

Neuroplastic Transformation

Transformation

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Objectives

- Describe and illustrate the transformational process in neuroplastic pain treatment
- Review active treatment approaches to develop moment to moment treatment approaches to reduce pain and disconnect brain-body pain pathways
- Utilize a new treatment paradigm to help people living with pain move beyond rescue and stabilization to restoration and lives lived in the pursuit of pleasure

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Transformation

- Metamorphosis
- Transfiguration
- Emotional growth and development
- Sensory attunement and discrimination
- Spiritual Rebirth

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Transformation

- A personal process
- A professional process
- An interactive relational process
- A healing process
- A societal process

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Transformation

- Persistent pain is an experience
- All experience changes us
- Resisting change is futile and thwarts growth
- The value of change is determined by what we decide to do with the experience
- Neuroplastic transformation is about becoming something more, not settling for something less

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Transformation

- Everybody
- Just keep trying
- Be still and wait-Plateaus are just as important as the peaks and valleys
- Explore and seek out options that open possibilities
- Don't fight. Dance!
- Time to transformation is individual

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Case Study: RM

- RM is a 58 year old female who presented with level 10/10 pain in her right eye and level 4/10 pain in her right face. She describes her pain as aching, throbbing, shooting, stabbing, gnawing, exhausting, burning, tiring, sharp, penetrating, nagging, miserable and unbearable. It is continuous with intermittent severe exacerbations. It's like 'zingers' across the right side of her face, head, ear and right cheek with ass numbness of the cheek.

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Case Study: RM

- It feels as if bees are stinging her cheek and like there is a large foreign body and feels like broken glass in her right eye that is scraping across the eye. At its best, it is level 9/10. At its worst, a level 10/10. She notes that it has become unbearable. Sitting still, opiates, praying, meditating, watching birds, laughing, gardening and writing help to make her pain better. Stress, the weather, lights, electricity, driving winds, crying and talking make it worse.

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Case Study: RM

- She originally suffered with right sided facial pain diagnosed as Trigeminal Neuralgia after a dental procedure. She failed multiple medications and modalities and ultimately underwent gamma knife surgery. She was pain-free for 4 months until a neighbor spit in her face. Since that, treatments have included facial and oral nerve blocks, medications including all the antiepileptics, multiple NSAIDS, antidepressants, opiates, biofeedback and acupuncture.

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Case Study: RM

- She suffers anxiety, anger, despair, fear, panic, hopelessness and helplessness about her pain and is working on the emotional and psychological distress over losing her mother recently and the fact that her Dad is an 88 year old who is living alone in South Carolina. She is a psychology tech and is working diligently to help herself but feels sorely misunderstood by the practitioners she has seen. She chooses to isolate herself since many of her friends cannot deal with the degree of her pain. She was distraught with pain and with being discharged from previous pain practice due to medication issues.

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Case Study: RM

1. Agreed to work with patient to find a medication regimen to control pain, noting all previous trials and reactions
2. I established clear boundaries regarding the use of medications, with the understanding that she should contact me at any time.
3. Discussed treatment options beyond medication management to relieve her pain

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Case Study: RM

4. Started whatever
5. Weekend exacerbation prompting phone calls relating severe pain, anxiety and distress with relationship to mouth ulcer breakouts
6. Proposed including dual sessions with Dr. Moskowitz incorporating Neuroplastic Transformation techniques

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Rescue Phase

- Practitioner
 - Listened patiently to entire story
 - TN, psych stress, successful rx with exacerbation when assaulted
 - Told her about innovative treatment options
 - Meds for now, not forever, treatment directed at brain and body
- Patient
 - Hysterical, anxious, angry, felt hurt by everybody
 - Calmed by my patient and methodical help with boundaries
 - Understood the plan
 - Told her pain would be stabilized on meds and would work through options sequentially

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Stabilization Phase

- Practitioner
 - Valtrex for mouth ulcers possible viral trigger, MSER and IR
 - Frequent visits
 - Introduced NT
 - Read Doidge, keep med and pain logs, start CST
 - Keep at it
 - Looked at psych stress and pain
- Patient
 - Read Doidge, looked into psych factors
 - Kept trying to do things she loved and were soothing
 - Very positive about Valtrex working, new she needed other piece
 - Verbal, journal, detailed report
 - Never gave up

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Restoration Phase

- Practitioner
 - Focus on feelings and soothing: "self soothe."
 - Read, be creative
 - Had her review modules
 - Gradual ween with patient taking lead
 - Tap into soothing, pleasure, work through issues with parents
- Patient
 - Called in well, flirted
 - Started traveling to see her father, amends with sister
 - Opposed every pain spike with mint, brain body imagery, movement therapy
 - Used Golden, Moskowitz
 - Lost fear about pain

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Transformation Phase

- Practitioner
 - Encouraged her approach, with help as needed
 - Encouraged her to use her tools
 - Encouraged her to do for others- care for father
 - Encouraged her to have balance, re-enter life, return to work, continue hobbies
- Patient
 - She wrote Dr. G. a poem and asked us to present her case
 - Constantly used new approaches
 - Allowed us to reparent her
 - Took photos, stretched
 - Great laugh, humor
 - Moved to take care of father

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Case Study: SP

The patient is a 54 year old man with an extensive history of chronic knee and shoulder pain with traumatic arthritis and osteoarthritis playing a role in each type of pain. Since his doctor left practice in 2006, no one has been willing to prescribe him a regimen of oxycodone, OxyContin and fentanyl, which worked best for his pain control. He also uses methylphenidate for ADHD symptoms, prescribed by his psychiatrist. "She's great. She's the best thing. She saved my life." He felt quite suicidal in 2008. The patient was worked up extensively at UC Davis, where I am on the faculty, and it was decided that he should be evaluated by me in my private practice to see if we could come up with a reasonable strategy to manage his pain.

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Case Study: SP

He is an OT, who owned a hand therapy clinic with 30 employees. Since his chronic pain problem, he feels that he has been made to feel like a drug addict. He feels that most doctors have been insensitive to him. He has a primary care physician who he states would be willing to treat him with oxycodone, OxyContin and Fentanyl if he is backed up by a pain specialist, such as myself. He has had seven surgeries on his right knee, resulting in a knee replacement starting when he was a young man after a soccer injury. His first surgery was in 1974. He had a major joint reconstruction that helped from 1978 to 1990 and ultimately led to the knee replacement in 1996. The other knee is arthritic from compensation for the right knee. It responded to Synvisc. His left shoulder has a tear of the labrum and severe OA. He is facing replacement of that as well.

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Case Study: SP

The patient has significant pain problems that create both a peripheral and central pain problem. He has been on medication for a long time and did the best he has done on a combination of oxycodone, OxyContin and Fentanyl patch. He is unhappy with just Fentanyl and oxycodone, because his sleep is poor on this regiment. He feels that he has been disrespected and treated poorly.

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Case Study: SP

1. I will take over opioid prescribing for now and for the next 6-12 months
2. He will take OxyContin 40 mg 2-3 at bedtime, # 60 to 90 per month so that he can sleep through the night and not awoken every 2-3 hours. Opioid video informed consent given to review.
3. He will reduce his oxycodone 30 mg from 300 per month to 180 per month and take these only during the daytime for breakthrough pain (overall oxycodone unchanged or slightly less)
4. Continue Fentanyl patches 150 ug q 48 h

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Case Study: SP

5. I will start him on neuroplastic modulation therapy to try to reduce his pain level using brain based techniques of thoughts, images, sensations, memories, soothing emotions, movement and beliefs over the next six months with organized one hour neuroplasticity training sessions. The goal will be to shift his pain control from medication based to neuroplasticity based control. As we accomplish this, we will reduce his medications, if possible, while working on improved function and improved quality of life
6. I gave him the assignment of reading The Brain That Changes Itself, by Norman Doidge to be done by first of projected six monthly training sessions.

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Rescue Phase: SM

- Practitioner
 - Listen to story, talk about med concerns, no judgment
 - Knee injuries, RA, joint replacement
 - Will treat him with slight modification. Won't lower meds until he is improved
 - Neuroplastic Transformation
- Patient
 - Overwhelmed, anxious, feels accused of drug addiction
 - Hope that new treatment won't replace old until it is effective, soothed
 - Offered to help
 - Given First Module to review

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Stabilization Phase: SM

- Practitioner
 - Agreed to continue medications, as long as he continued NT
 - Enjoyed the ideas in first module, Doidge
 - I would teach NT and focus on what worked
 - Homework, practice
 - Encouraged interest
 - Improvement not enough-relief is goal
- Patient
 - He read the materials and had questions
 - He professed interest in this new approach
 - Tried MIRROR, peppermint oil
 - Found these interesting, with peppermint helpful
 - Keep trying

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Restoration Phase

- Practitioner
 - Told to come up with new way to use new tools
 - Went through four available modules
 - Asked questions to check and recheck his understanding
 - Medication options
 - Peppermint, sound files, GABA cream and spray, MIRROR
- Patient
 - Varied suggestions to fit his situation
 - Took care of dying aunt, hypothyroid son- "right thing"
 - Challenged intrusive pain episodes
 - Consulted surgeon, psychiatrist, pcp
 - Less afraid of pain, despite its persistence

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Transformation Phase

- Practitioner
 - Encouraged to continue to come off of medications
 - Use peppermint GABA cream and spray before opioids
 - Make pleasure list, go on pleasure hunt
 - Continue with positive choices, no surgery for now
- Patient
 - He markedly reduced visits, medications and pain down-0.5/10
 - Used nasal spray before taking meds and to help with reductions
 - More active
 - Takes care of those who need him, feels vital again

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Keepin' it real

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