Learning Objectives

1. List important descending modulation factors that should be screened and treated in the older adult with CLBP.
2. Describe the essential brief physical exam for common nociceptive contributors.
3. Articulate common patient FAQs and rational responses.

Existing Paradigm: Spine-Focused

~ 95% of PAIN-FREE older adults have degenerative lumbar pathology, the severity of which overlaps significantly with those who have CLBP.

Establishing Goals of Care

• Ensure realistic treatment expectations
  – 30% less pain or 2 points less on a 0 to 10 scale
  – Significant functional improvement despite the persistence of some pain

Basic Understanding of Pain Channels

Descending Modulatory Influences

- Fibromyalgia
- Depression
- Anxiety
- Maladaptive Coping
- Insomnia
- Dementia
- Mild Cognitive Impairment
SEE HANDOUT

Chronic Low Back +/- Leg Pain in Older Adults: Essential Clinical Contributors Screen

Descending Modulatory Influences

• Fibromyalgia

Fibromyalgia Self-Report Survey – Part 1: Widespread Pain Index (WPI)

Fibromyalgia Self-Report Survey – Part 2

Fibromyalgia Self-Report Survey – Part 3

During the past 6 months have you had any of the following symptoms?

A. Pain or cramps in lower abdomen  □ No  □ Yes
B. Depression  □ No  □ Yes
C. Headache  □ No  □ Yes

Fibromyalgia Self-Report Survey – Part 2

<table>
<thead>
<tr>
<th>No problem</th>
<th>Slight or mild problem</th>
<th>Moderate problem</th>
<th>Severe problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fatigue</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. Trouble thinking or remembering</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. Waking up tired (unrefreshed)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Fibromyalgia Self-Report Survey – Part 3

During the past 6 months have you had any of the following symptoms?

A. Pain or cramps in lower abdomen  [ ] No  [ ] Yes
B. Depression  [ ] No  [ ] Yes
C. Headache  [ ] No  [ ] Yes

Scoring

• Total score > 13 suggests fibromyalgia, AND:
  • WPI ≥ 7 + SS ≥ 5, OR
  • WPI 3-6 + SS ≥ 9

Descending Modulatory Influences

• Fibromyalgia
• Depression
• Anxiety

PHQ-4

• Over the last 2 weeks, how often have you been bothered by:
  – Feeling nervous, anxious or on edge?
  – Not being able to stop or control worrying?

0 = not at all; 1 = several days; 2 = more than half the days; 3 = nearly every day
≥ 3 is positive.

PHQ-4

• Over the last 2 weeks, how often have you been bothered by:
  – Feeling nervous, anxious or on edge?
  – Not being able to stop or control worrying?
  – Little interest or pleasure in doing things?
  – Feeling down, depressed, or hopeless?

0 = not at all; 1 = several days; 2 = more than half the days; 3 = nearly every day
≥ 3 is positive.
Descending Modulatory Influences
- Fibromyalgia
- Depression
- Anxiety
- Maladaptive Coping

Do you agree or disagree?...
- It’s not really safe for a person with my back problem to be physically active.

Do you agree or disagree?...
- It’s not really safe for a person with my back problem to be physically active.
- AGREE: possible fear-avoidance beliefs

Do you agree or disagree?...
- I feel that my back pain is terrible and it’s never going to get any better.
- AGREE: possible catastrophizing

Do you agree or disagree?...
- I feel that my back pain is terrible and it’s never going to get any better.

Descending Modulatory Influences
- Fibromyalgia
- Depression
- Anxiety
- Maladaptive Coping
- Insomnia: “Do you feel that you get good quality sleep?”
Descending Modulatory Influences

- Fibromyalgia
- Depression
- Anxiety
- Maladaptive Coping
- Insomnia
- Dementia
- Mild Cognitive Impairment

Is patient able to verbally report pain?

Behavioral Assessment

PAINAD
(Pain Assessment in Advanced Dementia)

0-10 scale
Summary score based on 5 items, 0-2 each

1. Breathing independent of vocalization
2. Negative vocalization
3. Facial expression
4. Body language
5. Consolability

Warden V et al 2003; J Am Med Dir Assoc 4:9

Is there pain during REAL-TIME observation?

Are there signs of physical or emotional suffering during REAL-TIME observation?
Is patient able to verbally report pain?

Yes

Are there signs of physical or emotional suffering during REAL-TIME observation?

No

Consider pain perseveration:
1. Distraction
2. D/C asking about pain unless suffering

Yes

Are there signs of physical or emotional suffering during REAL-TIME observation?

No

Evaluate patient:
1. What is driving pain reporting?
2. Is there fear of pain?
3. Is pain itself causing suffering?

Consider pain perseveration:
1. Distraction
2. D/C asking about pain unless suffering

Getting Patient Buy-In

• Provide scientific explanation: Must treat the nervous system to make pain better because the nervous system is in charge of managing pain in the body.

• Our bodies have great healing potential, more than any pain medication. We need to make your body stronger.

• If dementia, must get buy-in of significant others

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Getting Patient Buy-In

- You are a healthcare provider. You want to help. Pain medications have many potential harms. Your job is to heal, not harm.

Reasons to Image

- History of malignancy
- Unexplained weight loss
- Fever
- Vertebral tenderness
- Acute or refractory pain
- IV drug use
- Radiculopathy or neurologic Δ
- Cauda equina symptoms (urinary retention, saddle anesthesia, sciatica, weakness)

Deyo et al 1992; JAMA 268: 760-765

Essential CLBP Exam

- Hip OA
- Myofascial Pain
  - Perpetuating factors: psychological, biomechanical, environmental
- Leg length inequality
- Degenerative disc/facet disease/stenosis
- Sacroiliac Joint pain

NOCICEPTIVE INPUT

CHRONIC LOW BACK PAIN +/- LEG PAIN (n=111)

HISTORY & PHYSICAL EXAMINATION

- Spinal Stenosis (26%)
- ~50% Other pathology

“Other” Pathology

- Myofascial pain – 95.5%
- SI joint pain – 83.6%
- Hip pain – 24%
- Fibromyalgia syndrome – 19.3%
- Multiple findings – 82%

CLBP: When to Consider Injection

- Myofascial pain – trigger point injection (+/- flouroscopy for deep muscles)

Piriformis MP

Piriformis Syndrome = Piriformis MP + sciatica

Quadriceps femoris

Gluteus minimus

Finando and Finando (eds), Trigger Point Therapy for Myofascial Pain – The Practice of Informed Touch, 2005; www.InnerTraditions.com

www.innertraditions.com
CLBP: When to Consider Injection

- Myofascial pain – trigger point injection (+/- fluoroscopy for deep muscles)
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When to Consider Opioids

- Quality of life
  - Severe OA, failed more conservative measures, not a surgical candidate

When to Consider Opioids

- Quality of life
  - Severe OA, failed more conservative measures, not a surgical candidate
  - Peripheral neuropathy, low dose combination therapy
When to Consider Opioids

- Quality of life
  - Severe OA, failed more conservative measures, not a surgical candidate
  - Peripheral neuropathy, low dose combination therapy
  - To facilitate rehabilitation

Existing Paradigm: Spine-Focused

New Paradigm: CLBP as Syndrome

DISABILITY

CLBP and/or LEG PAIN

Sacrolilac Joint Syndrome
Leg Length Inequality
Myofascial Pain
Fibromyalgia
Hip OA
Lumbar Spinal Stenosis


CLBP and/or LEG PAIN

IT Band Syndrome
Radiculopathy/Radiculitis
GT Pain Syndrome

DISABILITY

LEG PAIN

Dementia
Depression
Anxiety
Maladaptive Coping
Insomnia

IT = iliobital; GT = greater trochanteric
New Paradigm: CLBP as Syndrome

- Sacroiliac Joint Syndrome
- Leg Length Inequality
- Myofascial Pain
- Fibromyalgia
- Hip OA
- Lumbar Spinal Stenosis
- CLBP and/or LEG PAIN
- IT Band Syndrome
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- Dementia
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- LEG PAIN
- DISABILITY

IT = Iliotibial; GT = greater trochanteric