Solving the chronic pain conundrum

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Walking the equivalent of 10 miles every day on cement floors as a retail store manager took an irreversible toll on Cindy Walpole’s body.

Nodules that developed on her feet eventually made taking a single step unbearable. That led to problems with her hip and debilitating back pain.

“I was living in constant chronic pain,” said Walpole, 60, of Silverdale.

For nearly seven years, she went to doctor after doctor looking for a solution. Surgeries and injections were unsuccessful. Opioids and narcotic pain medications left her sick and bedridden. She went through several practitioners before she sought out Steve Goldrick, a physical therapist at Kitsap Physical Therapy in Silverdale who specializes in the treatment of chronic pain.

What Goldrick offered went beyond a prescription pad. Instead of focusing on muscles and tissues, his treatment for Walpole shifted attention to her nervous system and the cognitive behaviors that play a central role in chronic pain, which he defines as that lasting longer than six months.

“Fear, anxiety and worry can activate the nervous system and cause more pain,” Goldrick said. “Many of these people probably don’t have a lot going on with their tissues...we’re looking for reasons their nervous system has become so sensitive.”

It’s a philosophy that Goldrick only recently began subscribing to, saying that many medical professions—including his own—use only a biomedical approach, relying on the prescription pad, MRI or X-rays to help their patients.

Today, one in four people is estimated to suffer from persistent pain in the United States, Goldrick said. And, according to the Centers for Disease Control and Prevention, in 2012 health care providers wrote enough prescriptions for opioid medications to supply every adult in the United States with a bottle.

But some pain practitioners in Kitsap County say there is another way.

Retraining the brain

Goldrick’s treatment is as much psychological as physical. He’ll ask about a patient’s emotional trauma: a job loss, loss of a family member or the presence of a high-stress situation. Those traumas can continue to activate the nervous system and make areas previously susceptible to pain sensitive even though there’s no structural reason for them to continue hurting, he said.

Exercises involve retraining the brain and nervous system. For example, he may use a mirror to reflect the movements of a pain-free limb, helping recondition the brain of a patient who flinches when the affected limb makes movements.

For Walpole, who previously subscribed to the philosophy of pushing through the pain, Goldrick’s treatment taught her to abide by her limits.

“Sometimes it’s something as simple as pulling a band hooked to a door, and I may only be able to do five repetitions of that,” she said. “It’s allowed me to mentally say, ‘that’s OK.’”

He enlists a patient’s support system in the therapy. For Walpole, that’s been her husband, Flint. He accompanies her to therapy and has been with her on the psychological journey of managing her pain.

Flint Walpole said relieving his wife’s anxiety has been a big part of the process.

“It’s like someone slapping you in the face. When it happens 10 times, on the 11th time, the hand is raised and you’re flinched,” he said. “Your body is going to react to the start of the pain stimulus, it’s going to report that the pain is maximum, even when it’s minimum.”

“What she’s learned to do is to stop, adjust her thinking, and her movements...and she finesse through it.”

“Now she has the power over pain that has controlled her for through many years,” Flint Walpole said.

A holistic approach

Dr. Kyong H. Kim is the medical director of the Puget Sound Pain Clinic, with an office in Silverdale. His specialty is pain medicine, and he’s been prescribing a holistic treatment of chronic pain since his fellowship in interventional pain medicine at Tufts University.

He refers patients to Goldrick’s program. Like Goldrick, Kim preaches that for chronic pain patients, it goes beyond “what’s wrong with my body.”

“When it comes to chronic pain, the brain is behind everything,” Kim said.

“What is important is not just treating the herniated disc, but also treating the whole person,” Kim said.

Kim has discussions with his patients on activity and exercise. Movement is important for those suffering from chronic pain, he said. “Use it or lose it, if you don’t use it, you are going to get worse, and not better.”

Nutrition is also important, he said. A poor diet can inflame tissues and joints.

Kim also spends a lot of time with his patients on the mind-body component of pain. A stressed brain can exacerbate pain, and coping skills become part of the prescription for patients. A referral to a psychologist to help develop those skills may be necessary for some.

For others, alternative medicine helps with the physical and cognitive aspects of their pain — acupuncture, chi-

Whatever helps,” Kim said.

Use of medications and injections are the last component of treating pain, Kim said.

“Yes, we can give you pain medication, but take it very judiciously, because medication is not the answer to all your pain or a long-term solution.”

Goldrick says that when it comes to treating those with chronic pain, western medicine relies on the biomedical approach, looking for something on an MRI or diagnostic tool that’s awry. But when the nervous system is involved, it’s harder to spot and diagnose.

But many doctors who default to the prescription pad haven’t had the depth of training in treating pain patients, Kim said, to understand the psychological and cognitive aspects of pain treatment.

And on the flip side, Kim said, many patients don’t understand it either. When he talks to pain patients about the components required to manage pain, many would rather take the easier path of downing a pill.

“Most of the time, it’s patients that end up mad,” Kim said, adding they don’t want to “hear a lecture” or commit to the holistic changes Kim suggests. “They become very defensive.”

But, Kim said, he works to help them understand the work they must undergo to manage pain and the willingness to change their outlook on their pain.

“The brain will work if you keep at it,” he said.

‘A work in progress’

Dr. Terry Pexton specializes in pain management and is a physician at Peninsula Pain Clinic in Bremerton. His pain patients primarily suffer from low back pain, but he also sees patients with chronic pain stemming from muscular conditions, fibromyalgia, headaches and neuropathy.

He refers chronic pain patients to Goldrick and other physical therapists in Kitsap County, as well as psychologists. He applauds the cadre of specialists in Kitsap County who understand the psychological implications of pain and are able to treat patients on that level.

But at the same time, he cautions a patient against putting all their hope in one type of treatment, no matter what it is.

“Almost anything loses its effect or efficacy, and then you have to try something else,” Pexton said. “It’s not that some people don’t stabilize, but for a lot

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of people it’s a work in progress for the rest of their lives.”

While doctors went overboard prescribing opioids for decades before understanding their limitations and dangers, he said that prescriptions shouldn’t be discounted as a legitimate path for some dealing with pain.

“Some people have been on the same dose for the last 10 years, and it’s working,” he said. “The problem is, we don’t know who it’s going to work for and who it’s not — we don’t know when to say when we shouldn’t go any further.”

“That’s how we learned, we had so many people spin out of control,” Pexton said.

Even those who do seek out alternatives to prescription medication are met with barriers.

Pexton said there are good pain practitioners in Kitsap County, but he said there is a need for a greater number of physical therapists, psychologists and other specialists trained in pain management to refer a growing number of patients to.

Cost is also an issue for those with certain insurance plans. Walpole paid out of pocket for her initial evaluation by Goldrick; her plan paid for her visits to Goldrick only after she asked her doctor for a referral. “It’s something I had to request from the doctor so the doctor would prescribe it.”

Goldrick said insurance coverage can be a barrier — especially for those with Medicaid and Medicare. The recovery journey can require several visits, but insurance may only approve a handful.

Such a system promotes reliance on medication instead of “conservative care,” Goldrick said.

Still, there are efforts under way to lower the barriers, said Jackie Barry, the executive director of the Physical Therapy Association of Washington. A task force in the organization is collecting data on physical therapists who treat chronic pain. She’s hopeful of a future collaboration with the Washington State Medical Association, which represents doctors in the state. WSMA has launched a task force to attack the problem of opiate addiction, and one of the possible areas of emphasis, Barry said, is educating doctors on alternative treatments.

Barry has optimism in changes coming down the pike for healthcare — a future focused less on acute-based care.

“It’s starting to shift with healthcare reform to a more wellness-based model. A look toward the things that can keep you well.”

It’s a model Goldrick feels he practices with his patients, and Walpole agrees.

“Unlike any other physicians, he calls me and checks up on me. He wants to know how I am doing,” she said.

For years, Walpole said, “I wasn’t getting any kind of relief from physicians.”

“Steve was freeing,” she said, telling her she wasn’t defined by her pain or a label of a chronic pain patient. “You have this issue and condition, but it’s not who you are.”