Pain DX

Pain is the most common complaint that compels patients to visit your practice. Pain can also be the most difficult issue to manage, especially when there is no cure for the underlying cause.

This is why Shephard Group Healthcare Partners has developed several methods of pain diagnosis and treatment that will help you to help your patients feel better and get back to living life.

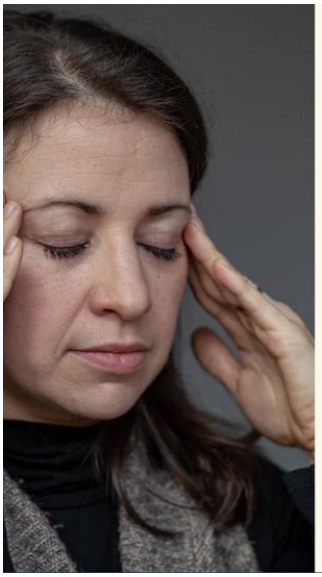
This is where every pain protocol should begin; with the Pain Dx profile. The average doctor visit lasts 9 minutes. That gives the patient a 9-minute window of opportunity to let the doctor know what they are experiencing, and for the doctor to come to a conclusion on a diagnosis. However, studies have shown that of the average time spent with a patient, the patient talks 20% of the time and the doctor talks 80% of the time. This standard interaction is not sufficient to properly communicate exactly what the patient is feeling. Unfortunately for both patient and doctor, this poor communication is also a key cause in misdiagnosed cases.

Pain Dx is an assessment tool that can be given to any patient who initially presents with pain complaints. Whether the pain be from headache, musculoskeletal pain, internal pain, or anything in between, the Pain Dx assessment tool will deliver the information you need to make a clear and concise diagnoses. A proper initial diagnosis leads to proper treatment decision and better patient outcomes.

The Pain Dx tool was established by an award winning neurosurgeon at John's Hopkins University Medical Center, and has been endorsed by pain physicians and neurosurgeons across the U.S.

The Pain Dx assessment only takes 20 minutes of the patient's time and is given as a pre-visit assessment before the patient sees the doctor. A scientific algorithm is used to decode the patient's responses to the questions and report potential diagnoses. Trials have proven that doctor diagnosis improve accuracy by 80% when using the Pain Dx assessment prior to the patient visit.

The results of an accurate initial diagnosis mean proper treatment in a more timely manner, as well as increased reimbursements due to immediate, billable procedures.



Scenario #1

A patient comes to your clinic with a complaint of neck pain, after an accident, with a normal MRI, normal upright X-rays and normal CT. Your doctor spends 11 minutes with the patient, diagnoses "cervical sprain" and write a prescription for Naprosyn.

Total bill **$ 125**

Scenario #2

A patient comes to your clinic with a complaint of neck pain, after an accident, with a normal MRI, normal upright X-rays and normal CT. Prior to seeing the doctor, the secretary administers the Pain Validity Test, and Pain Diagnostic Paradigm, and Headache Diagnostic Tests (which cost you about $12, since they are covered by your fee per month for unlimited use of these tests). The doctor reads the test results and spends 9 minutes with the patient, concurs with the diagnosis of "cervical facet syndrome" generated by the Pain Diagnostic Paradigm, and performs three cervical facet blocks, and then a facet denervation.

Total bill $ 2,325

SAMPLE REPORT

Elsewhere Orthopedic Practice
1234 56th St. SW
End of the World, Florida, 63635
888-555-1212

Test Name: Headache Diagnostic Test
Test Taken: March 16, 2021
Patient Name: nelson hendler

The patient has:

1 compression of posterior column of cord - 100%
2 Post concussion headache - 20%
3 Eye strain headache - 10.26%
4 Post Traumatic Brain Injury - 9.73%
5 C2-C3 disc damage - 9.69%
6 C4-5 disc disease - 7.69%
7 C3-4 disc disease - 7.33%
8 C2-4 facet syndrome - 6.95%
9 C4-7 facet syndrome - 4.24%
10 Sjogren's syndrome headache - 4.17%
11 C5-6 disc disease and root compression - 4.04%
12 Cluster headache - 4%
13 Muscle tension headache - 3.97%
14 Mixed muscle tension-vascular headache - 3.36%
15 Occipital root compression headache - 3.23%
16 Temporo-mandibular joint headache - 2.47%
17 Thoracic outlet syndrome headache - 2.27%
18 Classic migraine headache - 2.09%
19 Thyroid disease manifesting as headache - 2.08%
20 Multiple sclerosis - 1.47%
21 Trigeminal neuralgia headache - 1.36%
22 Common migraine headache - 1.03%

Suggested Treatment for Classic & Common Migraine Headaches

Abortive Phase for headaches not controlled by prophilactic medication

1. Midrin 2 caps stat at start of headache followed by 1 cap q. 1 hour. Not to exceed 5 total pills per headache. If not effective go to #2
2. Ergomar sublingualy, 2 mg. may repeat in 1 hour. Not to exceed 3 per headache, nor 10 pills/week. If not effective go to #3
3. Get EKG and go to #4
4. If no history of cardiovacular, and EKG is normal, in the doctor's office, try Zomig 1.25 mg, orally, and if no response, in 1 hour, repeat the dose. If still no response, in 1 more hour, give 2.5 mg. If this doesn't work, go to #5
5. In doctor's office, if EKG is normal, initiate a trial dose of Imitrex, 6 mg., I.M. and keep patient for observation for several hours, after first dose. If not effective, go to #6.
6. Try Imitrex nasal spray or orally, 25 mg. p.o. with one repeat in one hour. If not effective, go to #7
7. Stadol nasal spray, 10 mg/cc, starting with one spray in one nostril, and one repeat in one hour. May up dose to 2 puffs, at onset of headache If not effective, go to #8.

8. Initiate combination of caffergot suppositories, and phenobarbital 30 mg. stat at onset of headache. If not effective, go to #9
9. Add Thorazine 25 mg. suppositories at onset of headache If not effective

Prophilatic Medication for headaches >1x/week

1. Take blood pressure and pulse while sitting and standing, and initiate Inderal 10 mg. q.I.d., and Elavil 50 mg. H.S. DO NOT USE GENERIC DRUGS (Blood levels of generic drugs have been found to be 45%-70% that of brand names). If not effective, go to #2
2. Increase slowly the dose of Elavil, to a maximum of 300 mg. H.S.. If not effective. go to #3
3. Increase Inderal to a maximum dose of 160 mg. (40 mg. q.I.d.) if blood pressure and pulse permit. Watch for side effects of depression, and mental confussion. If not effective, go to #4.
4. Taper off Inderal slowly, and initiate trial with Calan, starting at 80 mg. a day. Increase slowly to 120 mg. t.I.d. If not effective, go to #5
5. Switch on a mg. per mg. basis to Procardia If not effective, go to #6.
6. Get blood for AST, ALT, GGT, LDH, CBC with differential, and platelets.Go to #7
7. Taper off Procardia, and initiate dose of Depekote 250 mg. t.I.d. If not effective, go to #8
8. Increase Depekote to 500 mg. t.I.d. by slowly increasing dose by 250 mg. q. week, until maximum dose is reached. If not effective, go to #9
9. Add Thorazine 50 mg. t.I.d., and may increase by 50 mg./day incriments, every 3 days, until at 100 mg. q.I.d.

Suggested Treatment for Muscle Tension Headaches and Mixed Muscle Tension/Vascular

1. At onset of headache, stat dose of Soma 350 mg. and Naprosyn 500 mg. If not effective, go to #2.
2. Trigger point injections into effected muscles, and trial with 5 sessions of biofeedback. If not effective, go to #3
3. See Pain Diagnostic Test and the treatment algorithm for C2-4 facet syndrome, C4-7 facet syndrome, C2-3 disc, C3-4 disc, C4-5 disc, C5-7 disc, C2-3 radiculopthy, C3-4 radiculopathy, TOS, or TMJ, depending on the rank order of these differential diagnoses on the headache diagnostic paradigm.

Suggested Treatment for Cluster Headache

Abortive Phase

1. Ergomar sublingualy, 2 mg. may repeat in 1 hour. Not to exceed 3 per headache, nor 10 pills/week. If not effective go to #2
2. Get EKG and go to #3
3. If no history of cardiovascular, and EKG is normal, in the doctor's office, try Zomig 1.25 mg, orally, and if no response, in 1 hour, repeat the dose. If still no response, in 1more hour, give 2.5 mg. If this doesn't work, go to 4.
4. In doctor's office, if EKG is normal, initiate a trial dose of Imitrex, 6 mg., I.M. and keep patient for observation for several hours, after first dose. If not effective, go to #5.
5. Try Imitrex nasal spray or orally, 25 mg. p.o. with one repeat in one hour. If not effective, go to #6
6. Stadol nasal spray, 10 mg/cc, starting with one spray in one nostril, and one repeat in one hour. May up dose to 2 puffs, at onset of headache If not effective, go to #7
7. Initiate combination of caffergot suppositories, and phenobarbital 30 mg. stat at onset of headache. If not effective, go to #8
8. Add Thorazine 25 mg. suppositories at onset of headache If not effective, go to #9

9. Inhale oxygen, for 5 minutes. If effective, provide portable oxygen for patient

Prophilatic Medication

1. Obtain blood for BUN, creatinin, CBC with diff., TSH, T-4-RIA, beta-2-microglobulin, then go to #2
2. Initiate Lithobid 300 mg. t.i.d. If effective, go to #3 and if not effective, go to #4
3. obtain blood levels of lithium, beta-2-microglobulin TSH, and CBC with diff. once a month for 3 months, then every three months, thereafter.
4. Initiate trial with Calan, starting at 80 mg. a day, increasing by 80 mg. increments, every 2 weeks, until a beneficial level is reached. Should not exceed 240 mg. b.i.d. If not effective, go to #5
5. Prednisone 10 mg. q.d. may be tried, and the dose adjusted every 2 weeks, by 5 mg. increments, increasing until optimal dose is reached. If not effective go to #6
6. Trial with methysergide is no longer possible, since manufacture of this medication has been halted world-wide

Doctor's Certification
I can state with a reasonable degree of medical certainty and probability that the diagnoses in this report are accurate, and amplify my original diagnoses, and I concur with the recommended testing and treatment.

Signed _____

Harry Hornblower, MD

The patient has the type of headaches listed above. A recent article compared the accuracy of the Headache Diagnostic Test (HDT) to three internationally known physicians. The first author was Alesandro Landi MD, a professor of neurosurgery at University of Rome. The next author was William Speed, III, MD, a recently deceased associate professor of medicine at Johns Hopkins University School of Medicine, and founding member of what is now the American Headache Society. Dr. Speed served as its president from 1986 to 1988. In 1989, the group presented him with its Distinguished Clinician Award. The third author was Nelson Hendler, MD, MS former assistant professor of neurosurgery at Johns Hopkins University School of Medicine and past president of the American Academy of Pain Management. The article reports that the diagnoses generated by the Headache Diagnostic Test (HDT) correlate with diagnoses of these physicians 94% of the time (1)

Published research indicates that 35%-70% of headache patients are misdiagnosed (2). Certain specific disorders are over-diagnosed, i.e., people are incorrectly told they have a problem such as whiplash, and cervical sprain with headache, who really have damaged discs and need surgery to improve 63% of the time (3). These physicians also reported that even when a diagnosis is established, the treatment of disorders is often trial and error. (4).

Due to the complex nature of headache diagnosis and treatment, we offer only broad general recommendations. The results of this Headache Diagnostic Test (HDT) should be reviewed with your treating physician. A schematic outline of the various types of headaches is found below the references (5).

Suggested consideration of treatments are offered below the schematic, but are not to be considered recommendations for treatment.

References:
1) Landi, A, Speed, W, and Hendler, N, Comparison of Clinical Diagnosis versus Computerized Test (Expert System) Diagnoses from the Headache Diagnostic Paradigm (Expert System), SciFed Journal of Headache and Pain, Vol. 1, Issue 1, pages 1-8, 2018
2) Watson, DH, Drummond, PD, Head pain referral during examination of the neck in migraine and muscle tension headache, Headache, 52, 1226-1235, 2012.
3) Long, D, Davis, R, Speed, W, and Hendler, N, Fusion for Occult Posttraumatic Cervical Facet Injury, Neurosurg Q., Volume 16, Number 3, September 2006.
4) Hendler N, Cashen A, Morrison C, Long D, Holliday M. Divalproex sodium and other medications for headache following craniotomy for acoustic neuroma, Headache. 1995 Sep;35(8):490-3.
5) Hendler, N, Chapter 12: Headaches-migraine versus muscle tension versus dental versus tumors, in Why 40%-80% of Chronic Pain Patients Are Misdiagnosed, and How to Correct That, Nova Medical Publishing, New York, 2018.