

Patient Guide to Pain Care Providers

The following information is designed to empower you with the understanding of different types of doctors, based on their background, training, specialty, added qualifications and clinic setting. This is intended to help you make informed decisions for your pain care. Regardless of how you find potential providers, you the person in pain should know what credentials your physician has to treat pain and the type of pain clinic that you have chosen to visit.

Reading and understanding this information before you search the online Pain Care Provider Directory or meet with a physician will help you "zero in" on a pain care provider appropriate for your needs and concerns. Remember, the best weapon you have is *your own knowledge*.

Understanding Physician Specialties

There are many types of doctors who offer a variety of treatment and procedural options for conditions that cause pain. So, understanding the differences between doctors is important to managing your pain care.

Physicians who treat pain come from a variety of background specialties, such as anesthesiology, neurosurgery, physiatry, psychiatry, and many others. However, a physician who states that he or she treats pain might have:

- a certificate of pain management from their specialty board (for example, the American Board of Anesthesiology (ABA) can provide a certificate of pain management to anesthesiologists),
- an additional board certification in pain medicine from the American Board of Pain Medicine (ABPM),
- or NO specific credentials for treating pain.

Not all physicians are the same when it comes to treating pain. Factors that can affect a physician's level of knowledge and experience in pain care include:

- their credentials,
- the focus of their medical practice,
- the length of time that they have spent treating pain in their practice,
- and their level of involvement in clinical trials, publications, and medical associations for pain.



Some physicians, within an interdisciplinary team, provide expertise in many different areas. In fact, many patients in pain should be treated by multiple specialties including doctors and other providers for a comprehensive approach to managing pain.

That's why it is important for you to know about a physician's medical practice and clinic setting when choosing a provider to treat your pain. Before you make a decision to seek treatment from a provider, some things you should ask him or her include:

- Do you treat pain within an interdisciplinary team of other physician and non-physician specialists with different areas of expertise?
- What treatment options are provided at or through the clinic?
- Are you focused on treating people in pain or is treating pain only part of your practice?

Those who specialize in pain will have a medical practice that is mostly dedicated to treating people in pain. For example, you might find that one neurosurgeon treats many neurological disorders and spends only a small amount of time treating people with chronic pain, while another neurosurgeon is board certified in pain medicine and spends most or all of his or her practice time treating people in pain. These are the types of differences you need to understand so you can make informed choices.

Pain Medicine Specialty

Pain medicine is a medical specialty with its own board certification from the American Board of Pain Medicine (ABPM). Physicians in the United States who are board certified, or "diplomates" of the American Board of Pain Medicine, have been trained to comprehensively diagnose and manage people in pain and have passed the examination to be certified by the ABPM. Generally, physicians who are pain medicine specialists come from other medical specialty backgrounds such as anesthesiology, neurology, neurosurgery, physiatry, psychiatry and many others. So, in addition to their background medical specialty, they are also "pain medicine doctors."

Pain Management Sub-Specialty

Pain management is a subspecialty practice. The types of doctors who sub-specialize in pain management also include anesthesiologists, neurologists, neurosurgeons, physiatrists and psychiatrists among others. Doctors who sub-specialize in pain management often



have undergone an examination to receive a certificate in pain management from their original specialty (for example, the anesthesiologist who received a certificate in pain management from the anesthesiology specialty board, the ABA). This is true for most specialty boards that offer a certificate in pain management. Physicians who have credentials in pain management and focus their practice on the treatment of people in pain are "anesthesiologists" or "neurosurgeons," for example, who are sub-specializing in pain care.

Physicians Without Pain Credentials

There are many physicians who are expert in particular conditions and/or in repairing certain injuries. After a condition or injury has resulted in chronic pain, however, you may need to find someone expert in pain treatment. Physicians who are neither certified in Pain Medicine, nor credentialed in pain management have not received extensive training in diagnosing and treating pain as a disease from a comprehensive perspective, including structural, emotional, cognitive, and body memory points of view. So, a doctor who can perform certain treatment options for patients in pain is not necessarily skilled or expert in pain medicine. On the other hand, they may be quite skilled in the use of one or more therapies to treat pain, and might limit their practice to providing these therapies. They may even be a part of an interdisciplinary pain care team, where their skills are applied as needed.

"First-Line" Physicians

When your pain has turned into chronic pain, the first person you are likely to turn to is your primary care physician, whose specialty is either family practice medicine or internal medicine. If your child's pain has turned into chronic pain, the first person you are likely to turn to is your child's pediatrician. In either case, it's helpful to know what you can expect from these "first-line" providers. Though their background medical specialties don't necessarily equip them with tools appropriate for managing long-term, chronic pain, they still play an important role in a pain management plan.



- **Family Practice Physician:** Family practice physicians provide total health care to the individual and the family. Their training emphasizes prevention and primary care of patients of all ages and includes internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and geriatrics. Though they generally are not specialized in the treatment and management of chronic pain, their sub-specialty(ies) may indicate their level of exposure to chronic pain issues. For example, a family/primary care physician who sub-specializes in **geriatric medicine** may handle more chronic pain-related cases. Some primary care physicians may specialize in pain management and may have received additional training in chronic pain treatment, including doing procedures. You should feel free to ask your primary care provider what their level of interest and training is in treating chronic pain.
- **Internist:** Internists are concerned with diagnosing and treating diseases that affect internal organs or the body as a whole. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, mental health, and geriatric medicine. Internists who treat pain typically are sub-specialized in the diagnosis and treatment of cancer (**oncologists**) or diseases affecting the joints (**rheumatologists**) or digestive system (**gastroenterologists**). They may prescribe medications or refer you to other specialists.
- **Pediatrician:** Pediatricians provide preventive health maintenance for children, and also provide medical care for children who are seriously or chronically ill. Pediatricians treating pain have usually sub-specialized and include **pediatric oncologists** (who specialize in cancer) and **pediatric rheumatologists** (who specialize in arthritis and some immune system disorders). Pediatricians who treat pain may prescribe medications or refer your child to other specialists.

Pediatricians treating pain may work within a multidisciplinary pain management team. This team may include anesthesiologists and/or neurologists who have extra training in treating children with pain problems, or other health care providers (i.e. psychologist, nurse, physical therapist see Other Health Care Professionals). The team will work with the family to determine what combinations of medication treatments, physical therapy, psychological services, and other medical interventions would work best for your child.



Background Medical Specialties: What are the Treatment Options

Doctors bring differing expertise to the table of pain care based on the training from their original specialty board. When a physician then becomes additionally board certified in pain medicine, he or she becomes trained across the boundaries of other specialties to apply a multi/inter-disciplinary comprehensive pain care program. If your physician works in a multidisciplinary or interdisciplinary setting, he or she should be coordinating treatment among other specialties when necessary. A comprehensive pain medicine evaluation and diagnosis will guide the appropriate treatment plan and will dictate the types of doctors and specialists that should be involved in your care.

Here is a general description of how different background specialties bring different skills to the field of pain medicine, although it is up to you to confirm what options are offered at any pain practice:

- **Anesthesiologist:** Anesthesiologists have specialized training in the relief of pain and total care of the patient before, during, and after surgery. They have specialized knowledge about how medications work to relieve pain and how they interact with the systems of the body (e.g., circulatory, respiratory). Most anesthesiologists who specialize in treating pain have also become board certified in pain medicine. In addition to coordinating comprehensive pain diagnosis and pain care within a pain program, an anesthesiologist treating people in pain will typically offer nerve blocks, trigger point injections, and oral medications. Some have also been trained to perform various surgeries and can provide implantable devices such as pumps and stimulators.
- **Neurological Surgeon:** Neurosurgeons are specifically trained in surgery as it relates to parts of the nervous system. Some are more involved with the spine and peripheral nerves (nerves that transmit information from the brain and spinal column to the rest of the body), and some are more involved with the brain. A neurological surgeon treating pain typically can provide spine or peripheral nerve surgery, nerve blocks, oral medications, and sometimes can also provide implantable devices and pain-relieving surgical procedures to the spinal cord or brain. For patients who need a discectomy, disc replacement or spine fusion, a neurosurgeon often can perform this surgery as well. Neurosurgeons who are also board certified in pain medicine have comprehensive training to diagnose pain and coordinate pain care.
- **Orthopedic Surgeon:** Orthopedic surgeons are trained in bone, tendon and joint repair. When treating people in pain, they can provide procedures like joint replacements and/or spine surgery, oral medications, nerve blocks, and sometimes



implantable devices. Although orthopedic surgeons may be able to perform a specific procedure, many orthopedic surgeons may not be ideal for, or even offer, long-term management of chronic pain.

- **Neurologist:** Neurologists are trained in electrical and chemical processes of the nervous system. When treating pain, neurologists typically can provide oral medications and nerve blocks, and may be trained in implantable procedures for stimulators or medication pumps. Many neurologists sub-specialize in headache management. Some neurologists may also be board certified in pain medicine.
- **Urologist or Urogynecologist:** These doctors focus on problems of the pelvic region, and can typically provide people in pain with oral medications, nerve blocks, pelvic surgery, and can sometimes offer implantable devices. Not many physicians with these backgrounds are also specialized in pain medicine or pain management. They may be able to perform certain surgical or non-surgical procedures to treat pelvic pain, but should not manage long-term pain care unless they also are specialized in the treatment of chronic pain.
- **Physiatrist:** These doctors are trained in physical medicine and rehabilitation and offer patients the physical treatments that often help painful conditions. These treatments can include physical therapy, occupational therapy, recreational therapy, and even speech therapy. Physiatrists focus on movement, reconditioning, exercise, and the improvement of your functional status. In addition, some physiatrists are trained in performing nerve blocks as well as in implanting stimulators and medication pumps.
- **Psychiatrist:** Psychiatrists who treat pain can typically provide cognitive behavioral therapies, hypnosis, family counseling, group therapy, EMDR (Eye Movement Desensitization and Reprocessing), biofeedback, oral medications, and psychological pain assessments. These treatments are designed to deal with the person's reaction to their pain, the changes in their quality of life, the associated emotional conditions of pain such as depression or anxiety, the meaning of the pain to someone's life, and the body memory component of pain.

Using a psychiatrist to help treat your pain does not imply that you are "crazy" or that the pain is "all in your head." Quite the opposite, psychiatrists can look at brain function patterns and help change them for the better. Psychiatric treatment for pain is often part of a multi-disciplinary or inter-disciplinary pain practice. In addition to the therapies mentioned above, psychiatrists treating people in pain may be trained to provide nerve blocks, and some have also been trained to perform various surgeries and can provide implantable devices such as pumps and stimulators.



Understanding Medical Credentials

Once you know the differences between types of doctors who may treat you, you can look at their credentials to help you compare them.

- **Medical Degree (MD):** Identifies that someone became a medical doctor.
- **Doctor of Osteopathy (DO):** Identifies that someone became a doctor of osteopathic medicine. A DO is a physician licensed to perform surgery and prescribe medication. Like an MD, an osteopath completes 4 years of medical school and can choose to practice in any specialty of medicine. However, osteopaths receive an additional 300 to 500 hours in the study of hands-on manual medicine and the body's musculoskeletal system. Unique to DOs (vs. MDs) is their training in mobilization: they can perform manipulations called adjustments, which involve the movement of tissue by the laying on of hands.
- **Licensed to practice:** Each state in the U.S. will provide a license to physicians who are authorized to practice medicine within that specific state.
- **Fellowship in Pain Medicine:** A physician who has completed a fellowship in pain medicine received extensive hands-on training specifically in treating pain.
- **Board Certified in Pain Medicine:** A physician who is board certified in pain medicine acquired training to meet the criteria recognized for the specialty of Pain Medicine.
- **Certificates of Added Qualifications in the sub-specialty of Pain Management:** indicates that someone has passed an examination in pain management offered by their original specialty board.
- **Pain Specialty Society Memberships:** Physicians may also be members of physician groups that focus on pain, including but not limited to, the:
 - American Academy of Pain Medicine (AAPM),
 - American Academy of Pain Management (also goes by AAPM),
 - North American Neuromodulation Society (NANS),
 - International Neuromodulation Society (INS)
 - American Society of Interventional Pain Physicians (ASIPP)
 - American Pain Society (APS) and/or its regional societies including the New England, Midwest, Southern, Western and Eastern Pain Societies



Whenever you seek treatment from a physician, it is a good idea to find out if he or she is licensed to practice medicine in the state where you will receive care, to look into what his or her malpractice history may be, and to check if his or her stated credentials are accurate. You can verify if a physician is licensed to practice and what their medical malpractice background may be by contacting your local state medical board or the National Physician Database on the Internet. You can verify if they are a diplomate (board certified) in pain medicine by contacting the American Board of Pain Medicine (ABPM) at (847) 375-4726 or by visiting the ABPM web site.

Other Health Care Professionals Also Provide Expertise to People in Pain

Other types of health care professionals that can help people in pain include nurse practitioners, physical therapists, chiropractors, nutritionists, psychologists, etc. They are important members of interdisciplinary teams for pain programs and help provide well-rounded pain care. Each of these caregivers may have a different approach and offer a different set of options and expertise.

As with physicians, it will help you to know what each of these caregivers may offer. Here is a general description of how these health care professionals can provide expertise to people in pain. Remember, it is still up to you to confirm what pain treatment options are offered at any practice.

- **Chiropractor:** According to the International Chiropractic Association, the primary focus of chiropractic is the detection, reduction and correction of spinal misalignments and nervous system dysfunction. Doctors of Chiropractic often perform manipulations called adjustments. Adjustments involve the movement of tissue by the laying on of hands. When performed gently, it is usually referred to as mobilization.

People in pain often experience temporary pain relief from this therapy, and many prefer these interventions because they avoid the potential side effects or complications of medications or surgery. Also, people in pain often can learn exercises that can be performed at home that are helpful in improving mobilization. Long-term and ongoing dependence on these therapies to provide pain relief is discouraged.

- **Nurse:** There are many types of nurses, including (but not limited to) **registered nurses (RNs)**, **advanced practice nurses (APNs)**, and **nurse practitioners**



(NPs). A **registered nurse** has completed a two- to four-year degree program in nursing, and provides direct patient care for acutely or chronically ill patients. RNs may further specialize in a particular area. For example, trauma nurses work with doctors and surgeons to help patients in the emergency room of a hospital. An **advanced practice nurse** or **nurse practitioner** is a RN who has completed an advanced training program in a specialty such as pediatrics, rehabilitation, or oncology.

An APN or NP may function as a primary direct provider of health care, making diagnoses, treating patients, and prescribing medications.

- **Nutritionist:** Nutritionists have special training in nutrition and can show patients how to change their diet to improve their overall health. They can help by supervising the preparation of food, developing modified diets, participating in research, and educating individuals on good nutritional habits. Some nutritionists in private practice are well-trained, degreed, and licensed as registered dietitians (RDs). Depending on the state, however, a person using the title may not necessarily be trained.
- **Occupational Therapist:** According to the American Occupational Therapy Association, occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. It gives people the "skills for the job of living" so they can lead independent and satisfying lives. Services typically include treatment programs to improve your ability to perform daily activities, home and job site evaluations with recommendations, adaptive equipment recommendations and training, and guidance to family members and caregivers. Occupational therapy can help people in pain who have work-related or repetitive stress injuries like lower back problems, debilitating diseases (e.g. arthritis), spinal cord injuries, amputations, or other injuries from falls, sports, or accidents.
- **Physical Therapist:** Physical therapy is the treatment of an injury or disease using physical therapeutic movement. Physical therapists, who undergo extensive education and training, may use therapeutic massage, mobilization and physical movement, exercises, patient education, water therapy, ultrasound, and heat and ice to help improve function, increase flexibility and strength, and decrease pain. This type of treatment is normally prescribed by a physician and administered by trained physiotherapists.



- **Physician Assistant:** A physician assistant (PA) has successfully completed an accredited Physician Assistant education program, and can determine, start, alter or suspend medical care under the supervision of a licensed physician. That is, they can treat patients, and in most states, prescribe medications. PAs work in primary care or more specialized areas such as pain medicine.
- **Psychologist:** Psychologists use several different techniques to help people with chronic pain to recover their strength and sense of self, and improve the quality of their lives. Specific techniques to help people with chronic pain include support, education, and skill building in areas such as relaxation, biofeedback, stress management, problem solving, goal setting, sleep hygiene, and assertiveness.

Oftentimes, pain can be accompanied by a physical reaction known as "muscular bracing" — or holding the body in an extremely rigid posture in an effort to "protect" an area from further pain. At the basic brain level muscles develop a "memory" that continues to produce a repetitive muscle-bracing pattern and subsequently results in pain. Psychological pain management techniques that incorporate a "mind-body" connection can help break this vicious cycle. These include breathing exercises, self-hypnosis, various forms of biofeedback training and other therapies. Developing a behavioral pain management program that works best for you can help you gain a sense of control over your pain. It's important to find a qualified health care provider who is knowledgeable about pain and muscular bracing, as well as the use of behavioral pain management techniques.

Complementary Care Providers and Their Role in Pain Management

Complementary therapies are available to patients through providers like biofeedback therapists, acupuncturists, massage therapists, etc. These caregivers offer a variety of treatments that do not include medications or surgery. As with any treatment approach, it is important that you discuss the use of complementary therapies with your physician.

Below is a general description of some complementary techniques that may help you manage your pain. Some of these therapies, though considered complementary, can be provided by physicians or other health care professionals like nurses or psychologists.

- **Acupuncture:** Originating in China, the age-old practice of acupuncture involves inserting long, extremely slender needles into specific points along the body to



relieve pain and discomfort. It works by activating one's own pain control system in the spinal cord and brain, and may be combined with electrical stimulation (electro-acupuncture).

Acupuncturists may practice other modalities in traditional Chinese medicine as well, or may be medical acupuncturists, who are trained in Western medicine but also practice acupuncture in a simplified form. Acupuncturists who are not Western medical practitioners usually complete three or four years of acupuncture school. Licensure is regulated by the state or province in many countries, and often requires passage of a board exam.

- **Guided Imagery:** Guided imagery is a relaxation technique that involves sitting or lying quietly and imagining yourself in a favorite peaceful setting (e.g., beach, forest). Guided imagery, also called visualization, is more than just picturing your favorite peaceful setting—it's truly imagining yourself in that setting. Guided imagery therapists can help you use your own imagination to explore your pain, thereby providing you with an opportunity to "understand" your pain and gain insight into healing.
- **Biofeedback Therapy:** Biofeedback therapists use visual or sound cues to help you control or normalize your psychological and biological responses to pain and stress. By using monitoring devices, patients can learn to adjust their thinking and other mental or physical processes in order to affect bodily processes and reduce the physiologic activation of pain generators. For example, learning to relax muscles and induce a state of calmness can help people with back and neck pain. Some also claim that biofeedback improves blood-flow, however there is no scientific evidence to support this.
- **Massage Therapy:** Massage therapists manipulate muscle and connective tissue to enhance the function of those tissues and promote relaxation and well-being. Therapeutic massage can ease tension and reduce pain. It can be a part of physical therapy or practiced on its own. It can also be effective for reducing the symptoms of arthritis, back pain, carpal tunnel syndrome, and other disorders of the muscles and/or nervous system.



Understanding Clinic Differences

As you look for a pain care provider, you will find that the practice setting also varies. Physicians may be part of a "pain clinic," an "interdisciplinary" or "multi-disciplinary pain clinic," or a "specialty pain clinic."

A **pain clinic** typically provides treatment for a wide variety of pain conditions, where most or all of the practice time is spent on patients with pain. This is advantageous because providers at these clinics focus on pain across the spectrum of pain conditions. Some pain clinics may focus on certain treatment options and may have a limited number of specialties represented within the clinic. So, each clinic will likely have a slightly different approach and emphasis in how they diagnose and treat pain. For example, some may offer implantable pain control devices and some may not. Some may offer discectomy and some may not. Some may only offer one treatment, such as medication management.

If you have unsuccessfully tried all of the treatment options offered to you at one pain clinic, it may be possible that a different pain clinic will have other options that you have not yet tried.

A **specialty pain clinic** typically focuses on a specific type of pain. So, for example, you may come across a specialty pain clinic that is a "headache clinic," a "back pain clinic," or a "cancer pain clinic." Specialty clinics have a distinct advantage in that the medical staff is repeatedly exposed to one type of pain condition assuming this coincides with your pain condition. However, it is still important that you understand what options are provided by one specialty clinic compared to another.

An **interdisciplinary pain clinic** or center offers a variety of physician and non-physician specialties with differing expertise functioning as a team under one roof. The advantage of this type of clinic is that caregivers with differing expertise and backgrounds all offer their expertise to the diagnosis and management of your pain, which is then coordinated as a team effort at one location. For example, a clinic may have specialists for different surgical interventions, physical therapists to strengthen or rehabilitate, psychiatrists and/or psychologists to add behavioral techniques and support, chiropractic services to facilitate healing, etc.

A **multidisciplinary pain program** can be similar to an interdisciplinary pain center in that it may offer various treatments performed by medical and non-medical providers of different specialties. The difference is that the team members are not located in one facility and the participating physicians often rely on reports to each other in order to aid their treatment decisions. The level of "team" interaction will vary from clinic to clinic.



General practices in neurosurgery, orthopedic surgery, neurology, urology, psychiatry, physiatry, anesthesiology or other implies that the physicians in the practice are not specialists in the treatment and management of chronic pain, even if they may be able to provide certain treatment options. They also may have less experience in the comprehensive diagnosis and treatment of pain as a disease. **It is up to you to find out what their experience level is before you accept treatment.** In other words, if you break your arm, see a well-qualified orthopedic doctor. But if your injury turns into a pain that won't go away, find a well-qualified pain doctor for your specific needs.

Clinic Settings

Pain physicians also work in a "hospital" or a "private" practice setting, although it is not where they practice but how they practice pain care that matters.

A **hospital** can include centers that are focused and expert in pain medicine. If you seek pain care from a hospital, it is important find out if the hospital includes a pain center with physicians certified in pain medicine or pain management. Not all hospital programs are comprehensive. Also, their facility for pain management may be limited in what it can offer. Most hospitals do offer acute pain management, especially after surgical procedures, and this service may be quite separate from its chronic pain management programs.

Most pain physicians run their practice in a **private** facility. However, private practice pain physicians are typically associated with hospitals or surgery centers in order to perform surgery or to provide certain services such as diagnostic MRI.

