

Pain Medicine treats more than **800** chronic pain conditions using a multi-modal approach



- Neck & back pain
- Headache & facial pain
- Abdominal & pelvic pain
- Musculoskeletal pain
- Fibromyalgia
- CRPS
- Peripheral neuropathy
- Pre-operative optimization
- Chronic post-surgical pain
- Chronic CSF leak

Non-opioid medications

There are **200** medications in pain only about **20** are opioids

Non-opioid medications for non-cancer pain management

Psychology

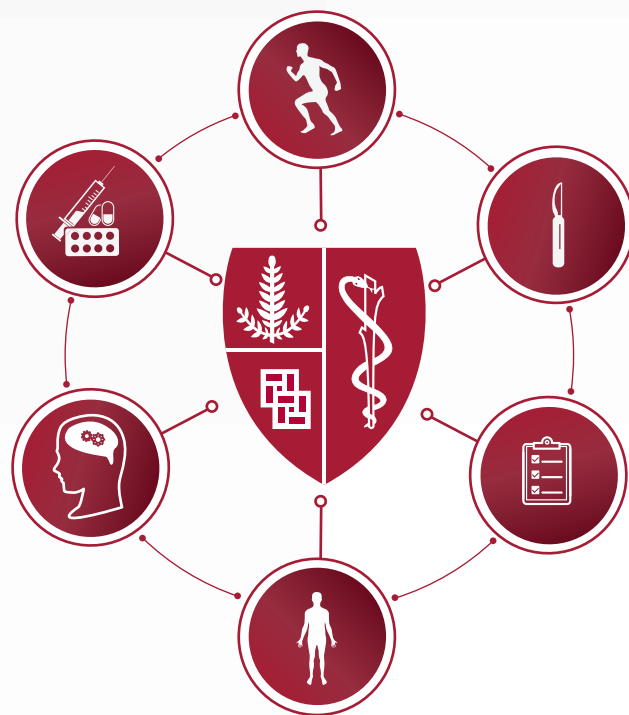
Pain is a product of the brain. It has sensory and emotional components. Psychological skills help individuals modulate pain and engage in life. Psychological treatments reduce depression, anxiety, and helplessness.

- Pain coping skills
- Biofeedback & meditation
- Free support group for individuals, family & friends
- Acceptance and commitment therapy

Physical therapy

Pain therapists prescribe regimens of exercise, tissue manipulation, and other treatments focused on maximizing function to help relieve pain

- Therapy for fear of movement
- Home exercise program
- Restorative movement group



Interventional procedures

Pain Medicine specialists master more than

250 types of interventional procedures

- Epidural steroid injections for nerve impingement
- Radiofrequency nerve ablation for painful nerves for facet joint neck & back pain and for painful scars after surgery & trauma
- Cryoneurolysis for painful nerves for occipital headache
- Spinal cord stimulation for failed back surgery syndrome and peripheral neuropathy
- Intra-spinal medication delivery systems

Complementary & alternative

Pain acupuncture & evidence-based supplements

Pre-habilitation

Pre-operative conditioning to optimize surgical outcomes with pre-operative nerve and psychology treatments

Precision health care

Outcomes-based care using our open source platform for learning health systems, CHOIR (Collaborative Health Outcomes Information Registry)



Coordinated care

Dedicated Complex Care Case Managers (CCCMs) to connect community resources and reduce barriers to care

Self-management

Empowering patients to manage their pain for patient-centered care

Stanford Pain Management Center

650 723 6238 <https://stanfordhealthcare.org> and search for "pain"

The Stanford Pain Management Center **requires completion of interdisciplinary evaluation** before consideration of prescription of opioid medications. For patients struggling with **substance abuse**, ongoing treatment with board-certified addictionologist is a requirement before Pain Clinic evaluation.

Interdisciplinary Pain Programs

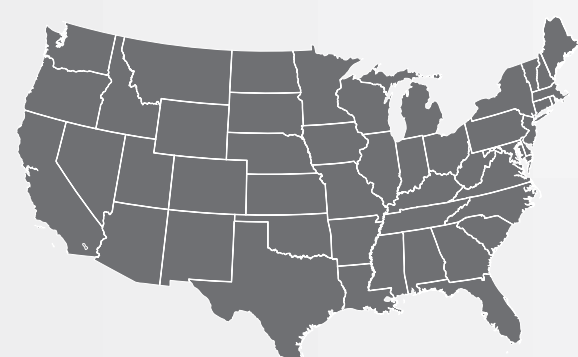
Orofacial Pain
Collaboration with Neurosurgery, Neurology, ENT, Dentistry

Abdominal Pain
Collaboration with Gastroenterology

Headache & Facial Pain
Collaboration with Neurology

Pelvic Pain
Collaboration with Gynecology and Colorectal Surgery

"Chronic pain affects more American adults than heart disease, cancer and diabetes combined"
Institute of Medicine



Chronic pain is a debilitating disease which affects over **100M** Americans

every year

Chronic pain costs the United States **\$635,000,000,000** and is the leading cause for why people are out of work



Nociceptive pain

Tissue of cell injury leading to inflammation and activation of "nociceptors," which transmit pain signal into the spinal cord, brain stem and cerebrum.

Neuropathic pain

Signals in the pain pathway activated by processes that should not be painful. This can come from nerve injury, spinal cord injury, or brain injury, in the setting of impingement, trauma, surgery, or stroke.

Opioid Tolerance

Over time, opioids desensitize pain pathways, requiring ever-higher doses & causing side effects.

Opioid doses suggestive of tolerance

Codeine	150 mg	per day
Fentanyl Patch	25 mcg	
Hydromorphone	8 mg	
Methadone	20 mg	
Morphine	60 mg	
Oxycodone	30 mg	

Side effects of long-term opioid use

every day

44 people in the U.S. die from overdose of prescription painkillers, and many more become addicted.

Pain Pathways

