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MARCH 2009

Back Pain

YOUR GUIDE TO BACK PAIN



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MEDIA PLANET

BACK PAIN

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An Introduction to Interventional Pain Management

BY: LAXMAIAH MANCHIKANTI, MD CEO & CHAIRMAN OF THE BOARD, ASIPP

Everyone experiences pain. Unfortunately pain is unavoidable and over 10 million Americans suffer from chronic, debilitating pain. Anyone who has had pain knows that it can be a life-altering problem. Pain can make even the simplest daily activities like walking, lifting, or bending difficult or even impossible.

Back pain is so much a part of our culture that some people think this discomfort is simply an unavoidable part of daily life. Sometimes pain is merely nagging or annoying and over-the-counter medication along with exercise is enough to bring relief. In a majority of patients this works, but in some cases, it does not. For this type of pain, an interventional pain physician might be your best choice.

Interventional pain management is the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment. Interventional pain treatments are simple, usually outpatient, well-tolerated procedures used to help pain sufferers reduce pain while avoiding more invasive, risky, and aggressive surgery. This allows patients to recover faster so that they may return to work and resume normal, daily activities sooner, improving functionality and quality of life. Problems commonly treated in pain management centers include, but are not limited to: low back pain, neck pain, headaches, cancer pain, shingles, sympathetic dystrophy nerve problems, and occasionally, arthritis.

Are there different types of pain treatment facilities?

Some so-called "pain clinics" offer only one type of treatment, such as acupuncture or manipulation, while others treat only a special type of complaint such as headache or back pain. Pain management centers, on the other hand, are directed by physicians who specialize in interventional pain management generally with a staff of nurses, therapists and medical professionals who are experts in the management of painful disorders. These centers, in office, ambulatory surgery center or hospital settings, generally offer a variety of treatments for all types of pain conditions.

What do doctors specialize in Interventional Pain Management?

Pain specialists come from various primary specialties with advanced training and expertise. They are mainly anesthesiologists, physical medical rehabilitation specialists and neurologists. However, they may include neurosurgeons, orthopedic surgeons and interventional radiologists.

There are several different certification processes utilized in Pain Management. The most intensive and thorough examination process today is offered by the American Board of Medical Specialties approved Boards (Anesthesiology, Psychiatry, and Neurology) and the American Board of Interventional Pain Physicians (ABIPP). ABIPP developed an examination process specifically for Interventional Pain Management. A physician with this certification has gone through the most complete and thorough evaluation process available today. The American Board of Anesthesiol-

ogy (ABA), and the American Board of Pain Medicine both provide a written examination of Pain Management which demonstrates some level of expertise and advanced training but does not guarantee that the physician has expertise in the field of Interventional Pain Management (i.e.- they may or may not have the proper training to perform interventional procedures).

ABIPP certifies physicians based on a multi-part examination administered by

respected national experts in the field of Interventional Pain Management and includes an evaluation of clinical competence demonstrated in interventional pain procedures (the clinician must demonstrate proficiency in performing injections under direct observation of the examiner). ABIPP also requires training in interventional procedures and emphasizes that physicians practice appropriate evidence-based medicine.

Laxmaiah Manchikanti, M.D.

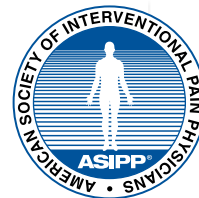
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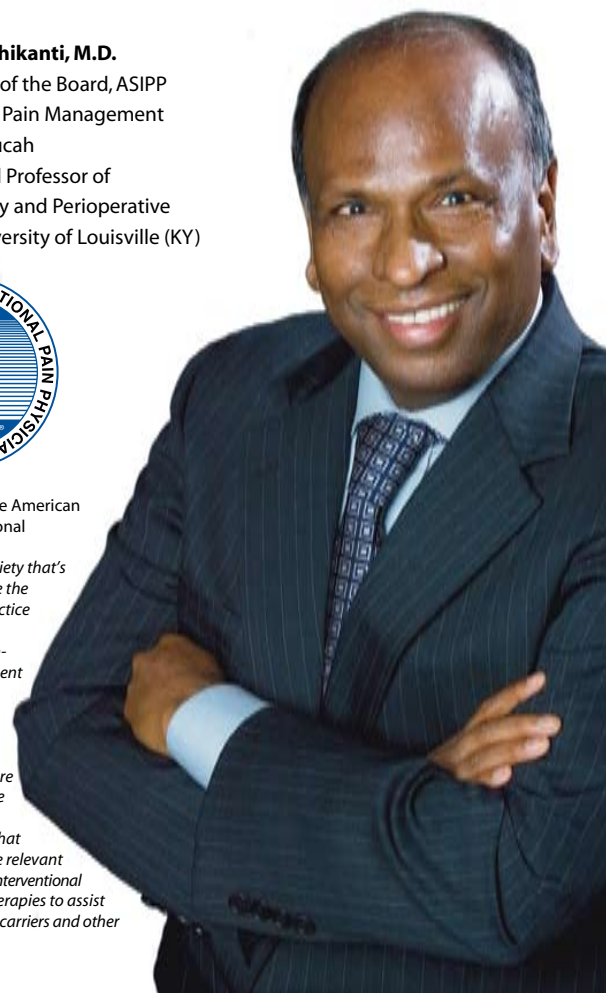
Associate Clinical Professor of

Anesthesiology and Perioperative

Medicine, University of Louisville (KY)



What is the role of the American Society of Interventional Pain Physicians?
ASIPP is a medical society that's mission is "to promote the development and practice of safe, high-quality, cost-effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders, and to ensure patient access to these interventions." ASIPP publishes guidelines that carefully review all the relevant medical literature on interventional pain management therapies to assist physicians, insurance carriers and other interested parties.



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Why is Back Pain So Common?

More than 26 million working-age Americans experience back pain frequently and most people will suffer from back pain at some time. Although healthy habits help, the tendency to experience lower back pain runs in families, and the discs in the spine normally deteriorate with age.

It's often hard to pinpoint the exact source of back pain. When people say "my back went out," they are most often describing an injury to a disc or joint in the spine. Over the years, the discs become dryer and brittle, putting more pressure on the joints which then begin to show their own signs of wear and tear. When one of these joints tears, it releases chemicals causing sudden intense pain that may also run down the nerves in a leg, a condition called *sciatica*.

Most people cannot simply distract themselves from pain. "Untreated pain, including back pain, can compromise every aspect of life," says Will Rowe, Chief Executive Officer of the American Pain Foundation. Seek help if your back pain lasts beyond a few days or awakens you at night. It's important to prevent an acute episode from developing into chronic pain that may make it hard to work, sleep, exercise, and perform everyday tasks. Pain aggravates other health problems, interfering with our ability to recover from injuries or fight infections, and creates anxiety and depression. Many therapies are available; for an overview, download at no charge Treatment Options: A Guide for People Living with Pain at www.painfoundation.org.

PREVENTION: It starts with good posture!

Many people don't realize that they are causing their own back pain, and they don't understand there are ways to reduce or often prevent it. Proper posture is the key to spinal health. In a neutral position, the natural S-curve of the spine is maintained and muscles and ligaments are at their strongest. Strengthening exercises can rehabilitate the spine and reduce the severity of future back pain episodes. Using ergonomic products designed to support a neutral posture is also important. Maintaining proper posture when sitting and standing helps to prevent strain. "Slumping

puts stress on your back, over-stretching muscles and ligaments," explains Robyn Swerdlow-Sprauer, co-owner of Relax The Back stores in Chicago. Relax The Back teaches good posture and offers products to reduce pain 24/7.

Poor sitting posture can contribute to recurrent episodes of back pain. An optimally-adjusted office chair supports a healthy sitting posture: Sit with your pelvis against the back of your seat with feet forward on a footrest. Your keyboard and mouse should be positioned so that your elbows are at right angles. Re-evaluate your work area regularly. Are the things you use



A Multidisciplinary Approach to Pain Management

It's natural to long for a cure-all, one tactic that will make you pain-free. In search of relief, patients often end up going from one office to another, hoping that an acupuncturist might help where a chiropractor failed, and getting discouraged along the way. "In fact, most people with chronic pain would benefit from a multidisciplinary approach coordinating several types of treatment," says Dr. Baljinder Bathla, co-founder of Chicago Sports & Spine

Pain Management Physicians, which offers the combined expertise of a team of specialists.


Rather than look for a single solution to a complex problem, Dr. Bathla and his team consider all the tools against pain — medical management, steroid injections, and therapy as well as a host of alternative practices. Unlike a practitioner who offers only one service, the goal of a multi-disciplinary practice is never to prove that one

therapy is better than another; instead, the team focuses on the patient. Someone suffering from back pain, for example, might need an injection, physical therapy, and biofeedback training to consciously relax other parts of the body. Group counseling could be the key that motivates him to stay with an exercise program. The various disciplines support each other, and are provided in an organized way.

- Back Pain
- Neck Pain
- Sciatica
- Bulging Disc Pain
- Chronic Aches and Pains
- Headaches
- Fibromyalgia
- Arthritis
- Numbness and Tingling
- Tendonitis
- Carpal Tunnel
- Muscle Strain
- Diabetic Neuropathy
- RSD/CRPS
- Joint Pain
- Running Injuries
- Sports Injuries
- Shin Splints
- TMJ Pain

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most frequently easy to reach? In meetings, at the movies, or when traveling, a portable backrest can help support your lumbar spine. The natural curves in your back should also be supported while sleeping. Sprauer recommends putting a leg wedge under your knees if you sleep on your back, and a knee spacer between your knees when on your side.

Other good back-health tips: wear comfortable supportive shoes, change positions frequently when sitting and standing, and bend at the knees when

lifting objects or tying your shoes. If you carry a purse, get rid of unnecessary items that add weight causing neck and shoulder pain. Taking care of your back should be a priority! Make yourself aware of the above suggestions and the many others that exist.



Interventional Pain Management

Minimally Invasive Procedures

For decades, people with persistent back pain often had little choice but to undergo surgery that meant weeks of recovery and carried the risk of complications. In the last ten years, however, a host of out-patient options have emerged that are quicker and safer than surgery yet may relieve even debilitating pain. “By age sixty, virtually everyone has some degeneration detectable in the spine, but not everyone has painful symptoms,” explains Dr. Scott Glaser, cofounder of Pain Specialists of Greater Chicago. “After symptoms occur, we try to turn back the clock.”

What makes this possible are new tools that allow Dr. Glaser and other pain specialists to pinpoint the source of the trouble and target treatment. Using the same live continuous X-ray technology, called a “fluoroscope,” that guides cardiologists as they place a catheter near the heart, pain specialists now can inject a needle into a disc, nerve, or joint with great precision. “In the old days, doctors didn’t have a tool to guide the needle,” says Dr. Ramsin Benyamin, founder of the Millennium Pain Center with multiple offices throughout Illinois. “Studies show they were only in the right spot a third of the time.” Fluoroscopes can’t eliminate all such mistakes, so pain specialists first inject a harmless dye, and read the results. The injection may cause pressure that can trigger pain, providing another opportunity to zero in on pain generators. In the diagnostic method discography, pain specialists inject the dye in several discs, and ask the patient to rate the pain in each. According to the American Society of Interventional Pain Physicians, even with X-rays, MRIs,

physical exams and other traditional diagnostic methods, the exact cause of back pain is clear in only 15% of patients. Interventional pain management physicians now can improve those odds to as high as 80%.

Once the most likely source of pain is identified, they again use a fluoroscope and needle to place steroid or anesthetic inside an arthritic joint or a nerve carrying pain signals. The new precision means that only a tiny amount of medication may do the trick, and patients are much less likely to suffer side-effects. “It’s like the difference between carpet bombing and precision bombing,” says Benyamin. No incisions are needed, so patients can be back in action quickly, sometimes the same day, and safely undergo the procedure again if the pain returns.

The power to direct a needle so precisely also serves other purposes. Patients suffering from osteoporosis, when the discs begin to collapse, may receive injections of medical-grade bone cement, a procedure called *vertebroplasty*. Sometimes a tiny part of a disc is removed by a needle, relieving pressure on a nerve without disturbing the disc’s outer shell as in surgery, an operation known as *percutaneous disc decompression*. In *radiofrequency treatment*, a needle directs electromagnetic currents and heat to a nerve, blocking the pain signal.

Yet another new nonsurgical option focuses on masking pain signals rather than trying to block them. Patients who have not been helped by other treatments have found relief with a *spinal cord stimulator*, a battery-operated computer implanted under the skin (similar to a pacemaker) that

is programmed to, in effect, distract the brain from perceiving pain. This device gives patients control: they can switch the device among a selection of programs and easily recharge the batteries themselves.

The new options have revolutionized the treatment of pain. Dr. Glaser, for example, began his career as an anesthesiologist in operating rooms while practicing pain management part-time. He now spends 100% of his time performing minimally invasive pain management procedures and consulting with pain patients. As Glaser puts it, “People often stay our patients for life because we make them feel the best for the longest.”

Vertebroplasty

Every year, more than 800,000 Americans suffer a spinal compression fracture, when one of the bones in the spine collapses in on itself. This typically causes severe pain in the mid or lower back. While many people can trace the pain to a fall, or strain while moving a heavy object, others simply awake with it. The pain can be so intense patients can’t sleep or go about daily activities. Over time, repeated fractures may also lead to a loss in height or curvature of the spine.

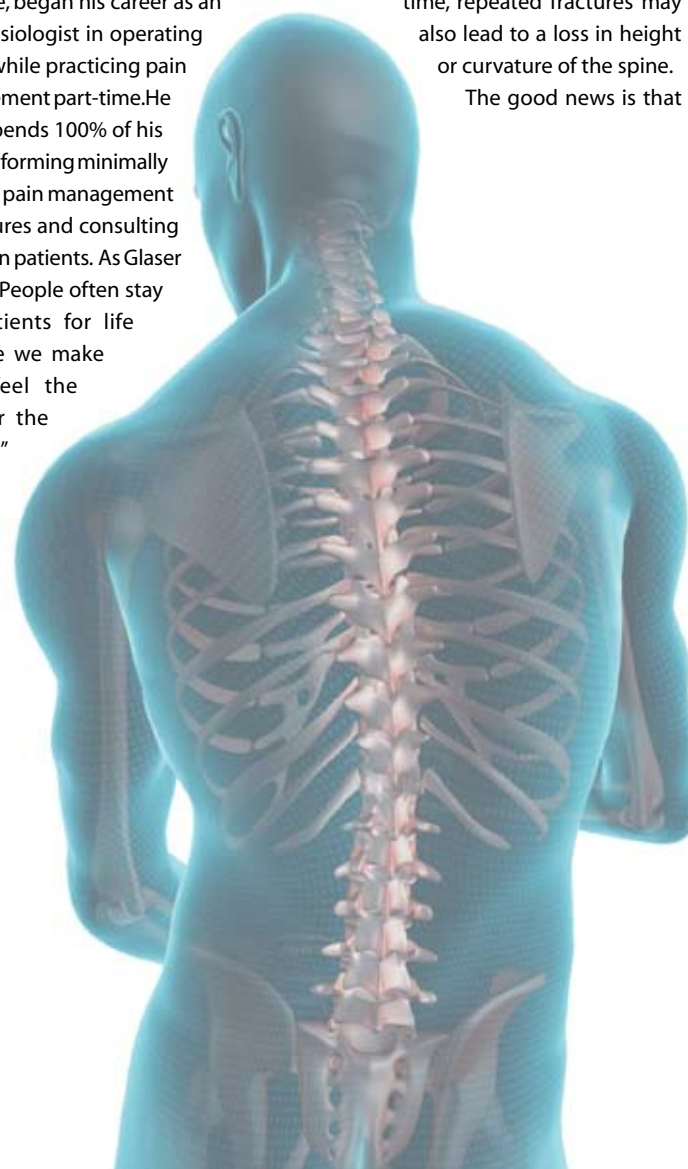
The good news is that

there are two outpatient procedures — *vertebroplasty* and *kyphoplasty* — that relieve the pain of such fractures and stabilize and strengthen the bone. With the help of live X-ray, an interventional radiologist inserts a needle and injects medical-grade bone cement into the bone, creating a kind of internal cast. “Within three days, over 75% of patients experience dramatic relief,” reports Dr. Franklin Marden, who performs these procedures at Alexian Brothers Medical Center. “Most patients are able to return to their former activities within days.”

Physical Therapy

Anyone naturally fears and avoids activities associated with pain. But for patients with acute or chronic back pain, ordinary self-protective instincts can work against recovery. While it’s important to prevent injury, inflamed tissues require exercise in order to regain strength and flexibility. Another risk is of turning into a couch potato, launching biochemical changes throughout the body. The challenge is to strike a balance: without overdoing it, patients must get moving as soon, and as much, as possible—despite discomfort.

“Physical therapists have an essential role to play here, in calming fears,” says Ashraf Abdelhamid, co-founder with Robert Johnson of Achieve Manual Physical Therapy. Unlike many physical therapists, his first step is manual therapy: ‘hands-on’ stretching and movement that restores the range of motion and manages pain. At the same time, he explains pain science, showing patients that each experience of pain does not mean they’re doing damage. Patients proceed step by step through therapeutic exercises, gaining confidence and moving with more comfort.



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When Is Surgery Necessary?

BY: ALISON SZOT

Back pain is a widespread problem, with 80 percent of Americans affected at some point in their lives. Although common, back pain can be frightening, especially when it occurs for the first time.

Discerning the cause of back pain helps physicians determine the most appropriate treatment. "Making an accurate diagnosis is critical in determining the best way to treat back pain," says Purnendu Gupta, MD, a spine surgeon at the University of Chicago Medical Center who is a specialist in pediatric and adult scoliosis and complex spinal reconstruction. Dr. Gupta and his team use various imaging techniques and diagnostic studies to accurately diagnose the causes of back pain.

In rare cases—when the cause of back pain is a neurological problem, cancer or infection—surgery may be performed immediately. But for most causes of back pain, physicians will aim to relieve pain and restore range of motion using less-invasive approaches. "I make sure my patients have tried all other forms of care, from medication to physical therapy and finally, pain

management, often with outpatient steroid injections," says Dr. Gupta.

Nonstructural problems such as strains and spasms may be effectively treated with nonsteroidal anti-inflammatory drugs and, in some cases, muscle relaxants. Physical therapy and exercise can stop back pain and prevent it from returning for many people by strengthening back and abdominal muscles and improving posture.

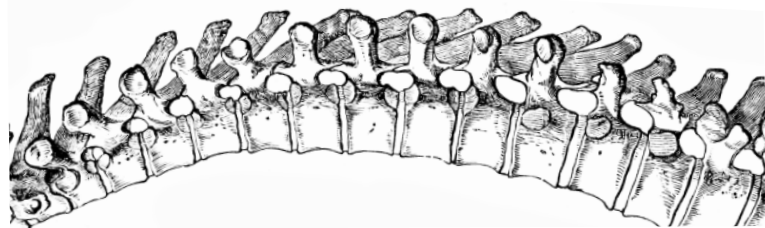
The most likely candidates for surgery are people with recurrent or chronic pain from one of four problems: a herniated disc, causing pain running down the leg (*sciatica*); narrowing of the spinal canal (*spinal stenosis*); slippage of the spine (*spondylolisthesis*); or curvature of the spine (*scoliosis*).

Surgical correction of scoliosis typically involves removing the diseased joints in the curved area of the spine,

inserting metal rods to correct the curvature, and setting the spinal bones so they are immobile, called fusion. Treating degenerative disc and vertebral problems with surgery focuses on repairing the problematic structures and relieving pressure on nerves.

At the University of Chicago Medical Center, many spine surgeries are done with minimally invasive techniques, enabling patients to experience less pain and return to their normal activities much sooner than with traditional, open surgical procedures.

Dr. Gupta evaluates what's at stake for each patient. "If pain interferes with daily activities or quality of life and other nonsurgical methods of treating back pain have failed, surgery can enormously benefit many patients and most will be happy with the outcome," he says.



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PHYSICIAN REPLACES CHRONIC PAIN WITH QUALITY OF LIFE

Barbara Curry had been coping with the challenges of scoliosis since adolescence. She had tolerated moderate pain and ill-fitting clothing, which she accepted as unavoidable characteristics of her condition. But a few years ago, the very active 63-year-old found herself in constant pain and unable to keep up with even the simplest activities in life. "I had shooting pain and numbness in my left leg and I couldn't sit or walk more than 20 feet without experiencing excruciating pain," she says.

Ms. Curry sought the care of Purnendu Gupta, MD, associate professor of Orthopaedic Surgery and Rehabilitation Medicine at the University of Chicago Medical Center, who had helped her husband overcome chronic back pain with lumbar spine surgery three years earlier.

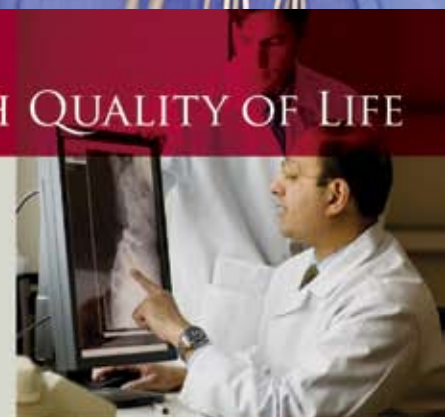
"Advanced imaging procedures revealed that Ms. Curry's progressive scoliosis had accelerated the process of arthritis and degeneration that sometimes happens with aging," Dr. Gupta says. "She had developed spondylolisthesis, or slippage of vertebrae from their normal position, and spinal stenosis, which is a narrowing of the spinal canal due to arthritis." These conditions resulted in pressure on the spinal nerves and caused Ms. Curry's excruciating leg pain.

When months of physical therapy and epidural injections failed to relieve her pain, Ms. Curry and Dr. Gupta decided that surgery was the best approach to help her regain her quality of life. During the six-hour procedure, Dr. Gupta corrected Ms. Curry's scoliosis and brought her back into alignment using stainless steel rods and screws to fuse her spine to her sacrum. He also relieved the pressure on

Ms. Curry's spinal nerves by opening the spinal canal, a procedure known as laminectomy. The surgery was complicated and, typically, only physicians with specialized expertise who practice in academic medical centers such as the University of Chicago Medical Center perform such operations.

Today, Ms. Curry is able to keep up with the demands of her job, play with her 10 grandchildren, travel, golf, swim, cook and enjoy her other hobbies. "Dr. Gupta truly gave me my life back," she says. "Not only does he possess unsurpassed skill as a surgeon but he also is a very caring person who took the time to explain everything to me and answer all my questions. I would never consider going anywhere else for care."

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Dr. Purnendu Gupta and colleague review Barbara Curry's X-rays during her follow-up exam.

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Panel of Experts



Scott E. Glaser, MD, DABIPP
*President of Pain Specialists
 of Greater Chicago
 Board of Directors, American Society of
 Interventional Pain Physicians
 Past President, Illinois Society of
 Interventional Pain Physicians*

QUESTION:

What are the PROS and CONS of prescription pain-killers?

Opioids are the strongest pain-killers, and they are used worldwide for severe pain after injuries, surgery, or for pain associated with cancer. Many people in chronic pain are treated with opioids. However, there are significant risks and throwbacks that accompany this treatment. One of the major concerns is the risk of developing tolerance to the drug, sometimes in only a few weeks. For instance, a patient might do well with one Vicodin every 4 to 6 hours,

but eventually need two pills to achieve the same relief, and then need a stronger or longer-acting prescription. Although people vary in how long it takes to build up tolerance, they rarely avoid the problem altogether.

Another major risk is the development of addiction in the estimated 10% of Americans who have a tendency towards substance abuse. People who are addicted to pain-killers become so focused on obtaining more of them

that the obsession outweighs the benefits of controlling pain. In these circumstances, the use of opioids will actually lower their quality of life rather than improve it.

Because of the phenomenon of prescription drug abuse, doctors are also concerned that a patient may give the drugs away or sell them to substance abusers. It is a felony to sell opioids, but they have a significant street value, so the problem persists.

Finally, all patients need to fully understand that when combined inappropriately with other prescriptions, alcohol or illegal drugs, opioids can be lethal, and the number of accidental deaths has skyrocketed as doctors have been treating pain more aggressively. Can chronic pain be treated successfully with opioids? The answer is yes, but it is accomplished only with difficulty and requires close monitoring and supervision.



Ramsin Benyamin, MD, DABIPP
*President, Millennium Pain Center
 Clinical Assistant Professor of Surgery,
 College of Medicine, University of
 Illinois, Urbana-Champaign, Illinois
 President-Elect, American Society of
 Interventional Pain Physicians*

QUESTION:

From your perspective as a medical doctor, is chiropractic helpful?

Chiropractic manipulations can be helpful to back-pain patients when the origin of the pain is in the soft tissue, the muscles, tendons and ligaments. Other traditional remedies like heat, ice, anti-inflammatory medications, muscle relaxants, massage, and acupuncture can also be beneficial. But despite all these remedies, low-back

pain continues to be one of the most common reasons patients visit their doctors, and it is also one of the main reasons for disability claims.

As our understanding of the underlying causes of back pain advance, so do our treatment options. The correct diagnosis of the source of pain is all-important. Traditional physical examination and

simple X-Rays are not enough, because these deeper structures are not readily accessed by superficial remedies and therefore require specialized methods. Nowadays, more advanced imaging techniques like MRI are pretty much a standard initial step in diagnosing the underlying cause of pain. This diagnosis can be further confirmed by interven-

tional pain physicians, with precision injections using fluoroscopy or CT scan. When pain originates in the bone, interventional pain procedures or surgery are needed. Like any other treatment, the appropriate selection of patients is the key to success.



Naveen Tipirneni, MD
*Staff Physician, Resurrection
 Medical Center
 Pain Specialist, Millennium Pain Center
 Trained at Brigham and Women's
 Hospital/ Harvard Medical School*

QUESTION:

How do you choose a pain doctor?

When you choose a pain doctor, you want to choose the physician who is most qualified in that sub-specialty. The physician should be board-certified in anesthesiology, physical medicine and rehabilitation medicine, neurology or psychiatry—and then be certified in the sub-specialty of pain-management through the American Board of Anesthesia. These physicians will all

have completed a 12-month fellowship in pain management and taken an exam. They also have to recertify in the exam every ten years, which means their expertise is up to date. Within pain management, there's another exam given by the American Society of Interventional Pain Physicians, which gives certification in certain procedures. This is important because once you're a

doctor you're technically allowed to do whatever you want. You might take a weekend course in pain and start treating pain patients. That's a real disservice to the patient.

Another point is to look for a physician who has dedicated his life to the field 100%. You want to be able to get in touch with him when you need him. You don't want a doctor who

treats pain half the time. He may only be doing pain on Monday and Tuesday, and be in surgery as an anesthesiologist on Wednesday, when you need him.

Finally, you need a match in personality and philosophy. You need to like his bedside manner and feel that what you want done is in sync with the doctor's philosophy of treatment.

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