
 - coping with social and occupational disruptions
- Goal: regain psychological baseline at time of injury

Pain Psychology >>> Active Ingredients

- **HOPE**: authentic, realistic, achievable
- Improve function even with pain
- Regain lost activities, socializing, recreation
- Reduce reliance on medications, surgeries, medical interventions
- Deal effectively with the Workers Comp system
- Return to work or productive activities

Pain Psychology >>> Active Ingredients

- Ask patients to work hard
- Don't promise quick pain relief
- HEALING REQUIRES
 - Daily safe exercise routine
 - Good posture and body mechanics
 - Healthy sleep and nutrition
 - Psychological coping skills
 - Willing to modify bad habits
 - Time and patience

MTUS selection criteria for multidisciplinary (FRP) treatment

- Earlier intervention >>> better outcomes
- Recovery delayed beyond expected healing time
- Psychological factors and maladaptive pain coping create overlay to ortho pathology
- Motivation for intensive rehabilitation
 - Realistic rehab goals
 - Active vs passive attitude toward rehabilitation
 - Willing to forgo further surgery / pain interventions

MTUS selection criteria for multidisciplinary (FRP) treatment

- Psych strengths and stressors
 - Mood disorders: depression, anxiety, anger
 - Social skills: ability to function in group setting
 - Support system: finances, kids, partner
 - Work capacity: educations, skills, employment hx
- Chemical dependency
 - History, treatment, current use
 - Willing to taper opioids, benzos

MTUS selection criteria for multidisciplinary (FRP) treatment

- Realistic rehabilitation goals
 - Return to work
 - Medication taper
 - Improve function for ADLs and quality of life
 - Psychological coping
- Contraindications
 - Active addiction
 - Psychiatric condition severe enough to create barrier to intensive rehabilitation
 - Motivation

MTUS/ACOEM Guidelines

- “Outcome monitoring is critical for documenting program effectiveness. Patient access to programs with demonstrable relevant outcomes is essential for treatment efficacy.”
- “The effectiveness of these programs has been documented and they are cost-effective with respect to direct health care expenditures, disability costs, and other economic indicators.”