"It is evident that this very humble and compassionate community consists of a dense network of people who not only know one another but say hello to one another upon passing, and who truly care about one another."

~Megan Frost, OMS-IV, Western University of Health Sciences
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Community Project

The Alternative Pain Management Resource Manual is a project written by medical students and was solely funded by Cal-SEARCH (http://www.oshpd.ca.gov/hwdd/cal-search/), a federal grant program that matches medical students with rural-based California physicians. The goal of the Cal SEARCH program is to attract physicians-in-training to serve in the rural and under-served communities of California. Redwood Osteopathy, Inc. is the northern-most practice of the Cal-SEARCH Grant sites, with an average of two to three medical students per month rotating through Redwood Osteopathy, Inc. an osteopathic integrative practice in rural Humboldt County.

With the help of a Cal-SEARCH Grant, medical students interviewed alternative providers, learning about each of their fields in depth. The students then revised, edited, and formatted the Alternative Pain Management Resource Manual. Kate McCaffrey, D.O. supervised and compiled the edited the project. Thanks to the many medical offices and providers and medical students for their participation in the creation of this Manual for the patients of Humboldt County, California.

The original inspiration for this Manual came from a similar project that was created nearly ten years ago. Under the umbrella of the Community Health Alliance (CHA), an ad hoc group of health professionals, administrators and patient advocates in Humboldt County met to discuss the development of a multidisciplinary pain management clinic and manual for Humboldt County. The impetus for getting the group together grew out of 27 prescription drug overdoses that occurred in Humboldt County in 2003. The Alcohol and Other Drug Death Review Team heard from medical providers that they often felt that there was a lack of local resources to assist patients to live more productive lives and manage their pain. Thanks to the Community Health Alliance, Vector Rehabilitation, Humboldt County Department of Health and Human Services, the Humboldt Del Norte County Medical Society and many others for participation in the original project.

The goal of the manual is to educate patients and providers about the adjunct therapies and treatments available for chronic pain. The manual originated in Humboldt and Del Norte Counties, both of which have a high number of illicit and prescription drug users. This manual seeks to provide a safe, alternative resource for patients and providers seeking alternative ways to manage both chronic and acute pain and reduce the reliance on pain medication, specifically opioid pain relievers.

It is our collective gift to the community and hope that the project will give hope to those people who suffer from chronic pain and who are not sure where to turn next for help. It is our hope and wish that you, gentle reader, will use this manual to elevate yourself above the pain cycle and go forward in spite of the difficulty that chronic pain presents, into a fuller life.

Physicians and providers may display the Manual in their waiting rooms and treatment rooms. The manual can also be accessed via the Internet at the Humboldt Del Norte County Medical Society website: www.hdncms.org.
STUDENT INTRODUCTION

ABSTRACT

Chronic pain is an issue faced by over 100 million Americans with an annual economic burden of $560-635 billion (1). Countless sufferers (63%) seek medical attention for their pain, many (38%) with multiple different providers, but less than half find adequate or lasting relief (2). To date, the medical establishment has had few mainstream treatments to offer these patients. Injections, pills and surgery are common solutions offered, all of which have inherent risk and are, at best, only marginally effective. A fact that obviates the inherent risks to these solutions is the death toll from prescription pain medication. According to the CDC, “overdose deaths from prescription painkillers have skyrocketed in the past decade. Every year, nearly 15,000 people die from overdoses [after taking] these drugs” (3). This is an alarming statistic and Humboldt County has not escaped its share of this burden. In California, the rate of deaths from opioid pain relievers was 10.4 per 100,000 people (4), based on the current population, that’s nearly 4000 deaths in California alone. The CDC also highlights groups at greatest risk for death from painkillers, “people in rural counties are about two times as likely to overdose on prescription painkillers as people in big cities” (3). This puts Humboldt County right in the cross-hairs of this epidemic. These facts bring an obvious question to mind, is there a safe, cost effective alternative to treat pain without using these dangerous drugs? The answer, thankfully, is yes, and the alternatives are the focus of this project.

Education is the first step and the goal of this project is to provide teaching to both physicians and patients on the non-pharmaceutical, non-surgical alternative methods available for treating pain.
COMMUNITY HEALTH NEED

In the counties of Humboldt and Del Norte, there are a large number of patients suffering from various pain syndromes. Some of the most common causes for pain include, low back pain, osteoarthritis, fibromyalgia, and painful somatic dysfunction as seen in the Redwood Osteopathy, Inc. clinic. In 2003, there were 27 drug overdoses in Humboldt County (5). The Alcohol and Other Drug Death Review Team heard from medical providers that they often felt that there was a lack of resources available to patients to help them lead more productive lives while managing their pain (5). There is a great vision for a comprehensive pain management clinic; however, due to funding limitations, no plans are currently underway to build such a clinic. Meanwhile, in order to assist medical providers in the care of patients with pain, this resource guide will stand as a tool for physicians and patients to better understand the adjunct therapies available for treatment of chronic pain. This manual seeks to provide safe, alternative treatments to pharmaceuticals and surgery when those options are not enough to control pain.

A holistic approach is used in this manual to help improve the lives of patients in pain and prevent unnecessary drug-related fatalities. I believe that counties like Humboldt and Del Norte, with their high number of prescription pharmaceutical users and high incidence of narcotic usage, both prescribed and illicit, would greatly benefit from a non-pharmaceutical approach to pain management.

COLLABORATION

The second edition is a non-pharmaceutical, non-surgical manual of treatment options and is the product of the collective efforts of myself and other past and present Cal-SEARCH students. The guide is the vision of Dr. Kate McCaffrey, owner of Redwood Osteopathy Inc. in McKinleyville, California. Students have interviewed with practitioners in the areas of massage, holistic medicine, and many others to gather information on specific areas of health care.

LITERATURE

While gathering information for my contribution to this work, I used a variety of resources, primarily electronic, in order to provide the most up to date, evidence-based support for the therapies endorsed in the manual. The majority of my contribution to this work was in the area of exercise for the prevention of chronic pain and additionally to provide evidence-based resources for other sections of the guide. I relied heavily on PubMed to gather resources. Sources such as the Journal of the American Medical Association (JAMA), Clinical Journal of Pain, Mayo Clinic resources, Cochrane reviews and UpToDate® form the bulk of my research.
OBJECTIVES

To meet the needs of local physicians, professionals, paraprofessionals, other providers, and patients in Humboldt-Del Norte Counties for a unified, simple, evidence-based, easily accessible educational guide to the existing complementary and alternative treatment methods for chronic pain. The goal of this project is to expand the armamentarium of providers who treat pain into the realm of non-pharmaceutical and non-surgical options in the hope that this will decrease the reliance on opioid pain relievers. Secondarily, we intend to provide education to patients concerning the full complement of treatment options available for their pain. We also aim to inform patients that knowing the risks and especially the alternatives to any procedure is their right and as such should always be sought. This two-pronged goal will ideally create a holistic pain management plan that physicians feel comfortable recommending and patients feel comfortable asking for.

METHODS

Medical students, myself included, from various universities across the nation and including both allopathic and osteopathic schools are involved in the effort. Students drafted the content of the guide based on interviews with various providers. Students also provided evidence based medical literature search data to support each section. The document contains some of the more common alternatives for management of chronic pain, including osteopathic medicine, chiropractic, and massage. There are also less well-known alternatives included in the guide -- some many may not have heard of -- including Ayurvedic medicine, Feldenkrais and Tai Chi. In all, there are twelve sections, each with a different non-pharmaceutical, non-surgical alternative method for the treatment of chronic pain and each is fully supported with a broad evidence base. Further research, formatting, editing and revisions occur on an ongoing basis by students on rotation at Redwood Osteopathy, Inc. under the direction of Dr. McCaffrey, D.O.

SUSTAINABILITY

By making the Alternative Pain Management Resource Manual available electronically, the finished product will be available to the widest possible audience of physicians, providers and patients. Taking into consideration the specific health care need for chronic pain management in Humboldt county, this guide is a solid step toward building a permanent pain management model in the region and hopefully beyond. Because these are non-pharmaceutical and non-surgical treatments, it stands to reason that the health care costs associated with this approach will be far less than traditional methods. Utilizing students to draft, research and edit the guide will ensure that it is continually updated and peer-reviewed, keeping the information up to date and relevant. Cal-SEARCH grants aids in the regular flow of students on rotation at Redwood Osteopathy, Inc. and is a wonderful resource for a project like this. Recruiting of physicians to the area who are
frustrated with the current paradigm of treatment for pain will also facilitate the continuation of the holistic model this guide seeks to build. Additionally, the students who take part in the project will likely carry some part of that knowledge to their future medical practice, which will spread the holistic approach to pain management even farther.

RESULTS

We are currently in the progress of completing the addition of evidence-based research, final editing and formatting of the second edition of the document which, upon completion, will be approximately 60 pages in length. We hope to post the completed Manual as soon as possible. Personally, while on rotation at Redwood Osteopathy, Inc. I have had a wonderful experience getting to interact with patients and see how this model is put into practice every day. I consider it a privilege to have completed my osteopathic manipulation medicine (OMM) rotation with Dr. McCaffrey at the Redwood Osteopathy, Inc. clinic and have enjoyed my interactions with community members.

DISSEMINATION

The ultimate goal for getting this resource into the hands of those it is intended for include providing print copies to local providers’ offices, waiting rooms and libraries. However, for ease and economics of distribution, the biggest goal is to complete the revisions of the second edition and post it Redwood Osteopathy and Cal-SEARCH website. From that point, it will simply be a matter of letting physicians know of the existence of the document in electronic form and encouraging them to direct their patients and clients to partake of the information it contains.

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REFERENCES:

3. The Centers for Disease Control and Prevention: http://www.cdc.gov/Features/VitalSigns/PainkillerOverdoses/
7. Humboldt Del Norte County Medical Society website: www.hdncms.org
COMMON CAUSES OF CHRONIC PAIN

Osteoarthritis (OA)
Is the most common form of joint disease, also referred to as “wear and tear arthritis”. Osteoarthritis or OA is a typical disease we get as we age. In fact, 90% of all people have radiographic evidence of osteoarthritis in weight-bearing joints by the age of 40. OA has many causes, including mechanical wear, heredity, developmental, and even metabolic agents can all lead to the loss of cartilage. Cartilage is the protective substance that covers the surface of bone in each of our joints. When the cartilage is damaged, the bone may be exposed and subjected to damage. This may cause joint pain, tenderness, swelling and reduced motion. OA usually affects the hands, knees, hips or spine. Pain is typically relieved by rest, associated with morning stiffness which improves as the day goes on, and joint inflammation is minimal. Lifestyle modifications (such as exercise) and pain medications, like mainstream

Lower Back Pain
This is the single chronic pain and is disability in 45. In fact, low back pain is the second most common cause for a trip to the doctor, after the common cold. Lower back pain is defined as pain anywhere from below the ribs to above the legs. The lower back, specifically the lumbar spine, bears weight, making it other areas, especially when reaching, twisting, or lifting. Pain is typically relieved by rest, associated with morning stiffness which improves as the day goes on, and joint inflammation is minimal. Lifestyle modifications (such as weight loss and management with over the counter pain NSAIDs are the treatments).

Reflex Sympathetic Dystrophy (RSD) or Complex Regional Pain Syndrome (CRPS)
RSD/CRPS is a rare, chronic pain condition of the extremities believed to be caused by a dysfunction in the central or peripheral nervous systems. Some of the major signs of this
syndrome are pain that is characteristically localized to an arm, hand, leg, or foot, swelling of the involved extremity, disturbances of color and temperature in the affected limb, changes of the overlying skin and nails, burning pain, skin sensitivity, and/or decreased range of motion. Most cases occur after a direct physical trauma, which can cause tissue and nerve damage. Treatment is geared to restoring function, with physical therapy and/or osteopathic manipulation. Many patients also benefit from drug therapies, particularly antidepressant agents.

**Fibromyalgia**
Fibromyalgia is a common syndrome in which a person has long-term, body-wide pain and tenderness in the joints, muscles, tendons, and other soft tissues. It may be caused by physical or emotional trauma, sleep disorders, depression, sleep apnea, or infection, but the complete cause is still unknown. Fatigue, headaches, numbness, irritable bowel symptoms and sleep disorders are also common in relation to this syndrome. It is found that some people with fibromyalgia have improved symptoms with an exercise program, osteopathic manipulation, and with tricyclic antidepressants.

**Chronic Fatigue Syndrome**
Chronic fatigue syndrome is a severe, continued feeling of tiredness that is not relieved by rest and is not directly caused by other medical conditions. The fatigue may worsen with physical or mental activity, but does not improve with rest. The cause of chronic fatigue syndrome is unknown, but it is thought to be caused by psychological stress, viral infections, or from a combination of other factors. It is found that cognitive behavioral therapy and exercise therapy can help people with chronic fatigue syndrome.

**Carpal Tunnel Syndrome and other Neuropathy**
Carpal tunnel syndrome is the most common and widely known entrapment neuropathy. Carpal tunnel syndrome occurs when the median nerve, which runs from the forearm into the hand, becomes compressed or squeezed at the wrist. The median nerve controls sensations to the palmar side of the thumb and fingers (except the little finger), and some of the small muscles in the hand that allow the fingers and thumb to move. When the nerve is squeezed it may result in pain, weakness, numbness or tingling in the hand (especially the palm of the hand, thumb, index finger and the middle finger), wrist, and radiating up the arm. Carpal tunnel syndrome can be from trauma or injury of the wrist, over-activity of the pituitary gland, hypothyroidism, rheumatoid arthritis, mechanical problems in the wrist joint, work stress, repetitive use, use of vibrating hand tools, fluid retention during pregnancy or menopause, or the development of a cyst or tumor in the canal. In some cases no cause can be identified. There are many other neuropathic causes of pain, similar to carpal tunnel that affect other nerves such as the axillary nerve, femoral nerve, sciatic nerve, ulnar nerve or even multiple nerves as with diabetic neuropathy. Treatment is directed toward relief of the pressure on the median nerve in the case of carpal tunnel. For other neuropathy syndromes, treatment might be similar, or include blood sugar control as with diabetic neuropathy. Additional treatments include modifying hand activities, splinting, myofascial release, surgery, corticosteroids, and pain medications.
**Multiple Sclerosis (MS)**

Multiple sclerosis (MS) is a potentially debilitating disease in which your body's immune system attacks the protective sheath that covers your nerves. The damage to the nerves is referred to as lesion, or scar. These lesions interfere with the communication between your brain and the rest of your body. Ultimately, this may result in deterioration of the nerves themselves, a process that's not reversible. The progress, severity, and specific symptoms of MS are unpredictable and vary from one person to another. The symptoms themselves vary widely, depending on the amount of damage and which nerves are affected. They could be mild, such as numbness in the limbs, or severe, such as pain, paralysis or loss of vision. People with severe cases of multiple sclerosis may lose the ability to walk or speak. Multiple sclerosis can be difficult to diagnose early in the course of the disease because symptoms often come and go — sometimes disappearing for months or even years. There's no cure for multiple sclerosis, however, treatments can help curb attacks, modify the course of the disease and treat symptoms. The cause of MS is unknown, although viral activity is suspected.

**Headache (HA)**

There are many forms of headaches (HA), but the most debilitating and chronic and migraine, tension and cluster headaches. Migraine HA is associated with sensitivity to light and sound, nausea and even vomiting. The pain is typically on one side of the head, has a throbbing quality and is often preceded by a warning called an aura. The aura may be flashing lights, spots appearing in one’s visual field or blurry vision. The pain usually lasts anywhere from 2 hours to 3 days and can be very debilitating. Causes of migraine and many and include some foods (such as caffeine and chocolate), certain medications, heredity, an allergy, a vitamin deficiency, menstruation, irregular dietary habits, lack of sleep and exercise, being too hot or cold. Migraine treatment includes over the counter pain medicine, prescription medication (such as those in the triptan class), relaxation techniques, osteopathic manipulation, sleeping, message, and avoiding triggers. Tension HA is the most common type of headache (90%) and the pain typically radiates from the neck, back, eyes, or other muscle groups in the body. The pain is described as pressure or squeezing and is usually on both sides of the head. The pain can last from minutes to days or even months to years. The causes of tension HA include stress, sleep deprivation, poor posture, irregular eating habits (hunger), eye strain or poor body mechanics. Treatment for tension HA include over the counter pain medicine, message, myofascial trigger point, osteopathic manipulation, acupuncture and soft tissue treatment. Lastly, cluster HA is a third type causing chronic pain. In cluster HA the pain is typically behind one eye, is sharp in quality and severe but lasts only for a short time (less than 30 minutes). Then pain happens at nearly the same time of day during each occurrence and can be associated with watery eyes, runny nose, salivation, sweating, drooping eyelid, redness of the eye or pupil constriction. The cause is generally unknown but may be genetic and smoking seems to trigger cluster HA as well. Treatments for cluster HA include breathing pure oxygen, over the counter pain medicine, prevention with certain anti-convulsant medicines, and medicines used to treat migraines can help as well.
RESOURCES:
2. American Chronic Pain Association: www.theacpa.org
PAIN MANAGEMENT OVERVIEW

Pain Categories and Methods of Pain Relief

Pain Characteristics: Millions of Americans suffer from chronic pain, which is one of the nation’s most serious and baffling health problems. While many people focus on their back, their head, or other localized sources of pain, there are some specialists who believe that pain could be a disease in itself rather than just a symptom. Every year 40% of Americans have acute or chronic pain requiring treatment. All pain, whether acute or chronic, is a message carried to the brain by nerves near the surface of the skin or deep within the body. The message is usually a warning of injury, organic disorder, or the effects of stress on the body. Acute pain, which is a sudden onset of brief duration, may be caused by an infection, accident, or surgery. Chronic pain, which may be the result of a specific condition, does not fully subside with treatment or go away completely with the passage of time. As the pain continues, it can affect personal relationships, professional commitments, and self-image.

PAIN THEORY

An understanding of how pain happens is basic to finding more effective ways in dealing with it. There are many millions of sensory receptors on the surface of the body and inside it that keep the brain informed about temperature, condition of organs, unusual changes, and countless other changes. These receptors communicate to the brain in a complicated code of signaling molecules via a network of nerves running throughout the body. Every nerve consists of large and small bundles. The large bundles carry impulses related to touch while the small bundles send messages more slowly about pain. Both sets of bundles meet at the spinal cord. Scientists believe that there is a gate-like mechanism in the spinal cord that can be shut against pain.
messages. Relief associated with electrical stimulation or acupuncture may be the result of these pain gates being closed.

PAIN CATEGORIES

Pain specialists have separated pain sources into six categories. These include:

- **Joint and muscle pain**, which can be described as aching, throbbing, or other painful sensations experienced in joints or muscles. This type of pain accounts for the majority of patients attending pain clinics.
- **Causalgia** (kaw-zal-jee-uh) is the sustained burning pain that follows a sudden traumatic nerve lesion. This type of pain is likely to go away within a few months, but in some cases, it could continue for years.
- **Neuralgia** (noo-ral-juh), which originates in the peripheral nerves, is triggered by cold air, chewing, or stress.
- **Phantom limb pain**, which may originate sometime after an amputation, is a mild sensation of “pins and needles” in the missing limb that turn into shooting pains and can continue for years.
- **Vascular pain** is associated with dilated blood vessels around the brain that cause migraine headaches.
- **Cancer pain** is the result of destruction of tissue or blockage of major organs by a growing tumor, or spread of certain cancers that reach the spine and press on nerves.

PERCEPTION OF PAIN

Some people seem to be more sensitive to pain than others, and different people respond differently to different kinds of pain. In almost all cases, loud music or intense physical effort can override the pain messages. On the other hand, the intensity of pain can increase during fatigue, depression, or anxiety. Experiments have shown that the pain threshold can be raised not only by distractions, but by such techniques as hypnosis or meditation and exercise. A study on the chemistry of pain indicates that men are less sensitive to pain than women, while older people are less sensitive than young. Many responses to pain are learned through cultural or parental patterns, and individual character traits have a great deal of influence on susceptibility to chronic pain syndrome.

PAIN RELIEF METHODS

The following is a list of methods known to alleviate pain, with a brief summary of each. More in depth information can be found in the manual.

**Acupuncture**

Many Western scientists remain skeptical about the validity of acupuncture as a therapeutic discipline; there is some evidence to indicate that the technique stimulates the release of endorphins (en-daw-fins) by the brain. Endorphins are naturally occurring painkilling chemicals that get released into the bloodstream. Acupuncturists use thin
needles that get inserted and rapidly rotated, and sometimes combined with electrical stimulation. This stimulation is done at specific pressure points in the body.

Anesthesia
Local anesthesia is used to deaden sensation. It is most frequently used in dentistry and other minor surgical procedures, although it may also be used on a short-term basis in back pain and to treat accident patients. It has limited long-term application, but it may be practical for alleviating the acute pain of certain neuralgias (noo-ral-juhs) or bursitis (ber-sahy-tis).

Behavior modification
This is a form of therapy that has its uses in people for whom chronic pain has become a way of life. It’s also used for those who use pain as a way of gaining control over or manipulating others. The treatment is based on the assumption that many symptoms that started as authentic pain have become a habit and those habits need to be unlearned in order to find pain relief. People whose lives are closely involved with the patient are usually asked to participate in the therapy. Behavior modification is usually used in combination with other methods as part of a broader treatment approach in certain pain clinics.

Biofeedback
This is a technique that requires an intensive practice in concentration during which time patients learn how to control certain involuntary body processes such as constriction of blood vessels. By mastering this method, patients can reduce the chronic discomfort of vascular headaches and some type of stress-induced muscle tension.

Chiropractic
This is a treatment based on the idea that most pain disorders results from pressure on the nerves caused by faulty alignment of the spine. Manipulation of the spine is the main technique. However, where problems of the spine itself are not the source of the chronic pain, chiropractic treatment has not proved relevant.

Electrotherapy
Electrotherapy seems to have an effect on the larger nerve fibers. The effect seems to either be a short circuit in the pain message on its way to the brain or a release of endorphins (en-dawr-fins). The compact, easy-to-use equipment can be operated by the patient as necessary. It is reported to be helpful in reducing chronic neck, shoulder, and lower back pain.

Exercise
Most chronic low back pain is alleviated by strengthening particular muscles. Exercise, such as swimming, that induces relaxation can be helpful in alleviating stress-induced pain such as headaches, and regularly scheduled running is known to stimulate endorphin (en-dawr-fin) production in the brain and is responsible for a gratifying “high”. The fact that exercise provides distraction, and in some cases acute discomfort, increases its effectiveness as an antidote to certain kinds of pain.
Hypnosis
There seems to be no general agreement about how or why it works, but hypnosis is not a generally accepted method of controlling and reducing pain. All hypnosis is self-hypnosis in the sense that the subject has decided to concentrate on producing a mental state that will diminish anxiety and suffering. When it does work, it has the advantage of being free of unpleasant side effects - no matter how often it is used.

Massage
People who suffer from acute pain are rarely free of anxiety and can benefit from the relaxing results achieved by the competent manipulation of tight muscles. One technical explanation for the effectiveness of massage is that if the nervous system is bombarded with impulses from the periphery (puh-rif-uh-ree), it interferes with other impulses’ ability to reach the brain. Masseurs must be licensed in most states, and referral by a doctor or hospital insures reliability.

Medication
Painkilling drugs range from over-the-counter (OTC) medications such as aspirin and acetaminophen to powerful narcotic analgesics like morphine. Some painkilling drugs work through the central nervous system to alter local pain perception, others act as muscle relaxants, and still others alter body processes. Examples of the latter are drugs that inhibit the body’s release of hormone-like substances that are thought to contribute to certain types of pain. These drugs, commonly called non-steroidal anti-inflammatory agents (NSAIDs), are now prescribed to treat arthritis and other musculoskeletal pain, menstrual cramps, and certain inflammatory disorders. Stronger narcotic pain medicine is typically reserved for instances of severe pain, such as that experienced after surgery or a trauma like a broken bone. These medicines work by blocking pain receptors which relieves pain but has the harmful effect of dulling our body’s ability to sense the pain that is necessary to alert us to a problem inside our body. As with all medicine, pain killers have side effects, most important of which is probably their addictive potential in the case of narcotics and their gastrointestinal (GI) side effects in the case of many OTC pain medicines. These drugs should be carefully administered under a doctor’s supervision and taken only as directed.

Meditation
Meditation is one of the most popular self-help techniques in recent years for the alleviation of pain. Like biofeedback, meditation enables people to gain control over their body state once they’ve mastered the discipline. The positive results of diminishing pain and pain perception through this altered state of consciousness is yet another indication of the relationship between brain, mind, and body.

Psychiatry
Pain presumed to originate in the stress of emotional conflicts is called function or psychogenic (sahy-kuh-jen-ik) pain. It’s just as real and distressing as pain that has a more obvious cause. Most often, functional pain has a component of anxiety or
suppressed anger that leads to constant and immobilizing headaches or muscles strain causing neck and shoulder problems.

Surgery
One of the oldest surgical procedures for relief of pain is a chordotomy (kawr-dot-uh-mee), in which certain nerve pathways are cut or severed. This is now considered the treatment of last resort and is usually reserved for certain types of very severe, unrelenting neuralgia (noo-ral-juh) or the burning pain that follows a trauma to the peripheral nervous system.

PAIN CLINICS
Since 1960, when the first pain clinic was established at the University of Washington in Seattle, similar comprehensive treatment centers have been organized all over the country. Most of them are attached to hospitals and call on the services of many specialists. Seattle’s Dr. John Loeser has pointed out that the “overwhelming majority of chronic pain patients need to have their whole lives examined.” To accomplish this may require the combined expertise of medical doctors, neurologists, orthopedists, psychiatrists, physical therapists, and psychologists skilled in training the patient in techniques or self-help. Anyone wishing to investigate the services of a pain clinic should ask their family physician for a referral or for the appropriate contact. While many specialists have come to think of chronic pain as a disease in its own right requiring treatment, patients who wish to attend a pain clinic should find out if the costs, which may be considerable, are covered by the terms of their health insurance policies.

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Ayurvedic Medicine

"Ayurveda ‘the Science of Life’ is a holistic system of medicine from India, which evolved from the Brahma sages of Ancient India some 3000-5000 years ago. The principles and philosophy of Ayurveda view man as a complex whole, including our external and internal environments."

– Traditional Knowledge Digital Library, "About Ayurveda"

"Ayurveda believes that five basic elements Pancamahabhutas (space, air, fire, water and earth) manifest in the human body as three basic humours known as aśristodhas (Vata, Pitta and Kapha). These three govern creation, maintenance and destruction of bodily tissues as well as assimilation and elimination. Each person is born with a unique combination of these doshas which decides their basic constitution called Prakruti. Understanding of each person’s Prakruti for deciding their personal diet and exercise pattern, supplements and medicinal herbs, cleansing and rebuilding therapies are among the chief methods Ayurveda employs for the maintenance and restoration of health."

– Traditional Knowledge Digital Library, "Salient Features of Ayurveda"

What is your area of expertise?

Ayurvedic Medicine or Ayurveda (ah-yer-vey-duh)

For what type of pain is your treatment modality most appropriate?

All types of pain are managed through Ayurvedic care. Ayurveda divides pain into categories depending upon the element (dosha: Vata, Pitta, Kapha) that caused them. We have pain due to dryness and excessive air within the system, which is attributed to Vata dosha. This dry pain may appear extreme, come and go, travel throughout the body, feel like pins and needles,
prickling pain or numbness. We can have pain due to heat/fire/pitta dosha which may appear inflamed, red, burning, sharp, throbbing, and intense. We can also have pain which is due to excessive fluid accumulation/water/kapha dosha which may appear swollen, edematous, dull, achy, or as a heavy feeling in limbs/joints.

What modalities are used?

Modalities utilized by Ayurveda to manage pain vary according to the root elemental/doshic cause of the pain. No two patients will receive the exact same protocol because Ayurveda treats the patient, not the disease. Each patient will appear with various different symptoms which may be linked with increase of one or more elements/doshas; thus, Ayurvedic disease management for pain will vary depending on each particular patient's expression of their own unique set of disease symptoms. Typical Ayurvedic therapies for managing pain may include but are not limited to: Yoga asana, daily Ayurvedic body therapies and massage which special herbs, oils, herbal steams, baths, powders, etc., nutritional support, herbal support including specialized oils/essential oils to rub into afflicted areas, lifestyle support, specific exercises, meditation, visualization, breath work, mantra repetition, and even prayer.

What referrals are generated, if any, when someone is referred to you?

There is no such thing as "automatic" or "routine treatment protocol" in Ayurveda. Each patient's treatment protocol is as unique as each patient. Typically a patient will be seen again by the Ayurvedic provider until such a time as the treatment is deemed sufficient and then will return only as needed.

Generally, how many treatments are recommended?

Again, this varies. For a sprained ankle producing pain, one visit may be enough. For a chronic lower back pain or systemic arthritis, disease management may begin with a 2 week to 2 month initial therapy session and then gradually taper as symptoms reverse and health returns.

There are currently no insurance companies in the US which cover Ayurvedic health consultations; however, it may be possible for patients to receive discounts on the massage/body therapy sessions if their Ayurvedic provider has met the necessary requirements.

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Additional resources on Ayurvedic Medicine:

- Traditional Knowledge Digital Library
- Journal of Ayurveda and Integrative Medicine (JAIM)
- International Journal for Ayurveda Research (IJAR)

PubMed Supporting Evidence for Ayurvedic Medicine:

Traditional Chinese medicine (TCM) is a body of medical treatments that dates back more than 5,000 years and evolved from the ancient Taoist philosophy. The most commonly used modalities are herbal remedies and acupuncture. Acupuncture uses thin metal needles at specific sites in the body to restore the flow of “qi” (chi) or life force. Other techniques include moxibustion (moxa herb burning near the skin), cupping (heated suction cup on the skin), massage, diet therapy, and body therapy like qi gong and tai chi. These practices are employed based on the balance of the individual and the framework of the yin-yang theory, eight principles, and five elements. Evaluation of a patient may require an interview, observation of their tongue, smelling, listening, and palpation of the pulse.

- National Center for Complementary and Alternative Medicine, “Traditional Chinese Medicine: An Introduction.”
  http://nccam.nih.gov/health/whatiscam/chinesemed.htm

What is your area of expertise?

I treat just about anything people come in for. This includes, but is not limited to: various types of pain, allergies, low immunity, endocrine imbalances, infertility, postpartum issues, fatigue, chronic disease management, weight loss, facial rejuvenation acupuncture, Medical Qi Gong therapy.

What types of pain is your Treatment Modality most appropriate for?

It is appropriate for all kinds of pain, whether acute or chronic. For chronic issues, acupuncture and herbal medicine work very well together, especially for those hard to treat pain issues. Working with herbs that support a patient’s constitution can help reduce pain, since it will get to the root of the problem and not just treat their symptoms.
What modalities are used?

I use acupuncture, acupressure, cupping, moxabustion, Tuina massage, amethyst biomat, infrared heat lamps, Western and Chinese herbal medicine, supplements, topical oils, liniments, and salves.

What referrals happen automatically when someone is referred to you? Are there any other places you commonly send your patients to? (i.e. OMT, many osteopathy physicians refer their patients to other specialists, radiologists for imaging, physical therapists, occupational therapists, etc.)

I send clients out for lab tests, counseling, chiropractic, midwives, massage or myofascial release therapists, and medical doctors for referring to specialists.

Generally, how many treatments are recommended?

That depends on the constitution of the patient and their complaint(s). To generalize, most people need at least 6 treatments over a course of 3-6 weeks.

What are the insurance coverage/limitations? Please include MediCare, Medi-Cal, Worker’s Comp and Private Insurance.

Limitations depend on the person's insurance policy. Most insurance companies have some acupuncture coverage. By 2014, all insurance companies must have some acupuncture coverage. No limitations in number of treatments allowed under Worker's Comp. I believe Medi-Cal and MediCare dropped all acupuncture coverage, but I would double check for more accurate information.

Submitted by: Jessica Baker, L.Ac.,
Five Branches University, Santa Cruz, CA, Traditional Chinese Medicine
Jade Dragon Medical Spa

Edited by: Maricel DelaCruz, Osteopathic Medical Student
Touro University College of Osteopathic Medicine, Vallejo, CA
Re-edited by: John Posten, Osteopathic Medical Student
Touro University College of Osteopathic Medicine, Vallejo, CA
Supporting Evidence for Traditional Chinese Medicine:


Additional Resources on Traditional Chinese Medicine:

- American Journal of Chinese Medicine (AJCM)
Chiropractic

"Do not forget that chiropractors did not treat diseases. They adjust causes, whether acquired, spontaneous, or the result of accident."
"Life is the expression of tone. In that sentence is the basic principle of Chiropractic."
-Daniel David Palmer, founder of Chiropractic

Chiropractic is an alternative medical system. It takes a different approach from standard medicine in treating health problems. The basic concepts of chiropractic are:
- Your body has a powerful self-healing ability
- Your body's structure (mainly the spine) and its function are related
- The goal of chiropractic therapy is to normalize this relationship

Chiropractic professionals are doctors of chiropractic, or D.C.s. They use a type of hands-on therapy called spinal manipulation or adjustment.

Many people visit chiropractors for treatment of low back pain.

AREA OF EXPERTISE:
Chiropractors treat chronic pain restoring joint motion, reducing inflammation, and improving the motion of the muscle-joint motor unit. Conditions treated include pseudo-radiculopathy, trigger points, degenerative disk disease, disk bulge, osteoarthritis, myospasm, fibromyalgia, chronic strain or strain, carpal tunnel, epicondylitis, migraine, dizziness, and entrapment syndromes involving poor joint motion.

While there are many subspecialties within chiropractic, i.e. internal medicine, neurology, pediatrics, all chiropractors perform an initial examination to determine the appropriateness of manipulative therapy, and develop a treatment plan prior to initiating care. Chiropractic treatment can be curative or palliative aimed at reducing pain, promoting mobility and reducing use of narcotic medication.

TREATMENT MODALITIES:
Selection of treatment modalities is based on patient diagnoses, secondary complicating factors such as severe osteoporosis, post-surgical status and coronary conditions, patient comfort and, above all, safety.
While manipulation of joints, ligaments and connective tissue is the primary treatment modality used by chiropractors, the force applied can vary greatly with low amplitude techniques requiring no rotational or shearing forces being employed on fragile patients such as the elderly or for patients whose condition requires extra care as with osteoporosis, post-surgical or those with vertebral artery occlusions.

Treatment may include electrical and/or thermal modalities, soft tissue mobilization, postural analysis and correction, training in muscle strengthening and flexibility. Recent medical studies show that when chiropractic and physical therapy are used in conjunction superior pain relief is achieved compared to when either therapy is used alone.

NUMBER OF TREATMENTS RECOMMENDED:

This depends on the type of pain and duration (acute vs. chronic). Some patients can be treated adequately with 2-3 visits, while others may require 8-10 visits.

INSURANCE COVERAGE/LIMITATIONS:

Medicare: Typically will provide up to 12 visits per acute exacerbation. Payment limited to treatment of the spine. Does not pay for initial or subsequent examinations, lab work, radiographs or diagnostic studies when performed or ordered by a chiropractor.

Medi-Cal: No coverage.

Veterans Administration: Will cover chiropractic when treatment is requested by VA doctor and pre-authorized. Number of visits based on medical necessity.

Workers’ Compensation: Chiropractors are considered physicians and can be the physician on record; pre-authorization is required, limited to a maximum of 24 visits per claim but typically limited to a maximum of 12.

Private Insurance: Policies vary but most allow direct access, exception is HMO’s that may require MD referral and/or pre-authorization.
Supporting Evidence for Chiropractic Treatment:


Additional Resources on Chiropractors:

- American Chiropractic Association: http://www.acatoday.org
- History of Chiropractic: http://www.chiro.org/Plus/History/
- International Chiropractors Association: http://www.chiropractic.org
There is mounting research and clinical evidence that exercise can improve quality of life for those with chronic pain and have a measurable positive effect on reducing pain, improving function, and preventing recurrence of injury.

Aerobic exercise is beneficial for almost any type of pain from fibromyalgia to low back pain. Properly executed strengthening and stretching exercises are beneficial for most conditions. Any exercise program should start slowly, be modified to each individual’s level of tolerance, and gradually advanced as improvement occurs. An initial increase in pain is common in chronic pain and the program must be adjusted until the exercises are tolerated. For some people, water exercise may be beneficial to reduce escalation of symptoms. Modification and improvement of functional tasks should be addressed throughout the training process. Other
treatments such as using heat, ice, ultrasound, and soft tissue mobilization may be helpful to reduce pain.

The topic of exercise, especially daily or near-daily exercise, is one that many shy away from. Think of an image of a horrific accident involving an Olympic downhill skier. He or she can take a tumble that would land most of us in the hospital and simply get up and walk away from it. This apparent miracle is largely made possible by a commitment to physical health.

The muscles that connect to our bones are there to stabilize the movements we make and guide them in proper alignment to avoid constant injury. The principles of Osteopathic medicine dictate that structure and function are reciprocally interrelated. What this means is that if the structure is weak, so also will the function be lacking. The evidence for a fit body as a preventive measure is clear from the patient demographic among those who suffer with chronic pain. (A study reported in 2010 in the Journal of Pain of nearly 3,500 twins showed a link between weight and various painful conditions, including lower back pain, tension-type or migraine headache, fibromyalgia, abdominal pain and chronic widespread pain.)

The very best way to treat chronic pain, or any medical condition for that matter, is to avoid getting it in the first place. Once a person has chronic pain, current treatment options available are only marginally effective (Clin J Pain. 2002 Nov-Dec;18(6):355-65.) with very few people actually experiencing full relief. Also, increased weight is associated with increased disability, co-morbid depression and reduced quality of life (Clin J Pain. 2004 May-Jun;20(3):186-91). Thankfully, the proper exercise prescription can strengthen muscles, improve quality of life and alleviate symptoms of depression better than most anti-depressant medications for patients with mild to moderate depression (J Clin Psychiatry. 2011 May;72(5):677-84).

So why is the seeming panacea of exercise such an elusive mistress? Simply put, exercise is hard. But, if I pulled out a prescription pad and said I had a pill that could help you lose weight, reduce or prevent chronic pain and basically cure your mild to moderate depression, I truly feel most patients would probably at least be willing to try it. So how can physicians get patients to take charge of their health and make the choice to follow a life of exercise, preferably before they have a weight problem, chronic pain and depression? Indeed, that is the question.

First of all, leadership by example is the best form of leadership. When an obese or even morbidly obese doctor enters the room of a patient who also happens to be overweight or obese, only to dispense the advice that the patient ought to lose weight, who wouldn’t retort (aloud or in their mind), “why should I listen to this doctor, he/she is just as overweight as I am?” And indeed this concept holds true. The best motivation is to hear the admonition “if I can do it, you can do it” from a supportive, non-judgmental source.

Secondly, doctors can help their patients get excited about exercise by having a full arsenal of options and explanations for all the benefits and choices for routine, daily exercise. As previously mentioned, prevention of chronic pain, maintenance of a healthy weight and relief from depression are major benefits. Maintenance of healthy weight has its own set of benefits as well, including less risk of cardiovascular events, control of blood pressure, control of cholesterol and even increased energy, longevity and more restful sleep.
Third, practical exercise prescriptions that are easy to follow and fit within patient’s ability are the only way to guide them to a successful commitment to healthy living. No one would expect someone just beginning an exercise routine to run 5 miles, do 300 sit ups or lift a 50 pound dumb bell and indeed being able to tailor exercise to the particular needs of individual patients is critical. For someone more than 100 pounds overweight, they must start more slowly than someone with just a few pounds to lose. The main goal is heart rate elevation to the target heart rate (calculated as a range of \([220 - \text{age in years}] \times 0.6 \text{ to } 0.8\)) and the degree of exertion required to elevate the heart varies greatly from person to person.

There are two basic types of exercise, cardiovascular or “cardio” and resistance or strength training. Current recommendations are 30 minutes of cardio 5-7 times per week. I suggest starting with 2-3 times per week and moving up as stamina allows. For those who are limited in mobility by their weight, even once a week is a good place to start. Strength training is a way of building muscle mass, which increases basal metabolic rate (the number of calories one burns when just sitting still). Both are needed to effectively raise your metabolism and lose weight.

So, leading by example and encouraging daily exercise in doses realistic for each patient by means tailored to their needs, chronic pain need not be part of so many people’s lives.
**BENEFITS OF EXERCISE**
- Elevate pain threshold
- Reduce pain and tension
- Decrease anxiety and depression, as well as improve energy
- Improve ability to differentiate between discomfort and pain
- Improve quality of life
- Increase ability to perform activities of daily living with ease and comfort
- Reduce fear of activity and feeling of hopelessness
- Prevent chronic pain
- Maintain healthy weight
- Decreased risk of atherosclerotic heart disease
- Better control of blood pressure
- Decreased “bad” (LDL) cholesterol and increased “good” (HDL) cholesterol
- Increased longevity
- More restful sleep
- Increased energy

**TREATMENT OPTIONS**
- Dynamic and static stretching
- Active and passive range of motion techniques
- Tai Chi, Chi Gong, Yoga, Pilates
- Aerobic exercise
- Stimulation of the vascular and lymphatic system
- Diaphragmatic breathing, biofeedback, and relaxation training
- Functional and ergonomic training
- Strength training & resistance exercise
- Training to increase awareness of pain triggers
- Myofascial release and soft tissue massage

*Edited by: Erica Delsman, Medical Student*
*Boston University School of Medicine, Boston, MA*
*Re-edited by: John Posten, Osteopathic Medical Student*
*Touro University College of Osteopathic Medicine, Vallejo, CA*
**EBM Supporting Evidence for Exercise Therapy:**

- A study reported in 2010 in the Journal of Pain of nearly 3,500 twins showed a link between weight and various painful conditions, including lower back pain, tension-type or migraine headache, fibromyalgia, abdominal pain and chronic widespread pain.
- J Clin Psychiatry. 2011 May;72(5):677-84

**Additional Resources on Exercise for Chronic Pain:**

- Chronic Pain Center: [http://www.medicinenet.com/chronic_pain/focus.htm](http://www.medicinenet.com/chronic_pain/focus.htm)
Feldenkrais Method of Somatic Education

"Recognizing our insignificance, the unimportance of what we think, do, or cannot do, we find ourselves in full mastery of ourselves to the potential limit of our ability. That sort of unstable equilibrium that is abandoned in each action and recovered for the next is the essence of human maturity."

-Moshe Feldenkrais, The Potent Self: A Study of Spontaneity and Compulsion, p.216
The Feldenkrais method is a mind-body approach, which combines movement and awareness to help you move and live more comfortably and effectively. Whether it is basic actions like sitting or walking, the daily demands of work and home, or your recreational activities, Feldenkrais offers more enjoyable and more efficient ways to improve how you move. Injury, illness, pain, stress and the effects of ageing reduce your functional capacity and the enjoyment of your movement. Hence, classes and individual sessions are aimed at allowing you to rediscover lost abilities and to bring back pleasure in your movement. Clients and students regularly report they feel relaxed, energized and rejuvenated.

**Functional Integration**

Functional Integration (FI) is the individual, hands-on form of the Feldenkrais Method. It works on the same principles as Awareness Through Movement (ATM) lessons.

**What is Feldenkrais like?**

You lie or sit, comfortably clothed, on a low padded table. With precise touch and verbal instructions, the Practitioner brings your present tendencies and habits into focus, and offers new movement options. The session is highly customized to your needs and patterns of movement. The learning occurs both directly in your nervous system and in your conscious awareness. You may be given individualized movement and awareness exercises to do as a home program. It can be empowering to discover the patterns of action that contribute to our difficulties or impede our progress. Most people find Functional Integration very relaxing, energizing, or both.
Who can Feldenkrais benefit?

Many people benefit from the more intensive and individualized sessions offered by Functional Integration, including:

- People looking for rapid improvement and recovery
- People needing more intensive input for change
- Performers and athletes recovering from injury or seeking to prevent re-injury
- People seeking relief from acute or chronic conditions that cause strong pain, discomfort and dysfunction
- Children with developmental delay or neurological difficulties

Functional Integration can be particularly helpful for:

1. Neurological conditions (strokes, brain injury, cerebral palsy, multiple sclerosis)
2. Chronic pain that has not responded to other treatment
3. Pain and disability after surgery
4. Overuse injuries (repetitive strain injury, carpal tunnel, tennis elbow, etc.)
5. Back pain or neck pain, hip and knee problems, breathing difficulties
6. Arthritis or whiplash injuries

Submitted by: Edena Gentry
Guild Certified Feldenkrais Practitioner
B.A. degree in Interdisciplinary Dance Studies

Edited by: Menalin Ganal, Medical Student
Touro University College of Osteopathic Medicine, Vallejo, CA

Re-edited by: John Posten, Osteopathic Medical Student
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Supporting Evidence for Feldenkrais Method Used for the Relief of Pain:


- Dean JR, Yuen SA, and Barrows SA. Effects of A Feldenkrais ATM Sequence on Fibromyalgia Patients. A study reported to the CA-PTA in 1997 also presented at the NA Feldenkrais Guild Conference in August, 1997.
Additional Resources for Feldenkrais Method:

- http://www.feldenkrais.com/
- http://www.feldenkraisresources.com/
- http://friberkeley.com/
What is your area of expertise?
Clinical homeopathic medicine

What types of pain does your Treatment modality/area of expertise treat?
Many kinds of conditions including musculoskeletal pain, colds, flu, arthritis, rashes to name a few. I use it as adjunct therapy to treat my patients when appropriate.

What modalities are used?
Homeopathic medicine by mouth and topically.

What referrals are generated, if any, when someone is referred to you?
Usually someone knows about homeopathic medicine, or I get a lot of patients from Europe who grew up using homeopathic medicine. Fifty percent of MD’s use homeopathic medicine in Western Europe.

Generally, how many treatments are recommended?
It depends. In an acute case, maybe a few days. For a longer term condition, take the medicine as needed. Homeopathic Medicines are overseen by the FDA, unlike most supplements because they are considered medicines and should be prescribed by a trained homeopath.

What are the insurance coverage/limitations?
Homeopathic medicine is not covered by insurances in the United States.
Homeopathy, a subset of Complementary Alternative Medicine, is a unique and natural treatment method that has been used over the past two centuries to help the body through the process of healing. Health care providers who receive extensive education in this field are trained to evaluate a patient’s problems from a holistic standpoint, taking into account the impact that mind, body, and spirit play in a disease process, and addressing each component as they formulate a treatment plan.

Each treatment plan is tailored to individual needs, and as such the goals of treatment vary from person to person. The uses of homeopathic remedies are numerous and include disease prevention, treatment of acute (short term) illness, treatment of chronic (long term, progressive) disease, and/or palliative care (symptom control) should the patient’s condition prove to be irreversible. In any case, homeopathic medicines function by augmenting the body’s innate healing potential, and can often be used in conjunction with modern medical therapy.

Homeopathy is unique from modern medicine in that it not only addresses health from a holistic standpoint, but it also takes a very unique perspective on symptoms patients experience during illness. Modern medicine tends to view symptoms as “belonging to” a disease, and as such, drug treatment is geared towards suppressing symptoms rather than terminating the origin of disease. In contrast, homeopathy views symptoms as a defense mechanism against illness that the body uses in an attempt to cure itself. Because symptoms are a language that describes the well being of the body, homeopaths can use existing symptoms as a guide to determine which combination of therapies would be most effective in treating the disease itself, while also improving the body’s natural healing response.

Homeopathic medicine is provided with the following goals in mind: Boosting the body’s immune response to illness when it is sluggish or ineffective; assist the body in performing its usual processes of detoxification, nutrition, and repair; remove blockages that inhibit healing; better enable the body’s parts to function as a cohesive whole.

Homeopathic remedies are naturally found substances that usually originate from plants and herbs (70%), animals, or minerals; they may also be derived from substances that have either been known to heal or harm. A primary example is arsenic: If consumed in large amounts, diarrhea results. However, arsenicum (arsenic that has undergone homeopathic pharmaceutical processing) actually cures diarrhea in many cases. It is also important to recognize that homeopathic medicines have no inherent toxicity, and as such, do not have side effects (a major deterring factor for modern medicines).

Homeopathy takes its foundation on the “Principle of Similars,” the basic premise that “like cures like”. When given in excess, any substance has potential to cause symptoms; however, when given in diluted amounts to a sick patient, this same substance may actually heal. Treatment combinations are guided by the homeopathic Materia Medica, a book which assists homeopaths in choosing remedies that match the patient’s symptoms. When this is accomplished successfully, the remedy will augment the direction and force of the body’s own healing process.

An example of a very frequently used homeopathic medication is Arnica Montana, also known as Leopard’s bane. In its natural state, arnica is a flowering plant originating in Europe. It contains numerous toxins such as helenalin and thymol derivatives, which when ingested or used topically in large amounts, may cause symptoms including nausea, vomiting, diarrhea, skin irritation. However, after undergoing homeopathic pharmaceutical processing, this remedy has
been shown to have anti-inflammatory effects. It is most commonly supplied in the form of a skin cream, ointment, or salve, and has been used to reduce muscle aches, inflammation, bruising, and sprains since the 1500’s. It may also be provided in the form of a sugar pill, however note that this form of arnica is extremely diluted to prevent development of the digestive tract symptoms previously discussed.

Prior to taking any homeopathic remedy, patients should be evaluated by a trained homeopath for proper diagnosis and subsequent formulation of a treatment plan. Medications should only be taken as directed by a homeopath.

Submitted by: Kate McCaffrey, D.O.
Board Certified, Neuromusculoskeletal Medicine
Redwood Osteopathy, Inc.
McKinleyville, CA

Edited by: Katie Linke, Osteopathic Medical Student

Supporting Evidence for Homeopathy:


Additional Resources for Homeopathy:

- Homeopathy and Health: http://www.homeopathyandhealth.com/Site/What%20is%20Homeopathy.html
Interventional Pain Techniques

"Pain insists upon being attended to. God whispers to us in our pleasures, speaks in our consciences, but shouts in our pains. It is his megaphone to rouse a deaf world."
— C.S. Lewis

What is your area of expertise?

Interventional pain techniques

What is interventional pain management?

Interventional pain management is a "discipline of medicine devoted to the diagnosis and treatment of pain related disorders."
Interventional pain medicine utilizes a multidisciplinary approach in which a team of health care professionals works together. It provides a full range of treatments and services for patients suffering from chronic and/or acute pain. The goal is to relieve, reduce and manage painful conditions.
What modalities are used?

- **Selective nerve root blocks**: A nerve root block is an injection into the sheath surrounding a nerve root in the spine. They are used to decrease your pain temporarily and to help define its location more precisely. You must have symptoms present for this procedure to be effective.

- **Radiofrequency facet rhizotomy (RF)**: RF is a therapeutic procedure designed to decrease and/or eliminate pain symptoms arising from degenerative facet joints as with those seen in osteoarthritis. The procedure involves destroying the nerves surrounding the effected facet joint(s) with localized heat generated by radiofrequency. By destroying these nerves, the communication link that signals pain from the spine to the brain can be broken.

- **Discograms**: A discogram is an enhanced X-ray examination of the intervertebral cartilage discs. Dye is injected into the center of the injured disc(s). The dye makes the disc clearly visible on X-ray film and on a fluoroscope (special real-time X-ray TV screen). The dye allows the doctor to see which disc has structural damage and whether it could cause pain or not.

- **Fluoroscopically guided injections**: Fluoroscopy (floo-ros-kuh-pee) is the examination of tissues and other body structures by a real-time, continuous, 3-D video X-ray. The fluoroscopy guided injection is used to determine the proper placement of an injection into a joint space or precise area. Common types of injections include epidural, facet, hip and sacroiliac joint injections.

What referrals happen automatically when someone is referred to you?

There are no automatic referrals. I typically send the patient back to the referring provider after I have made an assessment and provided the treatments most appropriate for that particular patient.

Generally, how many treatments are recommended?

Typically a series of 3 visits would be planned, though this number can be flexible. The number of treatments also depends on the relief the patient reports from the therapy. If more or less of a result occurs than was expected, the therapy may need to be lengthened or, less commonly, shortened.
What is the insurance coverage/limitations? Please include Medicare, MediCal, Workers’ Comp and private insurance.

We see everyone. Cash pay has to make a deposit first. Check with insurer about prior authorization which some carriers require in order for these services to be covered.

Submitted by: James Jaworski, M.D.
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Re-edited by: John Poosten, Osteopathic Medical Student
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Supporting Evidence for Interventional Pain Management:


Additional Resources for Interventional Pain Management:

- American Society of Interventional Pain Physicians: www.asipp.org/index.html
- Society of Interventional Pain Management Surgery Centers: www.sipms.org
- The American Association of Allied Pain Management Professionals
  - Contact AAAIPMP at 81 Lakeview Drive, Paducah, KY 42001; phone 270.554.9412; fax 270.554.5394; e-mail asipp@asipp.org.
Massage

When you touch a body, you touch the whole person, the intellect, the spirit, and the emotions.
- Jane Harrington

Massage is defined as the manipulation of superficial and deep layers of muscle and connective tissue to aid in healing, augment function, and promote relaxation and well-being. Massage involves manipulating the body with pressure, tension, motion, and vibration, targeting muscles, tendons, ligaments, fascia, skin, and joints.

Massage therapists evaluate soft tissue structures of muscle, fascia, and tendon to determine if there is hypertonicity (tension), adhesions (lack of motion), and fibrosis (scarring). A variety of massage techniques are utilized in the appropriate areas. Techniques that address the deep layers of tissue are especially helpful when dealing with chronic pain.

**Massage can help manage chronic pain by:**
- Increasing circulation to provide blood flow, oxygen and nutrients and remove metabolic wastes from various areas of the body.
- Stretching and separating muscle and fascial layers.
- Breaking up adhesions (to increase motion and flexibility).
- Softening fibrotic (scarred) tissue.
- Instruction is provided for daily home use of:
  - Ice and heat
  - Self massage techniques
  - Stretches
  - Postural and ergonomic education

Kari Greene, C.M.T. (certified message therapist) utilizes massage therapy daily and acknowledges its unique benefits to patients. Kari’s area of expertise focuses around myofascial release and deep tissue massage. Myofascial release is a technique for stretching the fascia (a tissue layer surrounding each of the muscles in the body) and releasing bonds between fascia, skin, and muscles with the goal of eliminating pain and increasing range of motion. Myofascial
release is great to use as the primary modality during message because it opens the body up for other work and makes it easier for other techniques to be effective. It also continues to unwind, break bonds and elongate muscle fibers even after the patient leaves. She also utilizes craniosacral therapy and lymphatic drainage. Craniosacral therapy is a very gentle technique that uses the anchor points of the central nervous system (the head and sacrum or tail bone) to restore balance in the spinal fluid and very subtle movement of the bones of the skull. Use of craniosacral therapy along with lymphatic drainage is ideal for more delicate chronic pain patients like the elderly or those with other medical problems. Lymphatic drainage is a technique similar to massage that aims to increase the flow of fluid through the lymph system which runs alongside the vascular system and helps remove excess fluid and waste from the body. The lymphatic technique great for patients with a common cold, edema (swelling), allergies, after a mastectomy, and/or lymph node removals. It is also very helpful in fibromyalgia patients because the fluid movement it creates helps to calm over-excited nerves. Kari’s treatment modality is geared towards chronic pain situations, muscle injuries, and preventative care. However, it is equally effective for a myriad of other complaints and problems. Generally about 4 treatment visits are recommended for maximum results, unless dealing with an acute problem which may be resolved with one or two visits. Additional visits are encouraged to help maintain the results after the initial 4 or so sessions.

There are of course some insurance coverage limitations that can interfere with massage therapy. Insurance companies don’t recognize massage therapists as ‘health care providers’ unless working directly under a health care provider. Success with insurance is mainly with auto accidents. Most automobile insurance covers massage if the person has medical coverage on their policy. Medi-Cal does not cover massage therapy unless it is a doctor’s order. Medicare is a little more lenient than Medi-Cal, but still needs a doctor's note for the service to be covered. Blue Cross, Blue Shield and other private insurance companies’ coverage is considered no a case by case basis.
Submitted by: Kari Greene, CMT
Owner, Spirals of Life Wellness Center
Certified Massage Therapist, Graduated 1997, Ashland Institute of Massage
Edited by: Ameek Mundi, Osteopathic Medical Student
Touro University College of Osteopathic Medicine, Vallejo, CA
Re-edited by: John Posten, Osteopathic Medical Student
Touro University College of Osteopathic Medicine, Vallejo, CA

Supporting Evidence for Massage:


Additional Resources for Massage Therapy:

- Evidence Based Massage Therapy Resources: [http://mtabc.wordpress.com/](http://mtabc.wordpress.com/)
- Online Massage Therapy Schools: [http://www.massagetherapyschools.net/resources/the-ultimate-massage-therapy-resource/](http://www.massagetherapyschools.net/resources/the-ultimate-massage-therapy-resource/)
Occupational Therapy

*Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.*

-Occupational Therapy Practice for the AOTA Model Practice Act

**What is your area of expertise?**

Occupational therapy specializing in upper extremity and lower extremity problems – depends on the setting. Occupational therapists typically work to restore function of activities of daily living. Some patients come in just for pain and we might use different modalities to resolve their pain and offer education to them so they can continue to participate in their activities of daily living in a more pain-free manner.

**What types of pain is your Treatment Modality most appropriate?**

We treat all types of pain but we have different modalities to treat the different types of pain. For example, for someone who has pain of the wrist due to osteoarthritis we would fabricate them a splint, educate them on ways to modify use of the wrist until healing occurs and teach them how to reduce pain. However, with someone suffering from a complex regional pain problem, we would provide a more significant education, get them moving and possibly provide a TENS unit (transcutaneous electrical nerve stimulation) a unit used to alter the body’s own perception of pain to achieve decreased suffering.

**What modalities are used?**

We have many modalities but some examples would be for pain related to osteoarthritis, plantar fasciitis or tendonitis we might use ultrasound or infrared light. For complex regional pain problems we might use a TENS unit as described above. For someone with muscle spasm pain we might use interferential stimulation (uses two small electrical currents to decrease perception of pain, similar to how TENS works) in the clinic and
maybe even arrange to have a home unit supplied to the patient. Patient education also goes a long way in treating pain. Things like teaching how to avoid re-injury or how to function at an optimum level during the healing phase.

What referrals are generated, if any, when someone is referred to you?

We work with the patient’s primary care physician and make recommendations if we feel they are needed. For example, if we think someone is not progressing as expected, the occupational therapist may recommend to the patient’s primary care provider, that they receive a nerve conduction study or electromyography (EMG) to better localize the area of nerve damage. Also, if it is determined that a patient will benefit from therapeutic massage, we would recommend a referral to a message therapist.

Generally, how many treatments are recommended?

It varies greatly and completely depends on the diagnosis and the patient. Some patients are able to take the education provided and take control of their own therapy, needed only 2-3 sessions for full effect. Other patients whose injuries are more complex or long-standing, may require many more sessions over the course of months to reach their full therapeutic potential.

What are the insurance coverage/limitations? Please include MediCare, Medi-Cal, Worker’s Comp and private insurance.

We accept all insurance except Medi-Cal. For the Medi-Cal patients what we do is see them for a free evaluation. After the evaluation we set them up with a home program and then see them on a significantly reduced rate from that point forward if follow-up is needed.

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Supporting Evidence for Occupational Therapy:


**Additional Resources for Occupational Therapy:**

- Resourceful Links: [http://otresources.tripod.com/otresources.html](http://otresources.tripod.com/otresources.html)
- Pediatric OT: [http://www.otplan.com/](http://www.otplan.com/)
Osteopathic Medicine

"Tis education forms the common mind, just as the twig is bent, the tree's inclined."
-Alexander Pope, 1734 Epistle to Cobham, 149-150

What is your area of expertise?

Osteopathic physicians (DO doctors) are licensed medical physicians who stress the relationship between structure and function of the body and support the body's ability to heal itself. Osteopathic physicians train through 4 years of medical school and complete nationally accredited residency programs. The role of an osteopathic physician is to facilitate structural, neural, fascial and vascular integration through Osteopathic Manual Medicine (OMM) which is the application of a gentle, intelligent, hands-on treatment administered by your physician.

The osteopathic philosophy embraces the following 4 principles:
- The human body is a dynamic unit of function
- The body has self-regulatory mechanisms that are self-healing in nature
- Structure and function are intertwined at all levels
- Rational treatment is based on the application of the first 3 principles.

What types of pain is your Treatment Modality most appropriate?

Osteopathic physicians have different treatment modalities for different somatic dysfunctions. A somatic dysfunction is the impaired or altered function of bodily structures which are diagnosed using various hands on techniques. OMM assists the body in its ability to improve physiologic function and maintain homeostasis (natural stability) that has been changed by dysfunction. OMM can be used to treat acute and chronic pain. Osteopathic physicians manage pain affecting the neuromusculoskeletal, visceral (organs), arthrodial (joints) and myofascial structures and the corresponding vascular, lymphatic and neural components.
What modalities are used?

Osteopathic treatment encompasses a wide variety of techniques to treat and improve somatic dysfunction and pain. This list includes, but is not inclusive, of osteopathic manual medicine: spinal adjustments, myofascial release, strain-counterstrain, muscle energy, osteopathy in the cranial field, facilitated positional release, soft tissue manipulation, balance ligamentous tension and lymphatic drainage. Osteopathic physicians educate their patients on the importance of correct ergonomics, stretching, exercise, diet and other lifestyle changes that not only improve the patient’s pain, but also their overall health. Because osteopathic physicians are fully licensed medical doctors, they can also use pharmaceuticals and surgery if the situation calls for it.

What referrals are generated, if any, when someone is referred to you?

Referrals involve allopathic (MD doctors), osteopathic and alternative practitioners: physical therapy, occupational therapy, massage, yoga, biofeedback, nutrition, movement therapy, Feldenkrais, myofascial release, pain medicine, orthopedics, neurosurgery and other physician specialist referrals. The specific referral is of course based on medical need as dictated by each situation.

Generally, how many treatments are recommended?

Unlike physical therapists, osteopathic physicians (DO) and allopathic physicians (MD) are required to make a medical necessity decision at each and every visit meaning that treatment regimens are tailored at each visit according to any new complaints, lab results, imaging study or physical finding during examination. Physicians generate a plan based on their history, physical exam and studies at every visit.

OMM treatments vary based on the length of injury, severity and extent of the pain and dysfunction. On average, the numbers of treatments range from one to twenty-four, the average being eight to twelve if the patient presents with a chronic somatic dysfunction. These treatments can be as often as twice a week or as infrequent as once per month.

What are the insurance coverage/limitations? Please include Medicare, Medi-Cal, Worker’s Comp and private insurance.

As with allopathic physicians, Osteopathic physicians can accept all insurances for office visits and OMM treatments. Medi-Cal currently does not cover OMM, but this is currently being contested. Also, automotive insurance is accepted as long as it has medical pay coverage. In my
practice liens are not accepted. We have discounted rates for students and low income patients without insurance.

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Supporting Evidence for Osteopathic Manipulation:

  www.biomedcentral.com/1471-2474/6/43.

Additional Resources for Osteopathic Medicine:

- American Osteopathic Association website: www.osteopathic.org
- The Osteopathic Cranial Academy website: www.cranialacademy.com
Headaches

Muscle tension

Frozen’ or stiff shoulders

‘Tennis elbow’

Wrist & hand pain

Hip, thigh & knee problems

Postural problems

Sports injuries

Neck ache

Trapped nerve

Arm pain

Breathing problems

Low back pain

‘Slipped disc’

Sciatica

Arthritic pain

Calf, shin, ankle & foot pain

Achilles tendonitis
Pain Management Classes and Groups

"The secret of success is learning how to use pain and pleasure instead of having pain and pleasure use you. If you do that, you're in control of your life. If you don't, life controls you."

-Tony Robbins

In a safe and supportive environment, group members can learn to develop strategies and skills that are beneficial for coping with the challenges of chronic pain. A variety of topics will be addressed including: relaxation skills, theories of pain, stress management, dealing with difficult emotions, making healthy adjustments to health changes, developing adaptive thinking patterns, addressing relationship changes, and improving quality-of-life.

-University of Wisconsin Hospitals and Clinics Authority

The importance of psychosocial education, counseling, and support to effective self-management of chronic pain has been validated in literature for decades. Kerima Furniss, MSW has developed a unique program to complement the other modalities of pain management.

General class topics repeat every 6 weeks. Each session stands alone and can provide helpful information and encouragement to begin better self-management. As each session is tailored to the participants, new learning can be experienced when attending another session of the same topic.

The classes are experiential, didactic (lecture based), and supportive. Each class includes brief and longer guided relaxation exercise. Most patients experience a range in pain reduction from slight to very significant during these class periods. Over several weeks, patients are trained to elicit the relaxation response experienced in class in various ways. Managing sympathetic
nervous system arousal contributes significantly to a reduction of pain, muscle spasms, anxiety, depression, and insomnia.

Teaching topics include this relaxation response, the “pain gate theory”, “smart activity” including exercise and pacing, managing thoughts and emotions, and how to communicate effectively with medical providers, family and friends. Acceptance and adjustment to chronic pain conditions is fostered over time.

Isolation and not having a place to speak about a pain condition are major issues for participants. Support is provided in individual ways depending on the presenting issues in the session. Support is also experienced through hearing about other patients’ stories, struggles, and successes. Participants have the opportunity to both provide empathy and experience empathy from other participants with similar and different pain conditions.

Patients who tend to follow through with referrals are often persons who have been extremely active in their lives, and are still expecting too much of themselves or attempting to do more than their pain condition allows. They are often still care-givers for others. They tend not like to take medications and prefer to reduce medication use. Some past participants have been able to achieve these goals as they implemented various management skills. Patients have an opportunity to learn from each other’s concerns, as well as how to address their own.

Classes are open to all patients with all pain conditions. A diagnosis of chronic pain is not necessary, neither is an acceptance of having chronic pain. The topics covered have been shown to positively impact chronic medical and psychiatric conditions that are affected by stress. Thus, attending a few classes may help patients recover more quickly after major surgery, joint replacement, and injury; effectively preventing pain from ever becoming chronic. Patients with severe chronic pain and degenerative pain conditions may graduate into an ongoing support group, after having attended a sufficient number of class sessions. This ongoing group offers mutual support and continued teaching of self-management techniques.

Kerima Furniss, MSW is a medical social worker with over 20 years of interest in chronic pain management, and many years of work experience with disability and end-of life issues.
Supporting Evidence for Pain Management Classes & Groups:


Additional Resources for Pain Management Classes and Groups:

- Partners Against Pain: [http://www.partnersagainstpain.com/](http://www.partnersagainstpain.com/)
- Web MD: [http://www.webmd.com/default.htm](http://www.webmd.com/default.htm)
Psychotherapy

"The principle aim of psychotherapy is not to transport one to an impossible state of happiness, but to help acquire steadfastness and patience in the face of suffering."
-Carl G. Jung

"The best years of your life are the ones in which you decide your problems are your own. You do not blame them on your mother, the ecology, or the president. You realize that you control your own destiny."
-Albert Ellis (American Psychologist and Writer, b.1913)

Psychotherapy focuses on the impact of pain on patient's lives and implements effective coping strategies for each patient that will optimize medical outcomes and restore function to the patient. The goals of psychotherapeutic intervention is to restore patient’s control over perceived levels of pain, increase levels of physical and emotional functioning, and reduce the amount of suffering experienced secondary to pain.

Individual Psychotherapy This type of therapy is directed toward accomplishing specific goals, brief interventions focused on stabilizing mood, increasing levels of activity, and provide effective coping tools that facilitate improved quality of life for our patients.

Group Psychotherapy This setting utilizes a group format to provide psycho-education, support and skills needed to optimize levels of adjustment to chronic pain and facilitate improved functioning in home, school, job, or social settings.

Biofeedback Biofeedback utilizes the mind to control pain by teaching patients to recognize and use physical body states to gain increased control over pain perception and the entire experience of pain. Electromyographic (EMG) feedback measures help patients recognize when muscles are contracted or relaxed, and this, paired with visual imagery or relaxation skills, can help patients reeducate muscles to relax, instead of guarding against pain. Modern biofeedback equipment monitors changes in skin temperature, muscle contraction, and/or galvanic skin response (a measure of skin’s conductance, which is based on moisture). All of these measures are helpful in preventing aggravation of pain caused by stress or tension.

Hypnosis Hypnosis helps patients learn to control their pain by developing alternative images and experiences to pain. While exactly how hypnosis works is unclear, it is thought that trance-
like states alter brain waves and that hypnosis can activate regions of the brain that help impede pain. Interrupting the pathway from a painful site to the receptor in the mind is another way that hypnosis is thought to be effective in managing pain. Some researchers believe that by dividing consciousness and widening the gap between selective attention and selective inattention, patients become more available for social influence and are better able to make use of suggestions made by the therapist to both change their pain experience and gain greater control over it.

**Insurance coverage**  Generally private insurance seems to be widely accepted for referrals to any level psychotherapist. Medicare only reimburses for referrals to clinical psychologists (PhD) and clinical social workers and Medi-Cal only covers those providers on their limited referral list.

**Making a referral:** The best way to access therapists in the Northern California area is to go to the North Coast Association of Mental Health Professionals (NCAMHP) web site: www.ncamhp.org and use the search function to find the specialty you are looking for.

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**Submitted by:** Doug Hrabko, MFT  
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**Supporting Evidence for Use of Psychotherapy:**


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**Additional Resources for Psychotherapy:**

Tai Chi

Tai chi is about changing our internal environment so that life becomes a joy to live and not a burden to drag into old age and death. It is about helping your body to let go of the past and your mind to slow down and cease churning. Tai chi encourages your internal focus to shift toward cherishing and remembering all that is wonderful in your life. It predisposes you to look forward to ways to make life better, rather than remembering how unsatisfying it has been.

Most importantly, tai chi gives us the ability to realize a greater human potential in ourselves and to have genuine compassion for others. Tai chi, with its gentle strength, moves us closer to feeling more truly alive.

-Bruce Frantzis

What is your area of expertise?

Stress-reduction and chronic pain management using soft, gentle Tai Chi movements, QiGong postures, breathwork, acupressure techniques, meditation, guided visualization, and body scanning (mindfulness training). I have an M.A. in Counseling Psychology (Psychosynthesis), Certification in Tai Chi for Arthritis, endorsement by the American Arthritis Foundation, and 23 years of practice & teaching of Tai Chi including 7 years as an instructor at Kaiser Permanente in Stockton where I taught & spoke in Chronic Pain, Fibromyalgia, and Healthy Lifestyles classes as a core teacher.
What types of pain is your Treatment Modality most appropriate?

Excellent for all types of arthritis pain, recovery from fibromyalgia, stroke rehabilitation, migraine & chronic headaches, muscle strain, sports injury, irritable bowel syndrome, chronic fatigue syndrome, Epstein-Barr viral infections, Parkinson’s, amyotrophic lateral sclerosis (Lou-Gehrig’s disease), multiple sclerosis (MS), muscular dystrophy, insomnia, and the general stress and tension of modern living.

What modalities are used?

Gentle, slow, soft, circular movements modified to fit the client’s comfort and ability. Breathing training for relaxation and focus. Acupressure techniques to raise endorphin levels. Meditation, guided visualization, and body-scanning to activate the “healer within” and reduce dependence on pharmaceuticals. QiGong and Tai Chi to increase flexibility, strength, balance, and improve posture while promoting relaxation.

What referrals are generated, if any, when someone is referred to you?

When working with a client, I may suggest referrals to their primary care physician, acupuncturists, massage therapists, osteopaths, naturopaths, chiropractors, physical therapists or water therapy if available, depending on client’s particular needs.

Generally, how many treatments are recommended?

To properly learn the techniques of self-healing, a series of at least 12 lessons is recommended, although some students improve immediately with only one lesson. On-going weekly classes to maintain energy levels and positive attitude, along with client’s daily 5-10 minute home practice is needed for best results. There is generally high compliance for Tai Chi as a prescription, because the practice is fun and easy.

What are the insurance coverage/limitations?

Most Tai Chi providers do not bill insurance. Client or the agency pays directly to me.

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Supporting Evidence for Tai Chi:


Additional Resources for Tai Chi:

- National Center for Complimentary and Alternative Medicine: http://nccam.nih.gov/health/taichi
- Tai Chi Chuan Resources: http://www.karott.com/taichi/resources/default.asp
- Instructional Videos and Patient Information: http://www.taichiforseniorsvideo.com/?gclid=CIHB-fHc9q4CFQ6EhwodnQwLvw
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Linke, Katie
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