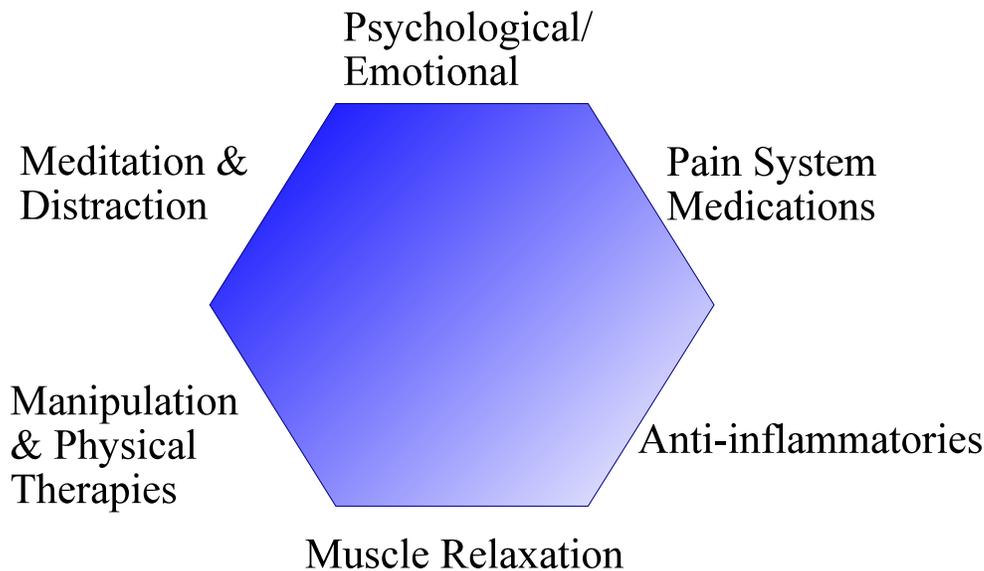


Pain Management Worksheet



Please list methods and techniques you use to address these components of pain management.

Muscle Relaxation

- Cyclobenzaprine
- Valium
- Zanaflex (Tizanidine)
- Natural Relaxers (Passiflora, Valerian, Chamomile, Licorice, Lobelia Extract, Calcium/Magnesium, Vistaril or Hydroxyzine)

Anti-Inflammatories

- NAISD
- Omega-3
- Aspirin
- Naprosyn
- Naproxen/Aleve
- Ibuprophen/Advil
- Acetaminophen/Tylenol
- Glucosamine - Chondroitin
- Bioflavonoids
- Systemic Enzyme
- Devil's Claw

Pain System Medications

- Morphine
- Methadone
- Vicodin
- Oxycodone

- Hydrocodone
- OxyContin
- Kadian
- MS Contin
- Lyrica
- Neurontin
- Amitriptyline
- Ultram
- Transdermal Pain Patches
- Natural Pain Killers (Kava Root, White Willow, Horsetail, Valerian, Cayenne Pepper)
- Prescribed Medical THC

Manipulation & Physical Therapies

- Craniosacral Massage
- Massage
- Chiropractics
- Acupressure
- Acupuncture
- Stretching
- Yoga
- Occupational Therapy
- Physical Therapies
- Aquatic Therapy
- Traction
- Hot Tub/Spa

- Ultrasound
- TENS Unit
- Moist Heat & Ice Packs

Psychological/Emotional

- Psychotherapy & Counseling
- Pacing Activities
- Sleep & Sleep Treatment
- Know Your Limitations
- Biofeedback/Neurofeedback
- Nutritional Balance
- Spirituality
- Psychopharmacology
- Support Groups

Meditation & Distraction

- Hypnosis
- Self-hypnosis
- Transcendental Meditation
- Breathing Exercises (i.e., Hatha Yoga)
- Relaxation Techniques
- Stress Management
- Tai Chi & Qi Gong
- Enjoyable Activities (distraction)
- Spiritual Exercises & Practices

Balance in Pain Management

Some of the keys to pain management is the monitoring of pain relief and level of function. Optimally, both are high. If function reduces with the increase in pain relief, the method of pain management needs to be reviewed and changed so function is optimal. When examining function, the patient and the provider need to monitor four major areas (see list below).

Areas of Function

- ✓ Emotional
- ✓ Interpersonal
- ✓ Physical
- ✓ Cognitive

Dependence vs. Addiction

Addiction to pain and anxiety medications is a major concern for health care providers. The term “Pseudo-Addiction” is used when an individual's behavior may appear to be that of an addict but, in fact, is not. In some cases, the level of maintenance medication is not high enough to provide effective relief from pain. It is also very common for individuals who are on a maintenance dosage of pain medication to be concerned about running out of the medication. In both cases, medication seeking can occur.

The challenge is to use all forms of pain management to provide the level of relief necessary for basic daily function and some quality of life.

An individual showing **Pseudo-Addiction** will:

- ✓ not take more medications than is necessary to relieve the pain and may sometimes take less,
- ✓ not take dosages which result in euphoria,
- ✓ not show signs of intoxication.

They will:

- ✓ follow recommendations of the physician,
- ✓ focus on the potential side effects of the medication,
- ✓ focus on the consequences of the side effects.

There are behaviors that are frequently misunderstood which do not show addiction but providers are sensitive to raising concerns. The behaviors which are less likely to be indicators of addiction are:

- ✓ complaining about needing a higher dosage,
- ✓ hoarding drugs for periods when symptoms are increased,
- ✓ acquiring similar medications from different prescribers for different purposes (i.e., a person on chronic pain medications through their PCP getting an acute pain relief medication from a dentist for dental pain).

Individuals who are **Addicted** will

- ✓ attempt to achieve euphoria,

- ✓ increase the amount used beyond a point of relieving pain,
- ✓ show signs of intoxication.

They will not:

- ✓ focus on side effects,
- ✓ be concerned with consequences of side effects,
- ✓ follow physician recommendations.

Other addictive behaviors include:

- ✓ selling prescription medications,
- ✓ forging prescriptions,
- ✓ stealing another patient's drugs,
- ✓ using the medication in a different way than recommended (i.e., IV, smoking, etc.)
- ✓ seeking pain medication from multiple providers,
- ✓ using different pharmacies for similar medications without knowledge of the prescribers,
- ✓ repeatedly losing their prescription,
- ✓ buying medications from street dealers,
- ✓ mixing medications and alcohol to attain a state of euphoria.