Can SOUND HEAL?

OPERA SINGER DONATELLA MOLTISANTI ON THE HEALING EFFECTS OF SOUND THERAPY

SEN. TAMMY DUCKWORTH: RETIRED LIEUTENANT COLONEL, SENATOR & PAIN ADVOCATE LOST HER LEGS TO WAR, BUT FOUND A VOICE FOR PAIN ADVOCACY
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ON THE COVER
Senator Duckworth

How can you safely store medications?
As an organization serving tens of thousands of people with pain, U.S. Pain Foundation strives to offer a wide array of programs that help people wherever they are on their pain journey.

We are a patient-focused organization. Everything we offer is designed to help YOU live with less pain and feel more empowered as a patient.

To learn more about each program, visit uspainfoundation.org
DEAR READERS,
Last year, this year and every year, THE YEAR OF THE WOMAN is real. Women across America and throughout the world are leading the way...in science, politics and pain advocacy.

We are proud to feature Senator Tammy Duckworth on our cover this spring. Not only is she a veteran, thriving amputee and soon to be the first sitting senator to give birth while in office, she is also one of our nation's leading and most effective pain advocates. Please share your feedback about her feature by sending a message through our website or posting on Facebook.

Ginevra Liptan, MD, the focus of this issue’s Physician Spotlight, is also breaking new ground. She is the first US doctor with fibromyalgia to open her own clinic to help others manage this overwhelming condition. Her recently released second book shares her experience, research and insights. Learn more at www.fridacenter.com.

For men and women alike, 2018 promises the opportunity to SPRING—into action for a cause you believe in...into a healthier lifestyle...or into greater advocacy for yourself or others.

AS ALWAYS, WE WISH YOU WELLNESS. HAPPY SPRING-ING!
Your mobile solution to pain management

Download the free app at Ouchie.com
A ROYAL PAIN
DID CHRONIC PAIN CONTRIBUTE TO HENRY VIII’S TYRANNICAL RULE?


I’m a tyrant, at times. I know pain. And, when I have pain, my anger with a little bit of depression thrown in, LOOK OUT!

Lisa Heide Tucker Fraser

What an interesting read! Who knew? Amazing how his pain led him to go to any lengths for relief....not so different from today! Thanks for sharing.

Sue Collins

Very interesting read!

Melissa Temple

Great article!

Angela SuzAnn Dial

*COMMENTS MAY BE EDITED FOR SPACE.*
Here we are in a new year. Did you set any goals for yourself for 2018? If so, share them here. You never know...you could inspire someone else to tackle their own goals!

2017 was a very challenging year pain wise. I let a lot of stress and worry over the negative conditions in our world affect my pain management capabilities. I feel like I’ve been holding my breath for a year. I plan to return to my breathing exercises and slowly get back to daily meditations. My goal is to get back to some gentle yoga to get my pain levels under control. Thanks for letting me get that off my chest, I feel better already.

Robin Scanlon Dorgan

Quit doing what I am working on before the pain gets too bad. Take more breaks.

Donna Holton

When I have a need, to take pain medicine. I will write down one thing that I can still do instead of continuing with the can’t frame of mind. I also will write down one thing that I am grateful for. Usually when I have a need to take pain medication I am in a bad frame of mind and by doing the above, it will hopefully get me out of that mindset.

Sandra Fischler

Try to keep the stress level down, as it has really helped my pain.

Patti Mortensen-Hiett

To keep a positive outlook.

Karen Castro
SAVE THE DATE

NATIONAL
Rx Drug Abuse & Heroin SUMMIT

April 2-5, 2018 | Hyatt Regency Atlanta

Be Part of the Largest Annual Conference Addressing the Opioid Crisis

The National Rx Drug Abuse & Heroin Summit is where solutions are formulated, stakeholders convene, and change begins. Be part of the international discussion on addressing the opioid crisis by attending the 2018 Summit.

Who Attends:

- Clinicians, counselors, social workers, therapists, psychologists, interventionists
- Physicians, psychiatrists, nurses, pharmacists, dentists
- Advocates, families, and people in recovery
- Law enforcement personnel
- Public health and prevention officials
- Federal, state, and local officials and lawmakers
- Education specialists and researchers
- Treatment center owners and operators
- Lawyers

www.NationalRxDrugAbuseSummit.org
A study from researchers at the University of Michigan has found that women undergoing an uncomplicated hysterectomy are prescribed almost double the amount of opioid pain medication that they actually use. Women are commonly prescribed 40 hydrocodone pills but on average use only 18. "A hysterectomy is the most common surgical procedure performed in nonpregnant women, which is why this is a critical target for improvement in opioid prescribing," says lead author Sawsan As-Sanie, MD, MPH, a gynecological surgeon at U-M’s Von Voigtlander Women's Hospital and assistant professor of obstetrics and gynecology at the U-M Medical School. "Our findings confirm that within our specialty there is a similar pattern of opioid prescribing as we are seeing in other surgical populations. We found that a small but meaningful portion of patients did not need any opioids after hysterectomy and most were given far more opioids than they said they used."

As-Sanie says that it is important for doctors to tailor prescribing to individual patients' needs. "There is a lot of variability among post-surgical patients. As we move more toward precision medicine and tailoring recommendations to individual patients, we hope to better identify specific patient factors that may be associated with how much pain medication should be prescribed. These studies will help us better understand what each patient needs for adequate pain management after these procedures."

Advances in Understanding Osteoporosis

Medications currently used to treat osteoporosis target a receptor that regulates calcium levels to maintain bone health. Unfortunately, these medications can also cause hypercalcemia, a condition that can cause kidney stones and further weakening of the bones. Researchers at The Scripps Research Institute (TSRI) in Florida have recently reached a refined understanding of the structure of this vitamin D receptor, separating its effect on bone mineralization from its regulation of calcium levels. This understanding is the start to finding new agents that can increase bone density without triggering hypercalcemia.

Lead author Patrick Griffin, PhD, co-chair of the TSRI department of molecular medicine, said, “Because of our aging population, these kinds of therapeutics are in great demand.” The receptor under study—the vitamin D receptor—was found to influence the two processes of mineralization and calcification via two distinct genes, BGLAP and TRPV6, respectively. With this new knowledge of the receptor complex, the isolation of more selective compounds becomes feasible, according to the authors. Dr. Griffin noted, “This study shows it’s possible to develop a drug that can alter certain aspects of the complex to avoid problematic activation of TRPV6—and the study points to novel ways to design potential therapeutics to treat osteoporosis safely and more effectively.”

For more information: www.nature.com/articles/s41467-017-00978-7
New Migraine Therapy

A recent phase III clinical trial reports the efficacy and safety of a newly discovered antibody therapy. Researchers from Thomas Jefferson University Hospital have concluded that fremanezumab, an immunotherapy that acts on a molecule released during a migraine attack, may be of use in reducing the length of a migraine attack for chronic sufferers. Principal investigator Stephen Silberstein, MD, professor of neurology and director of the Jefferson Headache Center, commented, “This therapeutic approach offers new hope for people whose migraines cannot be treated with existing medicine. Our worldwide effort to evaluate this novel therapeutic approach has shown positive results and was safe in patients.”

FOR MORE INFORMATION: www.newswise.com/articles/view/685950/?sc=dwhp

Preventing Peripheral Neuropathy

Peripheral neuropathy is caused by degeneration of axons and results in pain, numbness and tingling of the extremities. It affects about a third of patients receiving chemotherapy. Researchers at Dana-Farber Cancer Institute have discovered the mechanism through which some chemotherapy drugs cause peripheral neuropathy (CIPN). If patients can be protected from this mechanism, a great reduction—if not elimination—of CIPN could be the result. A class of chemotherapy drugs called taxanes, commonly used for treatment of early-stage breast cancer, have been associated with axon damage, and the Dana-Farber team has identified the role of a specific protein, Bclw, in impeding axon degeneration. During embryonic development, Bclw is part of a system that allows for the “pruning” of unnecessary nerves, but in adult life, the protein protects nerves from damage.

The authors say that “Despite the prevalence and morbidity of CIPN, at present there are no methods to prevent or reverse this disorder. Current treatment options therefore are to reduce or discontinue chemotherapy and to offer nonspecific symptomatic pain relief.”

Their new finding was that introduction of paclitaxel, a taxane drug, to nerve axons impedes a transport process that is necessary to the production of protective Bclw. The team then hypothesized that the addition of Bclw protein to the axons prior to exposure to paclitaxel would forestall nerve degeneration. And they were able to demonstrate that a synthetic compound based on a portion of the protein exerted this preventative effect. The authors assert that this “designer peptide provides a promising template for drugs that can prevent chemotherapy-induced peripheral neuropathy.”

FOR MORE INFORMATION: www.newswise.com/articles/view/682582/?sc=dwhp

Headache Relief for Teens and Children

Botulinum toxin (Botox) has been approved for adults in migraine prevention for several years, but for adolescents and children the only preventative treatment is topiramate. A new clinical trial suggests that botulinum toxin injections may also be effective for migraine headache in children and teens that is resistant to standard treatment approaches. Lead author Shalini Shah, MD, chief of the division of pain medicine, University of California–Irvine, commented, “When children and teens have migraine pain, it can severely affect their lives and ability to function. They miss school, their grades suffer and they are left behind, often unable to reach their full potential. Clearly there is a need for an alternative treatment for those who haven’t found relief. Many current migraine medications have side effects, including sedation, dry mouth, and confusion, which aren’t well tolerated in children and teens.”

In the study, incidence, duration and intensity of migraine decreased significantly. Dr. Shah stated that her team is currently enrolling patients in a larger randomized double-blinded trial to compare botulinum therapy to placebo.

READ MORE HERE: www.newswise.com/articles/view/682958/?sc=dwhp
**SPRING 2018**

### March

**March, April, May**  
Cure Spinal Muscular Atrophy (SMA)  
Walk-N-Roll & 5K Events  
Multiple Locations  
curesma.org/get-involved/

**March 3 - May 20**  
Arthritis Foundation  
5k Walk to Cure Arthritis  
Multiple Locations  
arthritis.org/get-involved/walk-to-cure-arthritis

**March 4-6**  
American Pain Society  
Annual Scientific Meeting  
Anaheim, CA  
americanspain society.org

**March 8**  
U.S. Pain Foundation  
Evening Pain Connection Live Conference Call  
7:00 - 8:00 Eastern Time  
(712) 432-0490 - Access Code 171649#  
uspainfoundation.org/news-events/

**March 12**  
International Pain Foundation  
 iPain Webinar  
internationalpain.org

**March 15-17**  
American Society of Interventional Pain Physicians  
20th Annual Meeting  
Orlando, FL  
www.asipp.org/meetings.htm

**March 20**  
Worldwide Endometriosis March  
Multiple Locations  
www.endomarch.org

**March 22**  
Society for Pediatric Pain Medicine  
5th Annual Meeting  
Phoenix, AZ  
pedspainmedicine.org/meetings/

**March 22**  
U.S. Pain Foundation  
Afternoon Pain Connection Live Conference Call  
1:30-2:30 Eastern Time  
(712) 432-0490 - Access Code 171649#  
uspainfoundation.org/news-events/
NATIONAL OBSERVANCES

**March**
- **April 12**
  U.S. Pain Foundation
  Evening Pain Connection
  Live Conference Call
  7:00 - 8:00 Eastern Time
  (712) 432-0490 - Access Code 171649#
  uspainfoundation.org/news-events/

- **May 1 - June 30**
  National Fibromyalgia & Chronic Pain Association
  Together Walks for Fibromyalgia
  Multiple Locations
  events.fibroandpain.org

**April**
- **April 27-29**
  New York State Pain Society
  Annual Meeting & Scientific Sessions
  West Harrison, NY
  www.nypainsociety.org

- **April 29**
  U.S. Pain Foundation
  Take Control of Your Pain
  White Plains, NY
  uspainfoundation.org

**May**
- **May 5**
  Fibromyalgia Care Society of America
  Caterpillar Walk
  Hudson River Park, Pier 62
  New York, NY
  events.fibroandpain.org

- **May 9-12**
  World Institute of Pain
  9th World Congress
  Dublin, Ireland
  wip.agoria.co.uk

**April 19-21**
- American Society of Regional and Anesthesia Pain Medicine
  World Congress on Regional Anesthesia and Pain Medicine
  San Francisco, CA
  www.asra.com/meetings

- **April 19**
  U.S. Pain Foundation
  Afternoon Pain Connection
  Live Conference Call
  1:30-2:30 Eastern Time
  (712) 432-0490 - Access Code 171649#
  uspainfoundation.org/news-events/

- **April 25-29**
  American Academy of Pain Medicine
  34th Annual Meeting
  Vancouver, British Columbia, Canada
  www.painmed.org/annualmeeting/

**April 2-8**
- National Public Health Week
  nphpw.org

- **April 7, World Health Day**
  who.int/mediacentre/events/en/

**May**
- **May 12**
  Fibromyalgia Awareness Day
  fmcpaware.org

- **May 13-19**
  National Women’s Health Week
  www.womenshealth.gov/nwhw/

- **May 14-18**
  National Neuropathy Awareness Week
  foundationforpn.org/events/
LESS PAIN, MORE MOVEMENT
This workbook from Adriaan Louw, PT, PhD, reveals how fibromyalgia pain works in the body. It explains neuroscience with clear examples and provides simple strategies to relieve pain and increase activity.

Learn more at OPTP.COM.

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CELEBRITIES & PAIN • CAREGIVING CORNER & MORE

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SENATOR TAMMY DUCKWORTH: A VOICE FOR PAIN ADVOCACY

by CINDY HODNETT
Earlier this year, Senator Tammy Duckworth was front and center in the public eye during the Congressional budget debate, challenging the president to “stop baiting Kim Jong Un into a war that could put 85,000 American troops, and millions of innocent civilians, in danger.” During her address on the Senate floor, Senator Duckworth reminded her colleagues of the importance of supporting members of the military, an advocacy position shaped by her personal experience as an Iraq War veteran and her ongoing battle with pain. She said she would continue to actively fight for her constituents in an increasingly visible role.

**A HISTORY OF SERVICE & PERSONAL BATTLE WITH PAIN**

Senator Duckworth’s journey to Congress started with her military service. The Purple Heart recipient was one of the first Army women to fly combat missions during Operation Iraqi Freedom, and she served in the Reserve Forces for 23 years before retiring from military service in 2014 at the rank of lieutenant colonel.

During her 2004 deployment to Iraq as a Black Hawk helicopter pilot for the Illinois Army National Guard, Senator Duckworth sustained critical injuries when her helicopter was hit by a rocket-propelled grenade (RPG). She spent the next year recovering at Walter Reed Army Medical Center, and became an advocate for her fellow soldiers, testifying before Congress on behalf of wounded warriors. Her personal experience with life-threatening injuries and pain shaped Senator Duckworth’s advocacy position and continue to influence her voice in the Senate.

“When with the help of my family, friends and fellow service members at Walter Reed, I began my recovery after losing both my legs and partial use of my right arm when an RPG tore through the cockpit of my helicopter,” Senator Duckworth recalls.

“My recovery wasn’t easy. The pain was overwhelming, and it was hard to learn how to manage it. Tasks like picking up a pencil—or even just sitting up without passing out—were no longer simple. I’ve made a great deal of progress, but I still live with pain every day. I have continuous phantom pain in my feet; it constantly feels like I’m walking on hot sand. It’s challenging to manage the pain, but I know I can overcome it.”

The senator says that she continues “to live by the Soldier’s Creed every day,” and her resolve to never accept defeat—part of that creed—is represented in her journey back to health and her ongoing battle with pain. Like many individuals dealing with chronic pain, Senator Duckworth says she measures success in small victories.

“It was challenging to learn how to manage the pain, including the phantom pain,” she says. “It can be exhausting. There are moments when I ask myself, why am I still going through this all these years later? Then I think about how far I’ve come since I was shot down.

“At first, it was unclear how I would lead a regular life, let alone how I would continue to serve my nation,” she continues. “But after every time I couldn’t do something, after every day when I didn’t know how I’d make it to the next, I made the choice not to give up. I showed myself that I could get through one day, one hour, even one minute at a time. Now I see that I’ve only grown stronger because of it. As the Hemingway quote goes, I’m ‘strong[er] at the broken places.’”

The senator took Hemingway’s quote to heart during and after her recovery, becoming the director of the Illinois Department of Veterans Affairs. As part of that role, she worked to create a tax credit for employers who hired veterans, established a first-in-the-nation 24/7 veterans crisis hotline and developed innovative programs to improve veteran access to housing and health care. In 2009, President Obama appointed Senator Duckworth to be assistant secretary of veterans affairs, and in that position she coordinated the joint initiative with the US Department of Housing and Urban Development to end veteran homelessness. She also created the Office of Online Communications to improve the VA’s accessibility, and worked to address the unique challenges that Native American and female veterans face.

Six years later, she was elected to the US Senate in 2016, after representing Illinois’s Eighth Congressional District in the US House of Representatives for two terms. As part of her Senate role, Senator Duckworth serves on several committees that she feels give her a platform to advocate for Illinois’s working families and entrepreneurs: the Environment & Public Works Committee; the Energy & Natural Resources Committee; the Commerce, Science, & Transportation Committee; and the Small Business & Entrepreneurship Committee. In her latest role, the senator says that she “advocates for practical, common-sense solutions needed to move our country and our state forward, like rebuilding our crumbling infrastructure, keeping our water systems safe and lead-free, growing manufacturing jobs while supporting minority-owned small businesses, investing in communities that have been ignored for too long, and making college more affordable for all Americans,” in addition to her continued efforts for individuals living with disabilities.

“I better understand the challenges Americans living with a disability face because I experience similar challenges every day,” Senator Duckworth says. “This kind of firsthand experience gives me better insight into just how important it is for Americans to access the quality health care they need to stay healthy and cope with pain. It’s also a reminder about how important it is that all Americans—no matter
their race, sexual orientation or physical ability—are represented in Congress so our government can best serve the American people.”

MOVING FORWARD TOWARD CHANGE

In 2015, Senator Duckworth co-sponsored the No Budget, No Pay Act, which would ensure members of Congress get paid only if they pass a budget. Continuing her commitment toward advocacy in 2017, she points out several key pieces of pending or proposed legislation that could impact all citizens, including those battling chronic pain issues.

“Efforts to dismantle the Affordable Care Act have significant implications for Americans dealing with pain or any kind of physical disability,” the senator says. “Millions of Americans already rely on the Affordable Care Act to access the medications and treatment they need to lead healthy, independent lives. If we make it harder for them to get the care they need, the entire country will suffer.

“We cannot be a nation that says if you’re sick or ill we’re going to leave you behind,” she continues. “That’s just not who we are. I’m working every single day to not only push back against efforts to strip care away from those who need it most, but to also bring folks together on commonsense improvements to our current health care system.”

Senator Duckworth is also working on US Department of Transportation acts that protect the rights of disabled air travelers. As part of the initiative, she is introducing legislation that will ensure that passengers traveling in wheelchairs do not suffer additional pain or injuries due to improper treatment from airport staff. In 2017 she introduced the Air Carrier Access Amendments Act to help improve protection for airplane passengers with disabilities, which she says makes air travel “more equitable and accessible for all Americans.” She is also a co-sponsor of the Disability Integration Act, legislation that “would ensure that Americans with
disabilities are given the option to live independent lives and access care in their community rather than being forced into institutional care,” she says. Additionally, she notes that it is crucial “to do everything we can to protect the Americans with Disabilities Act (ADA).

“The ADA is vitally important to the health and well-being of millions of Americans living with disabilities, many of whom are forced to cope with pain on a daily basis,” she says. “The ADA allows people with disabilities the opportunity to participate in the world around them, which helps strengthen our families, our economy and our nation as a whole. Without these protections, Americans like me wouldn’t be able to get to work, go to school, hold a job, pay taxes, go shopping or do any of the things other people take for granted.”

ROLE MODELS AND LIVING IN THE USA

Over the course of her military and professional political careers, Senator Duckworth says that several individuals have influenced her life and become personal role models.

“I’ve always looked up to US Senators Phillip Hart, Bob Dole and Daniel Inouye,” she says. “All three were wounded during WWII and recovered in the same war hospital together. They also all decided to continue to serve their nation after their time in the military. As senators, they were able to reconcile their ideological differences to serve the American people. That’s what I aspire to do each and every day.”

Senator Duckworth says she is also inspired by her family, including husband Bryan, an Army cyber warrant officer; her daughter, Abigail; and her fellow veterans. Each relationship continues to shape her positions on public issues as well as serve as a coping mechanism for her chronic pain.

“Spending time with my daughter helps distract me from the pain,” she says. “My family has been a key support system in helping me cope with pain. When I’m making decisions in Congress, I like to reflect on what kind of country I want my daughter to grow up in. I want her to grow up knowing she has the opportunity to pursue any path she chooses. That’s the American Dream.”
Additionally, the senator’s military colleagues, past and present, are never far from her mind.

“I’ve always enjoyed spending time with my fellow veterans,” she says. “I get my health care at the VA, so I sit in the waiting room for my appointments there just like they do. Hearing their voices on a range of issues from health care to college affordability has been highly influential in my work to serve the American people in Congress.”

Despite her ongoing pain, Senator Duckworth has added several remarkable achievements to her post-rehabilitation and recovery accomplishments. She resumed flying as a civilian pilot, fulfilled a promise she made at Walter Reed to complete several marathons, and completed her doctorate in human services at Capella University. Described by some as a rising star in the Senate, Senator Duckworth plans to continue to shine the spotlight on equality for all citizens, including women, individuals with chronic pain issues, veterans and minorities.

“I believe that every American should have the same opportunity to pursue their dreams, but it’s clear we have a long way to go to make that a reality,” she says. “Everyone—regardless of their gender identity—should have equal representation in Congress, and we must work to ensure every woman—no matter her race or religion—has the right to fair pay, the right to make decisions about her own body and the right to a safe workplace environment.”

And specific to people discouraged by pain challenges, Senator Duckworth offers advice.

“I encourage people facing seemingly insurmountable situations to be patient and celebrate small victories,” she says. “At one point when I was at Walter Reed, I didn’t know that I could survive the next hour, let alone the next day, so I set small goals for myself. I would encourage others not to be afraid to take things one day at a time and to celebrate the small victories when they can.”

---

**Take Five with Senator Tammy Duckworth**

**WHAT ARE THE FIVE BEST THINGS ABOUT AMERICA?**

1. Our Constitution
2. The opportunities afforded to anyone who is willing to work hard in this country
3. The diversity of the American people and the fact that we are becoming more and more diverse
4. Our service members and veterans
5. Our public education system

**SOLDIER’S CREED**

I am an American Soldier.
I am a warrior and a member of a team.
I serve the people of the United States, and live the Army Values.
I will always place the mission first.
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.
I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills.
I always maintain my arms, my equipment and myself.
I am an expert and I am a professional.
I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.
I am a guardian of freedom and the American way of life.
I am an American Soldier.
That is one good thing about this world... there are always sure to be more springs.
— L.M. Montgomery, Anne of Avonlea

Because there isn’t always a solution to chronic pain, the goal is to manage it. You and your caregivers need lots of SPRINGS—springs of renewal, springs of hope, springs of information and energy. You are not alone. PainPathways, the U.S. Pain Foundation and many other pain organizations are here to help connect people with appropriate resources. Search additional online articles on our websites, download the NEW PainPathways app or call to locate a support group or pain advocate near you.

Special thanks to Jerald Winter for this image.
See more at www.jeraldwinter.com
In 2001, Deborah Simpson was in a car accident that left her in debilitating pain. In the years since, she’s had more than 40 surgeries and experienced many complications along the way. After exploring many treatment options, her doctors prescribed opioids to help manage the pain.

The opioids didn’t help, and Simpson didn’t like the side effects, so she stopped taking them. When her son was 15, he discovered the leftover pills in her medicine cabinet and began experimenting. “At first, there is utter shock,” says Simpson. “Every parent believes ‘Not my kid.” But it is my kid, and it is your kid—or it could be.”

Simpson says that, for a long time, she didn’t realize anything was wrong. “We had no idea whatsoever because my son’s grades never changed, he was active in sports and I never even suspected that he was spending time at an addict’s house. We didn’t even notice pills missing from my bottles.”

A GROWING PROBLEM
Fortunately, Steven is now in recovery, and his family found a way to turn their heartache into something positive: his older brother, Joseph, helped invent Safer Lock, a reusable prescription bottle cap that can only be opened by a four-digit code.

But the Simpsons’ story is not uncommon.

“Most people don’t realize that the vast majority of misused or abused medications come from medicine cabinets—more than 70 percent, according to the National Institute on Drug Abuse,” says Greg Stein, cofounder and chairman of the board for the Safe Homes Coalition. “They also may not realize that as a result of government efforts to limit access to these medications, the reduced supply created enormous street value for them.”

Preventing the diversion of medications, especially powerful drugs like opioids, requires vigilant storage and disposal by the patients who use them. And it’s not just about reducing abuse. Keeping careful track of medications is also necessary to prevent unintentional poisoning or overdose among children and pets. Research from the Centers for Disease Control and Prevention found that, in 2017 alone, 70,000 children went to the emergency department due to accidental medication poisoning.

SAFE STORAGE TIPS AND TECHNOLOGIES

Original containers, locks and more
For starters, experts recommend always keeping medications in their original containers. This will ensure that you and everyone else in your home knows what the medication is and it isn’t mistaken for something else. Keeping the original bottle, which lists the quantity and when it was last filled, also helps you keep track of whether pills are missing.

While prescription bottles are required to have childproof caps, that only helps prevent small children from accessing them. A number of safe medication storage options have come to the forefront in recent years to provide an extra level of security. In addition to Safer Lock, there are TimerCaps, which have a built-in stopwatch and reset to zero every time they are opened. There’s also Pill Pod, a lock...
box for storing multiple medications. While these high-tech containers aren’t a panacea—they can be broken into if someone is determined enough—they do help act as a deterrent. Some states are investigating whether lockable or timed bottles should be required with prescriptions for high-risk medications, like opioids.

For now, whether or not you choose to purchase a special lock or timing device, the key is to keep medications, especially powerful or addictive ones, out of reach. “These products may be great tools, but we suggest at the very least taking prescriptions out of the medicine cabinet, where drug seekers are likely to look, and placing them in a nondescript bag hidden from sight,” says Stein.

If you have small children in your family, always be sure to tightly secure caps, and avoid taking the medication in front of them, as children may want to mimic your behavior. Teach them about medication safety at an early age, and never tell them medication is candy or something else that might be appealing.

Methods for safe disposal
Extra medications may linger in a household for a number of reasons. Maybe you tried a medication that didn’t work and are saving it just in case, or perhaps you were overprescribed and didn’t need the full quantity. But letting prescription drugs linger puts you and your loved ones at risk, no matter how safely they are stored.

While there are a number of ways to properly dispose of unused or expired medications, some are safer than others. Throwing drugs into the toilet should be a last resort, as the drug’s active ingredients can find their way back into the water supply. Throwing medications away in the trash also has risks, as they can be fished out or end up in a landfill.

According to the US Food and Drug Administration (FDA), ideally, prescription drugs should be given to an authorized drug disposal program, often located at a hospital, pharmacy, or fire or police department. To find a secure disposal location near you, use the Drug Enforcement Administration (DEA) Diversion Control Division’s online tool at www.deadiversion.usdoj.gov/drug_disposal/index.html. The DEA also hosts two national drug take-back days each year.

A number of pharmacies offer take-back programs as well, including Walgreens and CVS. Walgreens allows medications to be dropped at secure kiosks, while CVS provides postage-paid envelopes for you to mail your prescription to a disposal facility.

If you can’t find a take-back location near you, the FDA recommends following these steps and throwing medications in the trash: first, remove the drugs from their original container and mix them with something undesirable, like dirt or coffee grounds. Next, put the mixture into something sealable, like a plastic bag or empty plastic container, so that they won’t leak out. Then, throw out the medication.

Partial fill options
There’s also a way to reduce the likelihood of having extra medications in the first place. “In the past few years, we’ve seen both state and federal legislation and regulation that allows patients to request partial fills of their Schedule II prescriptions initially, while still maintaining the right to later fill the rest of the prescription if needed,” says Katie Duensing, JD, director of Legislative and Regulatory Affairs for the Academy of Integrative Pain Management. “This allows people with pain to have access to necessary medications, while also preventing an overabundant supply of unused medications that require safe disposal to avoid potential diversion or misuse.”

FINDING A BALANCE
Safe disposal and storage may seem insignificant, but they can help reduce abuse and accidental poisonings. And, in an era where many people with pain feel that opioid prescribing reforms have gone too far, it’s a proactive step that doesn’t involve limiting access to pain management.

“We want to do whatever we can to reduce abuse and overdose, but we don’t want to restrict access to the point where people with pain can’t get proper pain management,” says Paul Gileno, president and founder of the U.S. Pain Foundation. “As an organization, we strongly support efforts to improve safe storage and disposal.”

Simpson agrees. “I think it is critical for the pain community and the addiction community to work hand in hand to tackle the opioid crisis. Chronic pain patients are not to blame for seeking effective pain management, but they need to be aware of the risks their medications might pose to someone else.”
U.S. Pain Foundation is a patient-based organization created by people with pain for people with pain. We understand firsthand the challenges, frustrations and emotions those afflicted with pain endure each day. That is why we focus our efforts on creating initiatives and programs that will have a direct benefit to the pain warrior. Our mission is to educate, connect, inform and empower those living with pain while also advocating on behalf of the entire pain community.

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U.S. Pain Foundation is a 501 (c)3 non-profit organization dedicated to serving those who live with pain conditions and their care providers.
UNDERSTANDING SKELETAL PAIN

AGING AND BONE HEALTH

The stem cells inside bone marrow are constantly removing old bone and replacing it with new. This process is called remodeling. Healthy bone actually regenerates faster than cartilaginous structures such as joints, ligaments, and tendons. That is why a small bone fracture may heal faster than a severe sprain, especially in younger patients. As we age, this repair process slows down, leading to aches and pains. In fibrous dysplasia the bone remolds itself incorrectly, producing a “woven” pattern, leaving the bone weak and vulnerable to fracture.

Before age 40, it takes our bodies about seven years to completely replace our entire skeleton. But as we age, our bodies take longer to break down old bone and replace it with new bone. We also experience an increase in our production of sclerostin, a protein that inhibits bone growth. Most of the skeletal pain associated with aging is likely due to wear and tear on the joints (osteoarthritis), microfractures which don’t show up on X-rays, or just the pulling of tendons, ligaments, or muscles that attach to the periosteum.

CAUSES OF SKELETAL PAIN

Bone pain is felt more deeply in the body than almost any other pain, and it’s often difficult for patients to pinpoint its location. Bone pain is also one of the most common reasons for doctor visits. Bone pain arises from common conditions such as osteoarthritis. (Patients and doctors consider osteoarthritic pain to come from the joints, but we don’t really know if the pain of osteoarthritis originates in the joint itself or in the underlying bone.) Bone pain can also be caused by some viral infections, diseases such as sickle cell anemia, and more serious conditions, such as bone cancer.

For years, bone pain was not well understood on the cellular and molecular levels, but that is changing. Fortunately, our growing understanding of the mechanism of skeletal pain is opening up many new possibilities for treatment. Today, we believe that improperly healed fractures and the degeneration of cartilage in the joints probably cause the sprouting of new nerve fibers into areas where nerve fibers should not be. This is referred to as “sprouting.” (In fact, this same sprouting of nerve fibers into areas where they don’t belong is associated with other painful disorders including cancer, irritable bowel syndrome, and endometriosis.)

Cartilage is found in joints, ligaments, and tendons. Healthy cartilage has no nerve endings or blood vessels and thus functions very effectively as a shock absorber for our joints. When sprouting nerves invade weakened or damaged cartilage, these nerves send pain signals during normal joint movement. This accounts, for example, for the pain felt in a knee or hip with arthritis. As joints deteriorate and pain continues, a process called central sensitization can occur. This means that nerves in the spinal cord and brain become hypersensitive. The pain-sensing nerves in the joint become more active as well. When bone is injured, immune and inflammatory cells in the joint release chemicals, such as prostaglandins, that sensitize the nerves in the joint. When we walk normally and put pressure on the affected joint, these sensitized nerves are then activated and produce pain.

Even very healthy individuals will almost certainly experience bone pain as they age. Perhaps the most important feature of healthy aging is maintaining the ability to move easily and stay active. Unfortunately, aging weakens the capacity of our skeletal system to remodel itself after wear and tear occurs, or after injury, often making exercise difficult or impossible. Researchers are striving to understand how our bones change with age, why we feel bone pain in the morning when we are 50 versus 25 years old, and how to develop therapies to help us remain active in life and age successfully.

NEUROPATHIC BONE PAIN TREATMENTS

The relatively new understanding of nerves growing where they don’t belong (known as sprouting) in response to injury has opened up many therapeutic possibilities. This sprouting is a triggered by nerve growth factor (NGF), a protein which—as the name indicates—stimulates nerve growth in bone and other tissues. Although NGF is critical to the survival of our nerves during our younger years (for children under five), as we age, NGF tends to sensitize our sensory nerves instead of protecting them. As a consequence, the normal motion of our bones or joints can be perceived by our bodies as painful. For example, as we age, we may experience hip pain following a gentle hike or short run thanks to the role of NGF. Scientists are working on med-
icines that can inhibit the production of NGF, which would prevent the painful sprouting of nerves into areas where they shouldn’t be.

Skeletal sensation occurs by two major types of nerve fibers known as A-delta and C-fibers. They are distinguished mainly by the speed with which they conduct sensation: A-deltas conduct faster and C-fibers slower. Sharp, stabbing pain is believed to be associated with the A-delta nerve fibers and dull, aching pain with the C-fibers. These nerves exist in other parts of the body as well, but they lie along the periosteum, mineralized bone, and the bone marrow in the skeleton. NGF binds to certain receptors located on these nerves, which then trigger pain in conditions like osteoarthritis (OA), fractures, and bone cancer. It turns out that 80% of the nerves that innervate (provide sensation to) the bone express NGF receptors, which is why researchers are studying drugs like tanezumab, which block the NGF pain pathway.

As a matter of fact, the drug tanezumab targets NGF and has shown great potential in clinical trials. Clinical trials have indicated that it reduces OA pain and low back pain by 40–50 percent. Some patients in these studies have needed to be told to slow down their activity level because they feel so much better. As of this writing, however, tanezumab is still in development for cancer pain and osteoarthritis.

Neuropathic pain results from nerve injury and nerve sprouting. Both injury and sprouting occur in bone pain, and this type of pain can respond to other medicines we use for neuropathic pain like the tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRI), or the anticonvulsants such as gabapentin (Neurontin) and pregabalin (Lyrica).

**GENERAL TREATMENTS FOR SKELETAL PAIN**

Mild to moderate bone pain from arthritis, fractures, or cancer can be treated with nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Motrin, Advil) or naproxen (Aleve). NSAIDs block the synthesis of prostaglandins so fewer of these molecules can sensitize nerves in the bone and joints. These medications are often very effective, but care should be taken with long-term use. Not only can NSAIDs cause problems for the stomach lining, blood pressure, and the kidneys, but they may also inhibit the remodeling of bone, which we need to heal properly. There are data from animal studies that demonstrate that NSAIDs slow the healing of fractures, but we aren’t sure how much this occurs in humans yet.

Steroids can also be very effective against bone pain, especially when it is caused by cancer, but as with any medication that suppresses the immune system, doctors must help patients balance the risks and benefits of long-term use. Occasionally, opioids can also provide bone pain relief, though the NSAIDs often are more effective. With opioids, some patients find a decrease in mental sharpness over time as well as the usual concerns about tolerance, misuse, and abuse. Still, some patients with bone pain have found that opioids allow them to live their lives more fully, especially if cancer is the source of pain.

Bone pain sufferers can find relief with integrative therapies such as acupuncture, Pilates, and meditation. Weight loss can be very helpful with bone pain, since it reduces the pressure on joints and bones. Take a look at your diet to ensure that you’re consuming enough calcium for proper bone growth as well.

**BISPHOSPHONATES AND SKELETAL PAIN**

For bone conditions such as fibrous dysplasia, and metastatic bone pain, a class of drugs called bisphosphonates (Boniva, Fosamax) can be very helpful. In a process called remodeling, stem cells inside bone marrow are constantly destroying old bone and replacing it with new. Bisphosphonates work by halting the body’s process of remodeling bone. Although bisphosphonates are very good at halting the destruction of old bone, they also halt the growth of new bone, which can be a problem, especially in younger patients.

The bisphosphate Pamidronate can offer relief, particularly when pain is felt in the long bones or the ribs. Denosumab, a monoclonal antibody biologic therapy that acts like an extremely potent bisphosphonate virtually shuts down the cells that break down old bone. (Monoclonal antibodies are laboratory-made cells that attach to substances in the body and aid in treating diseases.) Denosumab is approved for the treatment of bone cancer, osteoporosis, and other disorders. Unfortunately, although it stops the destruction of old bone, denosumab is not able to promote the growth of new bone.

For patients with osteoporosis, bisphosphonates seem to be most effective when taken within the first two to three years of diagnosis. But, unfortunately, there are new concerns about their long-term use for any condition. This is because of rare but serious side effects that include osteonecrosis of the jaw, which is the painful and disfiguring death of bone cells in the jaw, due to lack of blood flow.

**VERTEBROPLASTY, KYPHOPLASTY AND SKELETAL PAIN**

For spinal bones that have collapsed due to cancer or osteoporosis, doctors can perform vertebroplasty or kyphoplasty, techniques that involve injecting bone cement into compressed bone. Both vertebroplasty and kyphoplasty...
help to stabilize bone and promote pain relief. Kyphoplasty uses an inflatable balloon that’s placed inside the bone to help re-expand it before the cement is injected. These procedures are usually performed on an outpatient basis with light sedation. Bone cement is injected into the broken bone by the physician under X-ray guidance to control pain and stabilize the spine. These minimally invasive procedures can be quite effective with a low risk of complications. A large scientific review examining many patients with cancer-related fractures of the spine found significant and rapid pain reduction with both of these techniques.

**NEW AND INNOVATIVE TREATMENTS FOR SKELETAL PAIN**

There are several exciting treatments for bone pain on the horizon, including gene therapy. However, getting the gene to the correct target area on the bone in need of repair is tough to do. Gene therapies will most likely need to center on influencing sclerostin, which is only found in the bone and therefore can’t be accessed by targeting other tissues. Sclerostin is a protein produced by osteocytes (bone cells) that blocks bone formation. Scientists are working on developing innovative biologic therapies that target inhibitors of bone formation, like sclerostin, in order to promote new bone growth even as we age. There is also mounting interest in the regenerative therapies, such as prolotherapy, for use in treating bone pain from chronic osteoarthritic conditions of the knee and finger, for example.

Tissue regeneration looks promising and may play a role in healing torn tendons or ligaments and replacing cartilage. For example, the most common injury to the knee is a tear of the meniscus, the shock absorber of the knee. This often leads to arthritis and knee pain. Many orthopedists remove damaged tissue using arthroscopy, but a better option may be innovative methods of re-growing and then replacing the torn meniscus. Doctors believe it’s more beneficial to save tissue rather than remove it, if possible, because the risk of arthritis may be reduced when there is more tissue present.

Many patients have received successful grafts of cartilage and tendon from other parts of the body to repair damaged joints, but this has the unfortunate consequence of weakening the part of the body from which the tissue was removed. Until recently, the only other option was to use human tissue from a tissue bank. Exciting new techniques include transplants from animal tissue—younger and stronger than human tissue—made possible by stripping away the carbohydrates that cause the human immune system to reject the tissue. Although animal tissue transplants are not routinely available in the United States, one recipient of an anterior cruciate ligament (ACL) transplant constructed from pig tissue won the Canadian Masters Downhill Ski Championship following this type of surgery.

Equally exciting is the potential of combining tenezamab to block pain with a drug to block sclerostin. In this case, we could reduce bone pain caused by NGF while building new bone by inhibiting sclerostin. This might allow us to limit the effects of joint and bone pain as we age.

Bones, joints, and muscles are often interconnected. A protein called myostatin inhibits muscle growth, and there are exciting clinical studies underway looking at drugs that will block myostatin and sclerostin in older adults with hip fractures and in those with multiple myeloma. This would open up the wonderful possibility of building muscle and bone in order to improve pain and function.

Learn more about **SKELETAL PAIN** by reading Dr. Paul Christo’s new book, *Aches and Gains: A Comprehensive Guide to Overcoming Your Pain*, available now at Amazon and Barnes & Noble.
If your physician refers you to Carolinas Pain Institute, trust you will be in the hands of world-class specialists who are leading pain medicine into the future.
“We are here for one purpose and that’s to help people who are in pain,” says Dr. James North, speaking on behalf of his colleagues at Carolinas Pain Institute—all of whom maintain academic appointments at Wake Forest® School of Medicine.

The Institute is unique in that it is a tertiary care center, meaning patients are referred from a large geographic area, and a research hub that draws the attention of medical professionals from around the world.

“Due to our ongoing research and clinical trials, we tend to stay years ahead of the curve,” says Dr. Leo Kapural, “and that keeps us at the forefront of advancements in the challenging and complex field of pain medicine.”

ALL THE AVAILABLE TOOLS

When called to local hospitals to address chronic, acute or cancer pain management concerns or when seeing referred patients in their own personalized clinical setting, this team of dedicated professionals can tap all of the current modalities—as well as emerging ones that haven’t yet hit mainstream use.

“We back up our diagnoses with appropriate tests and then recommend what we believe will be the most efficient way to relieve our patients’ pain,” says Dr. Chris Gilmore. “We are passionate about successfully relieving the pain that is impacting our patients’ lives, and their gratitude is what drives us.”

CENTER FOR CLINICAL RESEARCH

Richard Rauck, MD, former president of the World Institute of Pain and medical director of the Center for Clinical Research, says, “The Center for Clinical Research delivers cutting-edge drug and device research for people with chronic pain conditions.

“Clinical research provides an avenue for patients to receive exciting new therapies that are often not available to them in any other way in the United States. Patients also have the opportunity to help advance pain medicine treatments in the US by participating in these trials.”

Leading national and international experts at the CAROLINAS PAIN INSTITUTE offer effective and innovative advanced pain-relief techniques, such as:

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LAUGHING THROUGH TEARS

by PETER ROSENBERGER
Radio Host, Caregiver Advocate and Author of Hope for the Caregiver: Encouraging Words to Strengthen Your Spirit
When I first launched my radio show for caregivers, a group from AARP interviewed me and discussed the challenges of reaching family caregivers. One of them asked me, “Many people serve for years as a family caregiver, but somehow don’t identify themselves as such. How do you help people see themselves as caregivers?”

For whatever reason, the question struck me as funny. Lapsing into my best Jeff Foxworthy impression, I rattled off, “If you have a carpet cleaner on retainer, you might be a caregiver!” As they doubled over laughing, they remarked, “You and Jeff should do a whole bit on that!”

Jeff’s been a friend for many years, so I called him and asked if he would consider doing this with me. To my knowledge, he never loaned his famous “You might be a…” to anyone, but he surprised me by saying, “Sure, write out some jokes, and we’ll take a look at it.”

Laughing, I responded, “These aren’t jokes; this is my life!”

Taking this on as a mission, I compiled a list of ways to help people identify if they are, indeed, caregivers. Jeff and I did this on a video for AARP, and they still make me laugh. Here are a few highlights.

- If you’ve ever changed a dressing while cooking turkey with dressing…you might be a caregiver.
- If you’ve ever hooked up your dog to your wife’s wheelchair, just to see if it would work…you might be a caregiver.
- If you’ve ever used Neosporin as a verb…you’re probably a caregiver.
- If while at the grocery store, you’re the one asking for a price check on suppositories…you might be a caregiver.
- If you’re on a first-name basis with the hospital security guard…you’re probably a caregiver.
- If a hospital bed has never hampered your love life [because, according to Jeff, there’s no use wasting a semi-private room!]…you’re probably a caregiver.

Although humor can stave off painful feelings, genuinely funny moments in

Laughter gives us distance. It allows us to step back from an event, deal with it, and then move on. —BOB NEWHART

Peter and his wife, Gracie, take time for some laughs.
even dire circumstances continue to surprise (and delight) me. I once heard about a beloved church leader from a rural Southern congregation who passed away following a long illness. As a tribute, the music minister offered to have the choir sing the man’s favorite song at the funeral. Although the music minister was surprised to hear that the widow’s request was “Jingle Bells,” he agreed to perform the carol in the sweltering June heat.

After the eulogy, the choir sang out: “Dashing through the snow, in a one-horse open sleigh…” The crowd, dressed in summer attire, looked puzzled. Later, at the graveside, the music minister approached the man’s widow, took her hand and offered his sincere condolences. Tearfully thanking him for the music, she tilted her head and remarked, “I loved the hymns and songs, but why did you all sing ‘Jingle Bells’?” Wide-eyed, the music minister replied, “You said it was his favorite song.” With a sad, sweet smile she clapped her hand to her mouth and laughed. “Ohhh, I am so sorry. I meant ‘Golden Bells’!”

Sometimes humor meets tragedy in strange places. Our challenge is to expect and enjoy it.

Comedians often see painful issues through “funny-shaped” lenses. From Seinfeld to Foxworthy, comedians challenge us to seek humor. When you watch a funny movie, see a comedian perform or read a hilarious book, stress can melt and endorphins rise. While caregiving is serious business, and we often shed bitter tears, life can be whimsical. Our challenge as caregivers may be to find the humor when circumstances are tough.

With an unparalleled journey as his wife’s caregiver for three decades, Peter Rosenberger has navigated through a medical nightmare that has mushroomed to 80 operations, the amputation of both her legs, treatment by more than 60 doctors in 12 hospitals, 7 medical insurance companies, and millions in medical bills. He hosts a weekly radio show on the topic, syndicated nationally and broadcasted worldwide. Rosenberger is the author of Hope for the Caregiver (2015) and Seven Caregiver Landmines and How You Can Avoid Them (2016).

Follow Rosenberger’s caregiving journey on Facebook and Twitter.
PHYSICIAN, HEAL THYSELF

AS A MED SCHOOL STUDENT WITH FIBROMYALGIA, GINEVRA LIPTAN DISCOVERED SHE WAS HER OWN BEST ADVOCATE.

by PAGE LEGGETT
Ginevra Liptan, MD, had never heard of fibromyalgia when she began feeling overwhelming fatigue. It was 1999, and she was a typical medical student, working insane hours and experiencing extreme stress. She chalked up her tiredness to the pressures of preparing to become a doctor.

But then came the pain. It started in her neck but eventually went from her scalp to her toes. “Everything hurt,” says Dr. Liptan, whose first name is pronounced Jen-EV-rah.

And what compounded the pain into anxiety and frustration was that every doctor she visited told her she was fine. Beginning with her primary care physician, who ordered lab work and declared Dr. Liptan “OK,” and then on to a series of specialists who ran their own tests that came back “normal,” the entire medical establishment—including a top rheumatologist—kept telling her, “You’re fine.” Except she wasn’t. Her body was telling her what doctors refused to acknowledge.

Ultimately, it wasn’t even an MD who diagnosed her. “It was my neighborhood chiropractor who finally knew what was wrong with me,” says Dr. Liptan.

“She switched to an anti-inflammatory diet, cut out dairy, ate more protein, got more (and better-quality) sleep and—perhaps the most important aspect in her path back to wellness—began myofascial release (MFR) massage. “That was the first thing to give me real benefit,” she says.

She estimates that this combination of treatments and lifestyle changes led to a 60 percent improvement in her pain and fatigue. It was enough to allow her to return to school. And the long and frustrating journey, with all its false starts and dead ends, left no doubt about what sort of medicine she should practice.

Today, Dr. Liptan estimates she’s seen an 80 percent improvement over when she was at her lowest. “I feel so much better now,” she says. “I still have some pain and fatigue, but I’m strict with self-care. I take my diet, stress relief and sleep schedule seriously. It’s what I teach my patients, too.”

STRETCH GOALS

Dr. Liptan searched for years for a diagnosis and stumbled her way to treatments that worked for her. What she discovered is that the fascia, the connective tissue that attaches, stabilizes and separates muscles and internal organs, is key to understanding and treating fibromyalgia. She has written, “The massive connective tissue network that surrounds all of our muscles—think of the shiny outer coating on a raw chicken breast—plays a huge role in chronic musculoskeletal pain like fibromyalgia and chronic low back pain. Medical understanding is behind … but is catching up with the … emerging field of fascia studies, starting with the first Fascia Research Congress, held at Harvard in 2007.”

She describes the fascia as the “armor of the body, tightening immediately in response to signals from the many nerves running throughout it.

“Researchers believe that a rapid contraction of the fascia is what creates the enormous extra strength that humans can produce in emergencies,” she continues.

“With fibromyalgia we know that the brain is mistakenly triggering the danger or ‘fight-or-flight’ alarm bells all the time, instead of only in emergencies,” says Dr. Liptan. “This occurs not in our thinking brain, but in those areas that control housekeeping functions like breathing and digestion. Sustained danger signals from the brain to the muscles result in chronically tight muscles.”

So, treatments that can get painful knots out of the muscles and surrounding fascia are often effective in treating fibromyalgia. MFR involves a combination of sustained manual traction and prolonged gentle stretching of fascia.

Two recent studies in Europe found that after 20 sessions of MFR,
fibromyalgia patients reported significant pain reduction. What’s more, the relief is long-lasting. Most people reported reduced pain levels even six months after their last session. “Can you imagine if a drug did that?” Dr. Liptan asks. “If this were a drug study, it would have been all over the news.”

Dr. Liptan recommends patients try at least two to three MFR sessions to determine if it’s beneficial for them. While it can temporarily cause increased muscle soreness—the kind you might feel after intense exercise—a day or two later, the muscle pain is usually better than prior to the session. Those who find it helpful should go for therapy once or twice a week for about eight weeks—a typical schedule for any physical therapy regimen. After that, patients can go for a “tune-up” as needed.

While no treatment—including MFR—will work for everyone, Dr. Liptan says that between 80 and 90 percent of those who try MFR get relief from it.

Be certain your massage therapist is trained in MFR. It’s most likely you’ll find an MFR practitioner in a doctor’s office. (You’re not likely to find one at a day spa.) It can be expensive, and insurance companies balk at covering it. If you have trouble finding an MFR practitioner, look for a DO—doctor of osteopathic medicine. They’re fully licensed physicians who emphasize a whole-person approach to health and wellness.

In addition to MFR, Rolfing™ is a manual therapy that can be effective. A form of hands-on manipulation developed more than 50 years ago, Rolfing focuses on the fascia around the joints, with treatment emphasizing correcting posture and joint alignment in a series of 10 to 12 sessions.

Some physicians perform osteopathic manipulative treatment (OMT), a combination of gentle stretching and pressure on the muscles and joints. Unlike the other effective treatments, this one is generally covered by insurance. Physicians can also perform trigger point injections to break up painful muscle knots.

HELP YOURSELF
Fortunately, there are techniques you can use on your own to treat painful fascia. At the Frida Center for Fibromyalgia, which Dr. Liptan founded in Portland, Oregon, self-care is a primary focus. Dr. Liptan recommends patients place a small, soft ball under any tight and painful areas of muscle. “Allow yourself to sink onto the ball for a few minutes to provide the right amount of sustained pressure to allow the fascia to release,” she explains.

Yin yoga—often called restorative yoga—provides relief for many fibromyalgia patients. The slow, gentle form of yoga includes supported stretching with props such as pillows and bolsters that help you settle into a comfortable pose you’ll hold for three to five minutes. It’s a relaxing practice that benefits mind and body.

Dr. Liptan had to find many of these techniques herself when she first began her journey 18 years ago. Doctors, including her medical school professors, were dismissive of her symptoms. She had no one...
to serve as a mentor or resource. “There was a lot of trial and error involved,” she says of her search for relief. “I was stumbling around on my own and wondering, ‘Do I have to be my own doctor?’ It was so discouraging.

“Most doctors back then didn’t feel fibromyalgia was a ‘real’ disease,” she continues. “It wasn’t even an official diagnosis. Even today, there can still be a dismissive attitude and the thought that this is just a ‘hysterical woman’s disease.’”

But that’s changing. “Fibromyalgia is mostly well-accepted now,” Dr. Liptan says. “There is MRI evidence that fibromyalgia pain is real pain. Doctors now, for the most part, know it’s real. That doesn’t mean they all know what to do about it.”

After Dr. Liptan had figured out her own diagnosis, her own trusted primary care physician admitted she had suspected fibromyalgia might be the culprit. But the doctor told her: “I didn’t want to give you that label or stigma.” Dr. Liptan countered: “Shouldn’t you have let that be my decision?”

Dr. Liptan found herself in an unusual position. She knew more than her doctors did about her condition. She says many fibromyalgia patients today know what that feels like. They have to educate their physicians on the disease.

**SPREADING THE WORD**

Since Dr. Liptan can’t reach every fibromyalgia patient and every physician from her Portland clinic, she decided to write a book. “I can’t be the fibromyalgia doctor for all of America,” she says. “There are 10 million Americans living with the condition.”

In 2016 she published *The Fibro-Manual: A Complete Fibromyalgia Treatment Guide for You and Your Doctor*. The book provides a way for—and she knows this seems backwards—patients to educate their doctors. Dr. Liptan counsels her fellow fibromyalgia sufferers: “It’s unfortunate, but you will have to know more than your doctor about your condition.”

That’s the scenario she’s living now. “Even today, I don’t have a doctor who treats my fibromyalgia,” she says. “There are lots of us in this unenviable position. No one should have to be their own doctor.”

In her book, Dr. Liptan recommends four simple steps—Rest, Repair, Rebalance and Reduce—in treating the disease. Simply put, those include:

- Restoring deep, restful sleep
- Achieving long-lasting pain relief
- Optimizing hormone and energy balance
- Reducing fatigue

Dr. Liptan is able to help many—even most—patients she sees. “The people who tend to get better are those with the ability to make changes in their life,” she says. “They’re the people who have access to care, including massage therapists; can afford supplements; can get a CPAP machine, if needed; and can make dietary changes.”

But she can’t work miracles. “I tell people that 20 percent of their improvement will come from what we do in the office—but 80 percent comes from what they do at home.”

Still, speaking to a doctor who understands their pain has a therapeutic benefit on its own. “Patients tell me they feel better emotionally after talking to me,” she says. “They feel heard and believed—and there’s real healing in that.”

**GINEVRA LIPTAN, MD, FEELS YOUR PAIN. SHE HAS FIBRO.**

After developing fibromyalgia as a medical student, Dr. Ginevra Liptan spent many years using herself as guinea pig. She’s one of the few clinical specialists in the world to focus solely on fibromyalgia. As founder and director of The Frida Center for Fibromyalgia in Portland, Oregon, she uses clinically proven therapies from alternative and conventional medicine, along with current research on experimental options (including medical marijuana). Patients come from all over the world—Egypt, South Africa, Vietnam—for the help of a physician who truly understands what they’re feeling.

Her next goal is to train other physicians in how to treat fibromyalgia. “There’s clearly a need,” she says. “There are not enough of us.”

Dr. Liptan earned her undergraduate degree, magna cum laude, from the University of Denver. She then went on to do a post-baccalaureate premedical program at Bryn Mawr College and earned her medical degree at Tufts University School of Medicine.

She serves as medical advisor to the Fibromyalgia Information Foundation and is on the board for the International Myofascial Society. But to her patients, what matters most is that she understands their pain.

Learn more at fridacenter.com and drliptan.com.
ADHESIONS 101

ADHESIONS ARE NOT THE FIRST THING MANY PEOPLE THINK OF AS A CAUSE OF PAIN, BUT THE FIBROTIC TISSUE (SCAR TISSUE) THAT FORMS BETWEEN ADJACENT ORGANS AND STRUCTURES IS ACTUALLY A SIGNIFICANT PAIN SOURCE FOR MANY INDIVIDUALS. ADHESIONS CAN BE THIN AND COBWEB-LIKE OR DENSE AND THICK LIKE HARDENED GLUE, AND IN THE ABDOMINAL REGION THEY CAN ARISE FROM PELVIC DISEASE SUCH AS ENDOMETRIOSIS, INFECTION OR INJURY, INCLUDING SURGERY.

ADHESIONS CAN TAKE YEARS TO DEVELOP, AND THE SEVERITY OF PAIN VARIES GREATLY BETWEEN PATIENTS. IF YOU THINK YOU OR SOMEONE YOU LOVE COULD BE SUFFERING FROM COMPLICATIONS DUE TO ADHESIONS, OBTAINING MEDICAL ADVICE IS CRUCIAL TO EFFECTIVE TREATMENT.

TAKE OUR QUIZ TO LEARN MORE.

1. Any abdominal surgical patient can be affected by adhesions.
   A. False
   B. True

2. Adhesions occur as a response to:
   A. Surgery
   B. Infection
   C. Trauma
   D. Radiation
   E. All of the above

3. Various techniques can be used to remove adhesions, restore pelvic anatomy, alleviate adhesion-related pain and prevent recurrence.
   A. False
   B. True

4. When adhesions partially or completely block the intestines, they can cause:
   A. Several abdominal pain or cramping
   B. Vomiting
   C. Bloating
   D. An inability to pass gas
   E. Constipation
   F. All of the above

5. X-rays are always used to diagnose adhesions.
   A. True
   B. False

6. Diagnostic tools for identifying adhesions include:
   A. Abdominal x-rays
   B. A lower GI series
   C. CT scans
   D. All of the above.

7. All adhesions require surgery.
   A. True
   B. False

8. The following can help prevent the formation of adhesions during surgery:
   A. Latex-free gloves
   B. Handling tissues and organs gently
   C. Shortening surgery time
   D. Using moistened drapes and swabs
   E. Occasionally applying saline solution
   F. All of the above
1. **B. True.** Some people are more prone to forming adhesions than others, and in severe cases, the condition has been compared to the deposit of a tube of superglue into the abdominal cavity, causing structures to fuse and distorting the pelvic anatomy. When adhesions stretch or constrict a vital structure, such as the bowel, the result can be pain and other symptoms, such as bowel obstruction and nausea.

2. **E. All of the above.** Adhesions develop when the body’s repair mechanisms respond to any tissue disturbance, such as surgery, infection, trauma or radiation. Although adhesions can occur anywhere, the most common locations are within the stomach, the pelvis and the heart.

3. **B. True.** Diagnosis and treatment for abdominal adhesions can include: adhesiolysis, adhesion barriers, ovarian suspension, early second-look laparoscopy and patient-assisted laparoscopy. It is possible to reduce the amount of scar tissue, or even eliminate it surgically. The use of adhesion barriers and an early second-look procedure to take down newly forming adhesions before they become established can also provide relief.

4. **F. All of the above.** Almost everyone who has surgery on the abdomen develops adhesions. Some adhesions don’t cause any problems, but others can sometimes cause infertility in women by preventing fertilized eggs from reaching the uterus.

5. **B. False.** No tests are available to detect adhesions. Instead, most are found during surgery to diagnose other problems. According to medical experts, 93 percent of abdominal surgery patients develop abdominal adhesions, with surgeries in the lower abdomen and pelvis, including bowel and gynecological operations, representing an even higher risk. Some abdominal adhesions can cause problems years after the surgery, becoming larger and tighter as time passes.

6. **D. All the above.** Abdominal X-rays use a small amount of radiation to create an image that is recorded on film or a computer. An X-ray does not require anesthesia and is performed at a hospital or an outpatient center. A lower GI series is an X-ray exam used to look at the large intestine. Anesthesia is not needed, although the health care provider may include written bowel-prep instructions to follow at home before the test. CT scans use a combination of X-rays and computer technology to create images. CT scans may include the injection of a special dye, called contrast medium.

7. **B. False.** Abdominal adhesions that do not cause pain or symptoms usually won’t require treatment. Surgery can treat abdominal adhesions that cause pain, intestinal obstruction or fertility problems, but since surgery can cause additional abdominal adhesions, patients should discuss all options with their medical provider.

8. **F. All the above.** In addition, laparoscopic surgery decreases the potential for abdominal adhesions. With laparoscopic surgery, several tiny incisions are made in the lower abdomen instead of one large incision. The surgeon then inserts a laparoscope—a thin tube with a tiny video camera attached—into one of the small incisions, and the camera sends a magnified image from inside the body to a video monitor. When laparoscopic surgery is not possible and a large abdominal incision is required, a special film-like material can be inserted between organs or between the organs and the abdominal incision at the end of the procedure. Similar to wax paper, the film-like material is absorbed by the body in about a week and hydrates organs to help prevent abdominal adhesions.

LEARN MORE AT THE WORLD ADHESION FOUNDATION, www.adhesionfoundations.com
Since 100 million Americans suffer from chronic pain, you know someone who shares this condition. Maybe it’s your mother who struggles with rheumatoid arthritis. Possibly it’s your spouse and his/her issues with fibromyalgia. Or - it could be you.

Conquer Your Chronic Pain offers the millions of chronic-pain sufferers throughout the world a transformative model for pain management. Dr. Peter Abaci, Medical Director of the nationally recognized Bay Area Pain and Wellness Center, and known to many through his work with WebMd and Huffington Post, is a pioneer in understanding the biopsychosocial aspect of chronic pain and patients’ demands for a more holistic and personal approach to pain management.

In Conquer Your Chronic Pain, Dr. Abaci details his own struggle with injury, surgery, and conventional recovery and pain management, then offers a wide variety of case studies and clear explanations of the latest scientific research to reveal how chronic pain creates a brain-based disease that will only respond to integrated therapies. For two decades, Dr. Abaci’s approach has helped transform the lives of thousands of people devastated by pain.

For those suffering from chronic pain - and are tired of failed treatments and too many pills - relief starts here.

Dr. Abaci is available for interviews - please contact Judy McDonough at PR by the Book at 512-501-4399, x710, or judy@prbythebook.com

Peter Abaci, M.D. is certified in anesthesiology and pain management by the American Board of Anesthesiology. He serves as the Medical Director of the nationally recognized Bay Area Pain and Wellness Center, located in Los Gatos, California, which he co-founded with Dr. John Massey. A widely respected expert on chronic pain management and a highly successful chronic pain sufferer, he is the author of "Take Charge of Your Chronic Pain: The Latest Research, Cutting-Edge Tools, and Alternative Treatments for Feeling Better." Dr. Abaci is the host of Health Revolution Radio, editor and co-founder of painreliefrevolution.com, serves as an expert and weekly contributor for the chronic pain community on WebMD, and is a regular contributor to The Huffington Post and About.com.
NEUROPLASTICITY & PAIN

by ALICE FLEENOR, CPMC, NBC-HWC, TCC® COACH & TCC®U INSTRUCTOR, AND DEE EMMERSON, TCC WRITER
Neuroplasticity is the brain and nervous system’s ability to form new pathways or synapses and adapt to change. We know neuroplastic changes may be responsible for the persistent pain we feel in chronic pain—an example of a non-beneficial neuroplastic adaptation. While the brain’s ability to rewire may be the culprit in chronic pain, there is evidence that neuroplasticity provides the same adaptability for reshaping the pain experience. This reshaping occurs in response to repeating certain types of thinking and behaving that don’t cause stress or don’t focus on what is hurting. Here are 5 simple and fun ways you can help your brain dial down the pain:

**Laugh it up!** It may be an age-old adage, but there really is something to it: laughter is medicinal in its ability to reduce stress and stimulate production of feel-good chemicals in the brain. Laughing also sets us up for more positive thinking. The more optimistic we can be, the more our brains experience healing benefits—from prolonged stress relief and lower production of harmful chemicals that can cause weight gain, depression and more pain.

**Work it out!** Exercise is another great way to retrain the brain. Exercising 30 to 45 minutes 3-4 times a week increases oxygen and blood flow to the brain, which provides additional energy for the brain. This extra boost allows neuroplastic changes to be made more easily. If you want to pack in an extra brain-strengthening punch, exercise in new places, pay extra attention to your surroundings or engage in activities that also require learning.

**Imagine that!** Using our imaginations is one of the most convenient and easy-to-do brain-stimulating practices. Our minds can take us anywhere. Just as children’s brains constantly make new connections, so will ours with repetition and practice. We can harness the power of the mind by envisioning our own bodies healing. Meditation (quietness) is another way to enrich our minds, stimulate neuroplasticity and decrease pain, as it increases the thickness and strength of the frontal cortex and protects against the negative consequences of stress.

**Try something new!** Dive into a new hobby and immerse yourself in new worlds of language, music, art or any other topic that interests you. New activities that utilize both sides of the brain, like learning a new language or playing a musical instrument, are particularly good at stimulating brain growth. As “whole brain” use is increased, this capacity spills over into other areas of brain function and may make creating new connections an easier process.

**Eat brain food!** Your brain comprises only 2 percent of your body weight, but it consumes 20 percent of your body’s energy. It takes high-quality, nutrient-rich foods to help power such an intricate organ and the brain adaptations that occur during neuroplastic change. Incorporating brain-healthy foods into your diet can boost brainpower and increase neuroplasticity. Suggested foods include walnuts, raw almonds and almond milk, leafy greens, dark chocolate, cruciferous vegetables (broccoli, cauliflower, Brussels sprouts), olive oil, cold-water salmon, lentils, flax seed and colorful berries.

Research shows that a stagnant brain is more likely to get stuck in a pain cycle rut. At Take Courage Coaching® we see evidence that challenging and feeding our minds (mentally and physically) can protect us against pain cycles. Few individuals go through life without an accident, injury, or surgery resulting in acute pain. It’s when the brain gets in the habit of—or too good at—feeling pain, that it develops into complicated or chronic pain. Help your brain make new connections, thus giving it the opportunity to reduce a fixation on feeling pain.
Dear Dr. Abaci,

What questions should one ask when interviewing and deciding on a pain-management specialist? What qualifications should one look for? And, what are the best practices for “being heard” by my provider?

Sara Green, 
LANCASTER, CA

When choosing a pain specialist, it is a good idea to be clear on what your goals are or what you want out of the relationship. Try to find a doctor who will help you with your goals and who fits your philosophy.

Pain specialists can come from different backgrounds, including anesthesia, physiatry and neurology. Check to see what type of pain specialty training or fellowship has been done. Was it an accredited program? Look for board certification and if the doctor’s certification is recognized by the American Board of Medical Specialties.

To make the most of your time with your doctor, gear the conversation toward your goals. Here are some tips from my book, Conquer Your Chronic Pain, for communicating more effectively with your doctors:

Be specific. Focus on the real-life problems you need help with.

Don’t be afraid. Your doctor should make you feel that you can ask about anything that pertains to your health.

Drop the agenda. Instead of going into an appointment thinking that your doctor needs to increase your dosage of pain medication—or else!—let him or her know that you are struggling with your pain, and list the specific ways in which you are struggling.

Be prepared. Bring a list of questions and concerns with you to your appointment so you can go over them with your doctor. But try not to overload with too many questions during one visit.

See the forest. Keep the vision of recovery foremost in your mind.

Ask the “Golden Question.” Ask your doctor if she would recommend a certain treatment or medication to her own mother or spouse, if that person were suffering from your problem.

Share gratitude. Yes, you are seeing your doctor because you don’t feel well and need help. But don’t forget to let him know about any things that the treatment has improved.

Be social. Most doctors love to learn interesting things about their patients—their lives, careers and families.

For more helpful pain-fighting tips, get your copy of Conquer your Chronic Pain by visiting conquerpainbook.com.
Dear Dr. Gargan,
I suffer from serious migraines, and someone recently told me that I have a migraine personality. What is a migraine personality, and what can I do about it?

Mary McGrory
OBERLIN, OH

“Migraine personality” is a term that was used in the past, along with any number of sweeping generalizations about various health problems. It is an unhelpful and somewhat insulting label that seems to imply that the migraine sufferer is causing the migraine. At the time this label was popular, it was thought that headache patients had a certain personality type because doctors noticed a high degree of anxiety and depression in migraine sufferers. It was thought that this personality type predisposed a person to develop migraines.

Personality is commonly defined as an individual’s unique and consistent pattern of thinking, feeling and behaving. Interestingly enough, anxiety and depression are not necessarily personality traits but rather are mood symptoms that are widely experienced in the general population. People with chronic pain are often anxious and depressed as a result of—and not as a causing factor of—their pain condition. It is surprising that this simplistic picture of migraine sufferers has stayed around for so long even though there is very little empirical research supporting it.

Studies on the connection between personality and migraine have found considerable evidence against the notions of a specific predisposing migraine personality. Several studies of “personality abnormalities” in migraine sufferers have concluded that problematic expressions of personality are really psychological reactions in response to chronic pain, demonstrated by the fact that these problematic behaviors are reversed if the headaches improve through treatment. Because the association between stress and migraines has been demonstrated repeatedly through many studies over many years, a more useful way of thinking about personality and migraines is to consider the interaction between one’s personality and stressful situations.

While it is important to be true to yourself and not try to drastically alter your personality, you might consider how your personality style may be getting in your way as you try to manage stress, your migraines and the stress of your migraines. Some personality traits that contribute to emotional and physical resilience include:

• The ability to live with the fact that life doesn’t always make sense
• Self-acceptance and the ability to allow yourself to fail
• Tolerance of others who misunderstand you or judge you
• The ability to focus on the positive and not dwell on the negative
• The ability to live in the present and not dwell on the past or fret about the future
• A willingness to tackle problems and deal with stressful situations rather than avoid them
• The desire to stay connected to others and a willingness to share and seek emotional support
• An open mind and a receptivity to new life goals

However you define your personality style, these are traits that all of us can cultivate in order to cope with adversity, manage pain, find serenity and have a satisfying life.
What Is Neuromyelitis Optica?

by CINDY HODNETT

SOCIAL MEDIA CAN CATCH HEAT FOR A LACK OF AUTHENTICITY, BUT WILLIAM BREWSTER IS COMMITTED TO KEEPING IT REAL. THROUGH HIS INSTAGRAM ACCOUNT, NEUROMYELITIS_SOLDIER, BREWSTER SHARES THE CHRONIC PAIN CHALLENGES THAT ACCOMPANY HIS RARE DISEASE, INSPIRING OTHERS WITH HIS STORY AND EVEN HELPING SOME INDIVIDUALS TOWARD THEIR OWN SUCCESSFUL TREATMENTS.

Incredibly, Brewster’s pain journey began after contact with a common box turtle at a children’s birthday party. Unknown to him, he contracted salmonella, and the bacteria later entered his body during an appendectomy, the first stage of a multiyear battle for a diagnosis and treatment.

“I was angry, frustrated and aggravated,” Brewster says. “I went to so many hospitals, and no one could figure out what was wrong with me. Then in 2013, I had a stroke. There was so much else going on that they didn’t catch the stroke in time. No one told me to go to physical therapy, and I couldn’t lift a bag of groceries because my arms were so weak.”

Brewster continued to search for answers, persevering through physical, mental and financial challenges by way of a natural resiliency and commitment to his daughter.

“In February 2017, a Long Island neurologist diagnosed me with this rare disease,” Brewster says. “I had suicidal nightmares and went from being a successful financial consultant and dancer to spending every day in chronic pain and in a wheelchair.”

Today, Brewster continues treatment and will soon complete chemotherapy to halt disease progression. He follows an anti-inflammatory diet and regular exercise routine, both of which help relieve pain, and adopts a positive mental outlook with his social media activities. He plans to create a YouTube channel soon.

“You gotta have faith. If you don’t, you can’t move on,” Brewster says. “If you stay negative, it will suck you up, so take advantage of good days. Enjoy life. Go to the park, take a walk. Do something you miss and haven’t done in a while.”

“I tell myself it could be worse,” he concludes. “I’m alive and have found ways to survive and keep going.”

“You gotta have faith. If you don’t, you can’t move on. If you stay negative, it will suck you up, so take advantage of good days. Enjoy life. Go to the park, take a walk. Do something you miss and haven’t done in a while.”
An international membership organization for pain physicians that facilitates the exchange of pain medical knowledge, practical expertise, and consensus building.

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- International and regional symposia, and practical workshops
- Publication of the journal “Pain Practice”
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- Recognition of pain centers of Excellence in Pain Practice (EPP Award)

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Please consider donating to WIP Outreach and the Raj Special Projects Fund: www.wip-outreach.org
THE SOUND OF Healing

Opera singer Donatella Moltisanti discovered the healing effects of sound therapy. Now she helps others use the alternative treatment to reduce chronic pain, relieve stress and find emotional healing.

by JENNIFER SELLERS
When Donatella Moltisanti was 13 years old, she began experiencing excruciating menstrual pain. It was so bad she was incapacitated a full week each month, spending at least two of those days in bed. During those times, there was no relief to be had—no medication would help. To make matters worse, Moltisanti was experiencing undiagnosed thyroid symptoms that wouldn’t be discovered until many years later. It seemed at the time that the young Sicilian was facing a life of chronic pain and fatigue.

But things began changing when Moltisanti started taking voice lessons in her late teens. “As I was studying singing at the conservatory in Palermo, I started noticing I was having less pain that lasted less time,” she says. “I had been doing so much work with breathing and development of the diaphragm that I was really empowering my body, and I was healing it without knowing.”

STRIKING A CHORD
In music, two or three harmonious notes can be combined simultaneously to create a more distinct, fuller sound. This is known as a chord. When it came to pain, Moltisanti realized that healing also involved multiple elements working in harmony. This happened when she discovered that breathing was only one facet of pain relief. In a sense, she began striking a chord of healing.

When Moltisanti moved to Rome in her 20s, she started working with a voice instructor who taught her vocal techniques that were designed to not only develop and preserve the vocal chords, but to heal the body as well. “It became about more than just mastering the voice,” says Moltisanti. “My body became an instrument of healing. It was performing work, but it was healing work. It was fascinating to me.”

The more Moltisanti sang, the more she could see that the vibration of the vocal chords was therapeutic. She says the sensation even stimulated her thyroid. “I was becoming less sluggish,” she says.

In addition to breathing and sound vibration, the third note of Moltisanti’s healing chord was the channeling of her emotions. “To be a performer, you really need to go outside yourself to look for bigger sources of feelings,” she says. “As I delved more into the emotional realm and experienced shifts in conscious-
ness, I began realizing that healing isn’t just on a physical level; it’s also in uncovering what’s going on behind the physical pain.”

Moltisanti describes all of these revelations as her journey to a breakthrough. They transformed how she viewed healing, and they helped her live a more vital, fulfilling life. She says these methods were so successful she has never had to rely on medication over the years. She did, however, encounter new challenges as time went on—challenges that would take her further on her journey.

HEALING TAKES A NEW TONE

When Moltisanti went into early menopause in her mid-40s (she’s 54 now), she was hit with an avalanche of symptoms, including chronic pain in her muscles and joints. In addition to the hormonal imbalances she was experiencing related to her menopause, Moltisanti was also diagnosed with Hashimoto’s disease and chronic fatigue syndrome.

“I had always relied on my voice and sound work to heal myself, but this pain and exhaustion went beyond the pain of my youth,” she says. “Yet at the clinics I went to, doctors told me they thought I should be even worse. I realized my constant singing was still helping me. I was very sick, but I didn’t have the severe effects I should have had.”

Still, Moltisanti wasn’t seeing much improvement in her current state of health, so she began researching sound therapy again, which led her to experiment with singing bowls. This, she says, began bringing her out of her pain to another level of healing.

“The body remembers traumas it experienced in the past,” says Moltisanti. “When I started using the singing bowls, my body absorbed the sounds on levels I wasn’t even conscious of. With the singing bowls, I could also choose to work in specific chakras and therefore specific organs—the sound penetrated through vibration to those specific places.”

Singing bowls are based in ancient Eastern meditation practices. They typically contain groupings of different-sized inverted bells, each emitting different prolonged tones when struck with a bell mallet. The singing bowls are usually labeled as “Tibetan,” “Himalayan” or “Japanese,” depending on what regional tradition they’re modeled after.

Over time, Moltisanti got more and more precise with her sound work. “After seeing the power of singing bowls, the next step for me was to develop more attunement,” she says. “I was working with pure sound and learning to identify tones that are blind spots for the ear but not for the brain. For instance, there’s a whole world of sound between [musical notes] D and D#.”

Moltisanti’s experience with the singing bowls was transformative. Not only did she see improvement in her pain and hormone disorders, but she found the practice changed the way she performed as well. She began incorporating crystal singing bowls into her performances, along with the unique vocal tones that she had been developing for years.

Many who attended Moltisanti’s performances reported that they experienced soothing, healing sensations from being exposed to the sounds she created. This furthered Moltisanti’s passion for sound work. Not only could she continue her true love of singing and improve her own health in the process, she could also use her talent and vast knowledge of sound healing to help others.

“I was thinking: ‘Singing is a passion of mine, but I also like using the voice in this way and helping others,’” she says. “Then I came to the conclusion I could do both.”

Soon, Moltisanti began working directly with individuals to help them find healing with sound therapy, also known as sound healing or vibrational therapy.
Who is The World Adhesion Foundation

The World Adhesion Foundation (WAF) is a Non-for-profit charity organization devoted to creating awareness about the pain and suffering from Adhesion Related Disorders (ARD).

The mission of the World Adhesions Foundation is to raise the level of awareness among doctors, healthcare providers and government. We are urging them to provide a more comprehensive and integrated care for adhesion sufferers and to support scientific research into adhesions and their prevention.

Adhesions are internal bands of scar tissue that form between organs. They can be caused by infection, inflammation, endometriosis or from areas that heal from surgery. When these organs attach themselves to one another it can cause disturbances in function, chronic pelvic or abdominal pain, infertility, bowel obstruction and many more painful complications. Even after cutting adhesions, in an attempt to separate the organs, they inevitably form again. Unfortunately, patients face a life of pain and suffering.

The dream of WAF would be to one day build a research center and end scar tissue related illnesses.

As a 501©3 non-profit organization, your donations are appreciated and would greatly help the World Adhesion Foundation fulfill its mission to help those in need.

You can visit our website and click on the donation tab. www.AdhesionsFoundation.org

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PROMOTING GLOBAL AWARENESS OF SCAR TISSUE RELATED ILLNESSES
She also started hosting workshops. This spring, she has released a debut CD designed to immerse listeners into the world of sound, facilitating meditation and relaxation. The double CD, titled Moltisanti Soul Singing, features a capella vocals, crystal singing bowls, violin and meditation guidance.

Moltisanti’s goal is for listeners to be soothed by the sounds and vocals on the CDs, guiding them in working through emotions that can either inhibit or facilitate healing. Thus, the first of the two CDs is designed to help listeners move past issues of brokenness, and the second is intended to help them manifest greatness.

“So often we are anchored in emotional pain, such as grief, that keeps us in physical pain,” she says. “Pain can come from memories; therefore, healing can come from relaxing the brain. I want to help people target specific feelings as they enter an inner world of resonance, while also helping them to relax.”

Significant research has been done on sound therapy, with case studies being published in medical journals worldwide. In addition, organizations that promote the practice have been carrying out their own studies. The British Academy of Sound Therapy recently conducted a study on its clients, finding that 95 percent of those suffering from stress-related disorders felt increased calm following sound therapy treatment.

Another study by the same organization connected participants to a stress-response machine to measure the effects of sound therapy on the autonomic nervous system. Each client tested experienced an overall decrease in stress arousal.

SOUND THERAPY FOR ANYONE
Thanks to the release of her double CD, you don’t have to live in Manhattan to be exposed to one of Moltisanti’s performances or receive instruction at one of her workshops. Instead, you can benefit from her talents and training from the comfort of your own home. There are also many other ways you can incorporate sound therapy into your life.

MOLTISANTI SUGGESTS THE FOLLOWING:

- Learn proper breathing techniques. You can learn these through books, online sessions or videos, singing lessons, yoga or the guidance of a trained alternative or integrative therapist.
- Participate in a drum circle. Check local universities, cultural centers or Meetup groups to find one near you.
- Attend a classical or operatic vocal performance in a venue with excellent acoustics, such as a church.
- Join a choir or singing group. “Over the past two years, there has been a 30 percent increase in the number of people singing in choruses,” says Moltisanti. “Not only is singing beneficial on its own, the collectivity of singing with others is very powerful.”
- Look for a sound healer in your city or community. Sound healing is not a common therapy, but it’s one that’s growing. Depending on where you live, you may find a sound healer near you. Moltisanti says that, unlike her, most sound healers don’t teach voice work; most work exclusively with singing bowls.

Moltisanti’s final advice about working with sound is to let it take you on a journey, just as it did with her. “Don’t push your body to do things, but move from within,” she says. “Let the music elevate you, relax you, move your attention and take on perspectives.”
Hope is here.

SCEPTOR
PAIN FOUNDATION

Sceptor Pain Foundation was founded in 2004 as an independent, nonprofit corporation to support medical, research and clinical professionals who are dedicated to developing viable solutions for pain management.

For grant details and more information about Sceptor Pain Foundation, visit www.sceptor.org. Profits from PainPathways magazine support Sceptor Pain Foundation research and education missions.

www.sceptorpain.org
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<td>James D Katz, M.D.</td>
<td><a href="mailto:james.katz@nih.gov">james.katz@nih.gov</a> (301) 451-6807</td>
<td>clinicaltrials.gov</td>
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<td>Arthritis</td>
<td>Stepping Up For Inflammatory Arthritis (SUFIA)</td>
<td>Kathleen Bush, BS</td>
<td>215-662-6332 <a href="mailto:kathbu@upenn.edu">kathbu@upenn.edu</a></td>
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<tr>
<td>Back Pain</td>
<td>Chronic Low Back Pain Randomized Controlled Trial</td>
<td>Shakeilla Howell, MD</td>
<td>203-276-4777 <a href="mailto:showell@stamhealth.org">showell@stamhealth.org</a></td>
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<td>Back Pain</td>
<td>Spinal Manipulative Therapy Treatment Effect Modifiers in Individuals With Low Back Pain</td>
<td>Joel E Bialosky, PT, PhD</td>
<td>352-273-8636 <a href="mailto:bialosky@phhp.ufl.edu">bialosky@phhp.ufl.edu</a></td>
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<td>Cancer</td>
<td>Mobile Pain Coping Skills Training for Cancer Pain</td>
<td>Tamara J Somers, PhD</td>
<td>919-416-3408</td>
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<td>Cancer</td>
<td>Cordotomy for Refractory Cancer Pain</td>
<td>Ashwin Viswanathan, MD</td>
<td>855-522-9179</td>
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<td>Caregivers</td>
<td>Caregiver-Guided Pain Management Training in Palliative Care</td>
<td>Jessyka Glatz, MA</td>
<td>919-416-3434 <a href="mailto:glatz001@mcc.duke.edu">glatz001@mcc.duke.edu</a></td>
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<td>Caregivers</td>
<td>Emotion Regulation Therapy to Address Distress Among Caregivers</td>
<td>Allison Applebaum, PhD</td>
<td>646-888-0034</td>
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<td>Caregivers</td>
<td>Understanding Needs</td>
<td>Laura A Grimm, MS</td>
<td>315-373-9168 <a href="mailto:lgrimm1@colostate.edu">lgrimm1@colostate.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Chronic Fatigue Syndrome</td>
<td>Central Mechanisms of Chronic Pain and Fatigue</td>
<td>Michael Robinson, PhD</td>
<td>352-265-0139 <a href="mailto:merobin@ufl.edu">merobin@ufl.edu</a></td>
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<td>Chronic Fatigue Syndrome</td>
<td>Noradrenergic and Stress-Related Etiologies of Chronic Fatigue Syndrome</td>
<td>Jana Shirley-Rice, Ph.D</td>
<td><a href="mailto:jana.shirley@vanderbilt.edu">jana.shirley@vanderbilt.edu</a></td>
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<td>Chronic Fatigue Syndrome</td>
<td>Myalgic Encephalomyelitis Chronic Fatigue at the National Institutes of Health</td>
<td>Angelique Gavin</td>
<td>391-496-1788 <a href="mailto:mcefsemail@nih.gov">mcefsemail@nih.gov</a></td>
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<td>Chronic Pain</td>
<td>Comparing Chronic Pain Treatment Options</td>
<td>Bao Ting, MD</td>
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<td>CRPS</td>
<td>Adipose Stem/Stromal Cells in RSD, CRPS, Fibromyalgia</td>
<td>Susan Riley, CMA</td>
<td>406.777.5312 <a href="mailto:irbtrials1@gmail.com">irbtrials1@gmail.com</a></td>
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<td>Nikki Rice</td>
<td><a href="mailto:create-1@axome.com">create-1@axome.com</a></td>
<td>CRPSTrial.com</td>
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<td>CRPS</td>
<td>Evaluation and Diagnosis of People with Pain and Fatigue Syndromes</td>
<td>Leorey N. Saligan, CRNP</td>
<td>603-228-4610 <a href="mailto:dolimpio@crhc.org">dolimpio@crhc.org</a></td>
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<td>Depression</td>
<td>A Behavioral Intervention for Depression and Chronic Pain in Primary Care</td>
<td>Laurie Evans, MS</td>
<td>914-682-900 ext 2570 <a href="mailto:lad9011@med.cornell.edu">lad9011@med.cornell.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Depression</td>
<td>Digital Tools for Coping With Chronic Pain</td>
<td>Abigail Hirsch, PhD</td>
<td><a href="mailto:ahirsch@mystrength.com">ahirsch@mystrength.com</a></td>
<td>clinicaltrials.gov</td>
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<td>Fibromyalgia</td>
<td>Combined Behavioral and Analgesic Trial for Fibromyalgia (COMBAT FM)</td>
<td>Saswati Mahapatra, MS</td>
<td>507-284-5404 <a href="mailto:mahapatra.saswati@mayo.edu">mahapatra.saswati@mayo.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Fibromyalgia</td>
<td>Impact of Inclusion of a Therapy Dog Visit as Part of the Fibromyalgia Treatment Program</td>
<td>University of Michigan</td>
<td>206-221-1737 <a href="mailto:cscheff@uw.edu">cscheff@uw.edu</a></td>
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<td>Fibromyalgia</td>
<td>Laughter Frequency and Fibromyalgia Symptoms</td>
<td>Deidre G Molchan, M.A.</td>
<td>703-967-0609 <a href="mailto:deidre.molchan@waldenu.edu">deidre.molchan@waldenu.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Massage</td>
<td>Trial Outcomes for Massage Caregiver-Assisted vs. Therapist-Treated (TOMCATT)</td>
<td>Dorian L Savino, MPA</td>
<td>585-463-2673 <a href="mailto:dorian.savino@va.gov">dorian.savino@va.gov</a></td>
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<td>Massage</td>
<td>A Trial Comparing Mechanical Diagnosis and Treatment to Manual Therapy</td>
<td>Vernon W Lin, MD PhD</td>
<td>216-445-7350 <a href="mailto:linv@ccf.org">linv@ccf.org</a></td>
<td>clinicaltrials.gov</td>
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<td>Neurmodulation</td>
<td>A Global Registry to Evaluate Long-Term Effectiveness of Neuromodulation Therapy for Pain (RELIEF)</td>
<td>Boston Scientific Neuromodulation Corporation</td>
<td>855-213-9890 <a href="mailto:BSNClinicalTrials@bsci.com">BSNClinicalTrials@bsci.com</a></td>
<td>clinicaltrials.gov</td>
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<td>Neurmodulation/</td>
<td>Peripheral Nerve Stimulation for Shoulder Pain</td>
<td>Margaret Maloney, RN</td>
<td>216-957-3558 <a href="mailto:mmaloney@metrohealth.org">mmaloney@metrohealth.org</a></td>
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<td>Peripheral Nerve</td>
<td>Electrical Stimulation for the Treatment of Back Pain Using Peripheral Nerve Stimulation (PNS)</td>
<td>Nikki Rice</td>
<td>336-765-6181 <a href="mailto:NRice@ccrpain.com">NRice@ccrpain.com</a></td>
<td>clinicaltrials.gov</td>
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<td>Obesity</td>
<td>A Mobile Intervention to Reduce Pain and Improve Health</td>
<td>Jason Fanning, PhD</td>
<td><a href="mailto:fanningjt@wfu.edu">fanningjt@wfu.edu</a></td>
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<td>Obesity</td>
<td>Brain-Gut Interactions in Overweight and Normal Weight Patients with Chronic Abdominal Pain</td>
<td>Wendy A Henderson, CRNP</td>
<td>301-451-9534 <a href="mailto:hendersonsw@mail.nih.gov">hendersonsw@mail.nih.gov</a></td>
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<td>Obesity</td>
<td>Effects of Chia on Overweight/Obese Women</td>
<td>Desiree L Vera, BS</td>
<td><a href="mailto:dlvera@cpp.edu">dlvera@cpp.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Obesity</td>
<td>Simultaneously Targeting Obesity and Pain</td>
<td>Madelyn Ruggier</td>
<td><a href="mailto:hbrlab@uscience.edu">hbrlab@uscience.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Opioids</td>
<td>Montefiore Opioid and Pain Study</td>
<td>Benjamin Friedman, MD</td>
<td><a href="mailto:befriedm@montefiore.org">befriedm@montefiore.org</a></td>
<td>clinicaltrials.gov</td>
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<td>Opioids</td>
<td>Tolerability, Safety, and Feasibility of Naloxegol in Patients With Cancer and OIC (Opioid Induced Constipation)</td>
<td>Lisa Massie</td>
<td>828-692-6778 <a href="mailto:lmassie@fourseasonsctf.org">lmassie@fourseasonsctf.org</a></td>
<td>clinicaltrials.gov</td>
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<tr>
<td>Opioids</td>
<td>Study of Treatment for Opioid Dependence and Anxiety Disorders</td>
<td>Rebecca K McHugh, PhD</td>
<td>617-855-3169 <a href="mailto:kmchugh@mclean.harvard.edu">kmchugh@mclean.harvard.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Pediatric Pain</td>
<td>Intranasal Hydromorphone for the Treatment of Acute Pain in Children</td>
<td>Tsze Daniel, MD, MPH</td>
<td><a href="mailto:dst1241@columbia.edu">dst1241@columbia.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Pediatric Pain</td>
<td>Mobile Coach for Parents of Children and Adolescents with Chronic Pain</td>
<td>Laura Seidman</td>
<td>310-825-4907 <a href="mailto:lseidman@mednet.ucla.edu">lseidman@mednet.ucla.edu</a></td>
<td>clinicaltrials.gov</td>
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<td>Pediatric Pain</td>
<td>Oral Ibuprofen and Acetaminophen Study for Pain Management in Children</td>
<td>Antonios Likourezos, MA, MPH</td>
<td>718-283-6896 <a href="mailto:alikourezos@maimonidesmed.org">alikourezos@maimonidesmed.org</a></td>
<td>clinicaltrials.gov</td>
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<tr>
<td>Pediatric Pain</td>
<td>Safety of Oxycodone Oral Solution in Pediatric and Adolescent Subjects</td>
<td>Melissa Goodhead, MSc</td>
<td><a href="mailto:mgoodhead@pharmaproject.com">mgoodhead@pharmaproject.com</a></td>
<td>clinicaltrials.gov</td>
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### PAIN ORGANIZATIONS—PROFESSIONAL

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<tr>
<td>Academy of Integrative Pain Management</td>
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<td>American Academy of Craniofacial Pain</td>
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<td>American Academy of Orthopaedic Surgeons</td>
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<td>American Academy of Pain Medicine</td>
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<td>American Academy of Physical Medicine &amp; Rehabilitation</td>
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<td>American College of Rheumatology</td>
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<td>American Osteopathic Association</td>
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<td>American Pain Society</td>
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<td>American Society of Interventional Pain Physicians</td>
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<td><strong>American Society for Pain Management Nurses</strong></td>
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<td>American Society of Regional Anesthesia and Pain Medicine</td>
<td>asra.com</td>
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<td>International Association for the Study of Pain</td>
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<td>International Neuromodulation Society</td>
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<td>International Pelvic Pain Society</td>
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<td>Society for Pain Practice Management</td>
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<td>World Institute of Pain</td>
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### PAIN ADVOCACY & SUPPORT GROUPS

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<td>Goalistics</td>
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<td>Heroes of Healing</td>
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<td>How To Cope With Pain</td>
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<td>Reflex Sympathetic Dystrophy Syndrome Association</td>
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<td>The Pain Community</td>
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<td>Family Caregiver Alliance</td>
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<td>Leeza’s Care Connection</td>
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<td>Today’s Caregiver</td>
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<td>National Alliance for Caregiving</td>
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<td>National Caregivers Library</td>
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<td>The Caregiver Space</td>
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<td>Veterans Affairs Caregiver Support</td>
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<td>Well Spouse Association</td>
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**AMERICAN SOCIETY FOR PAIN MANAGEMENT NURSING®**

The American Society for Pain Management Nursing’s mission is to advance and promote optimal nursing care for people affected with pain by promoting best nursing practices. This is accomplished through education, standards, and advocacy.

**THE COALITION AGAINST PEDIATRIC PAIN**

The Coalition Against Pediatric Pain provides resources, funding, education and support systems for families affected by pediatric pain.

**NATIONAL ALLIANCE FOR CAREGIVING**

Recognizing that family caregivers provide important societal and financial contributions toward maintaining the well-being of those they care for, the National Alliance for Caregiving is dedicated to improving quality of life for families and their care recipients through research, innovation, and advocacy.
FRIENDS FOR AN EARLIER BREAST CANCER TEST
Since its founding in 1995, Friends for an Earlier Breast Cancer Test® has worked and focused solely on the earlier detection of breast cancer, ideally a biological test, which has the potential to dramatically increase survival rates.

FIBROMYALGIA CARE SOCIETY OF AMERICA
The mission of the Fibromyalgia Care Society of America (FCSA) is to provide education, care and supportive services to individuals living with fibromyalgia, their families and the community at large.

### CANCER ADVOCACY & SUPPORT GROUPS

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<td>Bladder Cancer Advocacy Network</td>
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<td>Cancer Support Community</td>
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<td>Cancer Pain Research Consortium</td>
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<td>Lung Cancer Research Foundation</td>
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<td>National Cancer Institute</td>
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<td>National Ovarian Cancer Coalition</td>
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<td>Pancreatic Cancer Action Network</td>
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<td>The Prostate Net®</td>
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<td>Skin Cancer Foundation</td>
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<td>Susan G. Komen for the Cure</td>
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<td>The V Foundation for Cancer Research</td>
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### CONDITION SPECIFIC GROUPS

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<td>American Fibromyalgia Syndrome Association</td>
<td>afsafund.org</td>
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<td>American Headache Society</td>
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<td>Amputee Coalition of America</td>
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<td>Band Against MS</td>
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<td>Consortium for Citizens with Disabilities</td>
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<td>Clot Connect</td>
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<td>Crohn's and Colitis Foundation of America</td>
<td>ccfa.org</td>
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<td>Disabled American Veterans</td>
<td>dav.org</td>
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<td>Ehlers-Danlos Society</td>
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<td>Facial Pain Association</td>
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<td>Health in Aging Foundation</td>
<td>healthinagingfoundation.org</td>
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<td>HealthyWomen</td>
<td>healthywomen.org</td>
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<td>Interstitial Cystitis Association</td>
<td>ichelp.org</td>
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<td>Lupus Foundation of America, Inc.</td>
<td>lupus.org</td>
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<td>Myasthenia Graves Foundation of America</td>
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<td>National Association of Area Agencies on Aging</td>
<td>n4a.org</td>
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<td>National Center for Complementary &amp; Integrative Health</td>
<td>nccih.nih.gov</td>
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<td>National Chronic Fatigue Immunie Dysfunction Syndrome Foundation</td>
<td>ncf-net.org</td>
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<td>National Fibromyalgia Association</td>
<td>fmaware.org</td>
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<td>National Headache Foundation</td>
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<td>National Migraine Association</td>
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<td>National Multiple Sclerosis Society</td>
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<td>National Organization for Rare Disorders</td>
<td>rarediseases.org</td>
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<td>National Osteoporosis Foundation</td>
<td>nof.org</td>
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<td>National Stroke Association</td>
<td>stroke.org</td>
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<td>National Vulvodynia Association</td>
<td>nva.org</td>
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<td>NEADS, Dogs for Deaf and Disabled Americans</td>
<td>neads.org</td>
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<td>Patient Advocate Foundation</td>
<td>patientadvocate.org</td>
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<td>Schueermann’s Disease Fund</td>
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<td>Sickle Cell Disease Association</td>
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<td>Solve Encephalomyelitis/Chronic Fatigue Syndrome Initiative</td>
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<td>The Erythromelalgia Association</td>
<td>erythromelalgia.org</td>
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<td>The Foundation for Peripheral Neuropathy</td>
<td>foundationforpn.org</td>
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<td>World Adhesions Foundation</td>
<td>adhesionsfoundation.org</td>
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Without any warning, in 2001 Tom Seaman developed a painful neurological movement disorder called dystonia. Characterized by painful, involuntary muscle spasms and contractions, dystonia “turned my world upside down,” Seaman says.

“I became bed/floor ridden for years and went from an athletic 180–190 pounds to around 330 pounds due to a very sedentary lifestyle from the pain, and a poor diet,” he says. “I have since lost that weight and kept it off, and learned ways to manage my chronic pain, but it has been a long, hard journey.”

In his blog titled The Ride of My Life, Seaman shares his struggle with pain and obesity with readers. By highlighting his own journey, he hopes to encourage others, both through his story and as a life coach.

“Five years after my diagnosis, I reached a point where I was afraid I might die from the punitive lifestyle I chose for myself; all done for the purpose of avoiding my physical and emotional pain, but my escape actually made me worse, so it was a fruitless endeavor,” Seaman writes. “A decision had to be made: continue this destructive lifestyle and suffer the consequences, or make a change and get busy living. I chose to live.”

Seaman says he started with “baby steps,” exercising, changing his diet and adding activities to lose weight and gain control of the dystonia symptoms. The weight loss decreased many of his pain symptoms while also creating a new professional path that included writing the book Diagnosis Dystonia: Navigating the Journey, recognized by the Michael J. Fox Foundation. Seaman also became a motivational speaker and began a career as a life/health coach.

“The response has been overwhelming,” Seaman says. “People often tell me that I am an inspiration, whether they are battling weight issues or chronic pain, or any other challenge, even if it is not related to their physical health…. More than anything, people tell me that I give them hope that they can reshape and rebuild their lives. What probably hits me the hardest is when someone tells me they were just about to give up, and then they read my story and it changed their life.”

As a life coach, Seaman works with people dealing with everything from chronic health conditions to weight/fitness maintenance and anxiety and depression. He also works with individuals on stress management, work/life balance and developing meaningful relationships—all topics that help Seaman maintain his own health.

“As a coach, much of my work is serving as an accountability partner for my clients,” Seaman says. “This then holds me accountable to the same things I suggest they do for themselves. “The pain is always present, but nowhere near the severity it was once,” he concludes. “I have learned many coping strategies and love to remind others that no matter how dark life can get, there is always a way out.”
It is important for you to know the signs of an opioid overdose, even if you do not take an opioid as part of your pain management treatment. An opioid overdose can happen to anyone who takes too much of an opioid. The faster you can act, the better the opportunity to save a life.

**Signs of an Opioid Overdose**

- loss of consciousness
- difficulties/not breathing
- pinpoint pupils

**What to Do in Case of an Opioid Emergency**

Be prepared for an opioid emergency by having Naloxone on hand and knowing how to use it! Naloxone comes in several different delivery systems: 1] a **SELF-INJECTOR** that talks you through each step, 2] a **NASAL SPRAY**, and 3] a **PRE-FILLED SYRINGE**

Naloxone needs to be administered immediately to someone who is having an opioid emergency.

After administering Naloxone:

Call **9-1-1** Immediately

**Watch a video**

Sponsored by Kaléo
CHRONIC PAIN
More Than Just Aches and Pain

1 in 3 Americans suffer from chronic pain

Many people rely on pain medication to manage chronic pain, but it can cause drowsiness, hallucinations, or lead to addiction.

More than just a physical toll, chronic pain can have a devastating impact with:

Strained personal relationships
Loss of productivity or inability to work
Increased financial burden
Feeling depressed or withdrawing from others

SPINAL CORD STIMULATION
A safe and effective option

The implanted device is controlled with a cordless remote.
With SCS, patients may be able to eliminate or reduce their dependency on pain medications.
Many patients are able to regain control of their lives.

SCS masks pain signals traveling from painful areas of your body to your brain with the use of an implanted device.

TO SEE IF SCS IS RIGHT FOR YOU, TALK TO YOUR DOCTOR OR VISIT: CONTROLYOURPAIN.COM