SWEDISH
Extraordinary care. Extraordinary caring.SM

Functional Restoration: A Team-Based Approach. The Time Has Come.

Steven Stanos, DO

Executive Medical Director, Rehabilitation & Performance Medicine
Medical Director, Swedish Health System, Pain Medicine & Services
Seattle, WA
Past President, American Academy of Pain Medicine
Steven.Stanos@Swedish.org

September 26, 2021

SWEDISH
Extraordinary care. Extraordinary caring.SM

Disclosures

Consulting

- BDSI
- Emergent Biosolustions
- Hisimatsu
- Lilly
- Pfizer
- Vertex

SWEDISH
Extraordinary care. Extraordinary caring.SM

Overview

- Continuum of pain rehabilitation
- Historical perspective & models of care
- Outcomes of interdisciplinary care
- Components of interdisciplinary functional restoration
- Physical Therapy & Pain Neuroscience Education
- Occupational Therapy
- Relaxation Training
- Medical Management
- Pain Psychology

SWEDISH
Extraordinary care. Extraordinary caring.SM

Providence: Pandemic Playbook, Spring 2020

Usual Operations **Conventional** **Contingency** **Crisis** **Catastrophic**

Triage Level 1: Plan	Triage Level 2: Mobilize	Triage Level 3: Adapt

People
(MD/DO, APC, RN, Caregiver surge staffing)

Eth … Surge staff

Created by Laura Amaya from the Noun Project

Places
(Hospitals, Beds, OR, Med/Surg, ASCs, etc.)

Created by Justin Blake from the Noun Project

Products
(PPE, Ventilators, etc.)

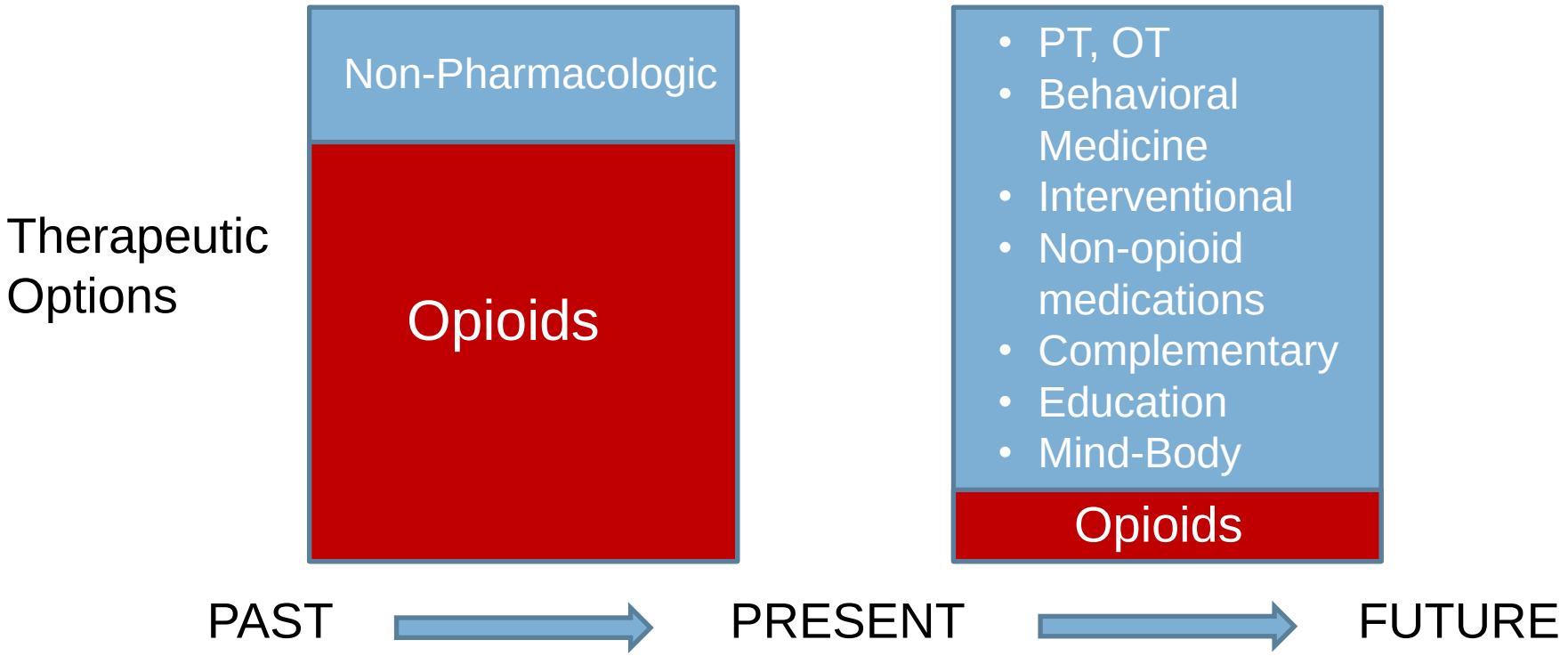
Created by Deemak Daksina from the Noun Project

SWEDISH
Extraordinary care. Extraordinary caring.SM

Why is treating pain such a challenge?

SWEDISH
Extraordinary care. Extraordinary caring.SM

Opioid Therapy: Current & Future State



SWEDISH
Extraordinary care. Extraordinary caring.SM

What about pain rehabilitation?

An opportunity?

SWEDISH
Extraordinary care. Extraordinary caring.℠

Inpatient: Transitions of Care

Community Education & Support

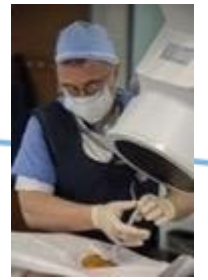
Emergency Department

Primary Care: Patient Centered Medical Home

Integrated Behavioral Health in Primary Care

Comprehensive Pain Management

Interventional Procedures



Medical Management

Interdisciplinary Care: Functional Restoration

Integrative Care

Addiction Medicine and Behavioral Medicine

Pain Management Definitions

High-impact chronic pain: Pain associated with substantial restrictions of participation in work, social, and self-care activities for six months or more

Integrated care: The systematic coordination of medical, psychological and social aspects of health care and includes primary care, mental health, and, when needed, specialist services.

Interdisciplinary care: Care provided by a team of health professionals from diverse fields who coordinate their skills and resources to meet patient goals.

Multimodal pain treatment: Addresses the full range of an individual patient's biopsychosocial challenges by providing a range of multiple and different types of therapies as needed.

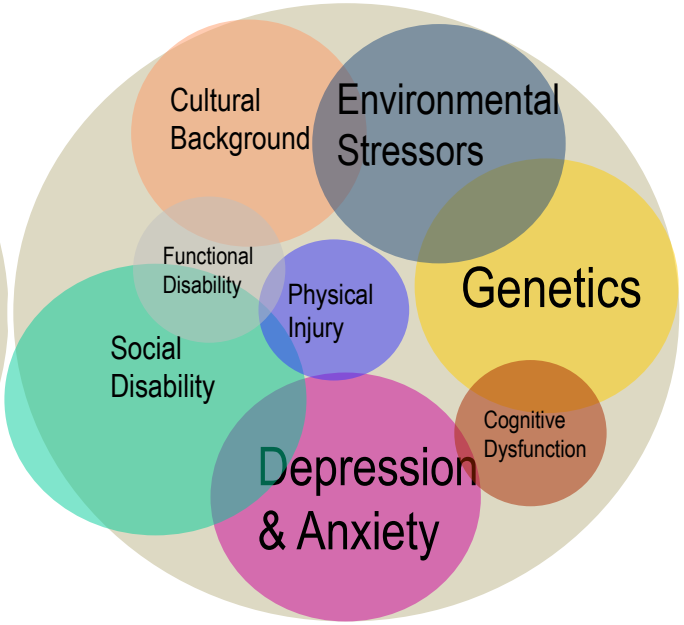
National Pain Strategy, 2016

SWEDISH
Extraordinary care. Extraordinary caring.℠

Chronic Pain: Bio-Psycho-Social Model

Jane

Pain 8/10
MED: 0



Tim

Pain 8/10
MED: 60

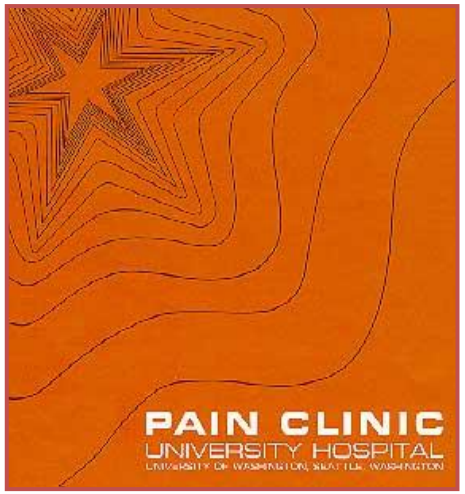
Gatchel RJ. Am Psychol. 2004;59:795-805.

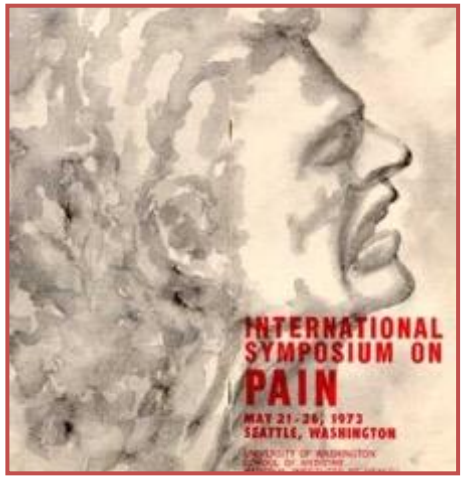
John J Bonica, MD

(1917-1994)

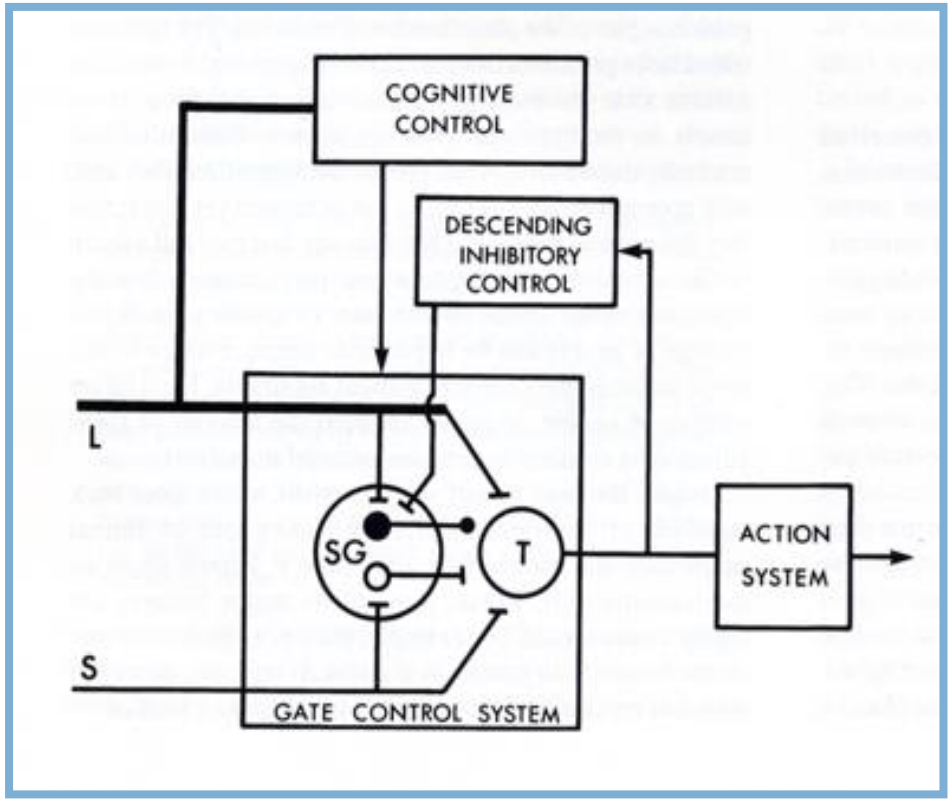
- Chairman, Department of Anesthesia (1960)
- "Multidisciplinary Clinic"
  John Bonica, MD
  Lowell White, MD
  Dorothy Crowley
- Patients evaluated on Monday, conference with team on Friday

- "Multidisciplinary Pain Center" (1978)





Gate Control Theory



A. Sensory

B. Affective

C. Evaluative

John Melzack, PhD

Patrick Wall, PhD

Melzack R. In: Cousins MJ, Bridenbaugh PO, eds. *Neural Blockade in Clinical Anesthesia and Management of Pain*. 3rd ed. Philadelphia, Penn: Lippincott Williams & Wilkins; 1998.

Wilbert Fordyce, PhD

"Pain behavior"

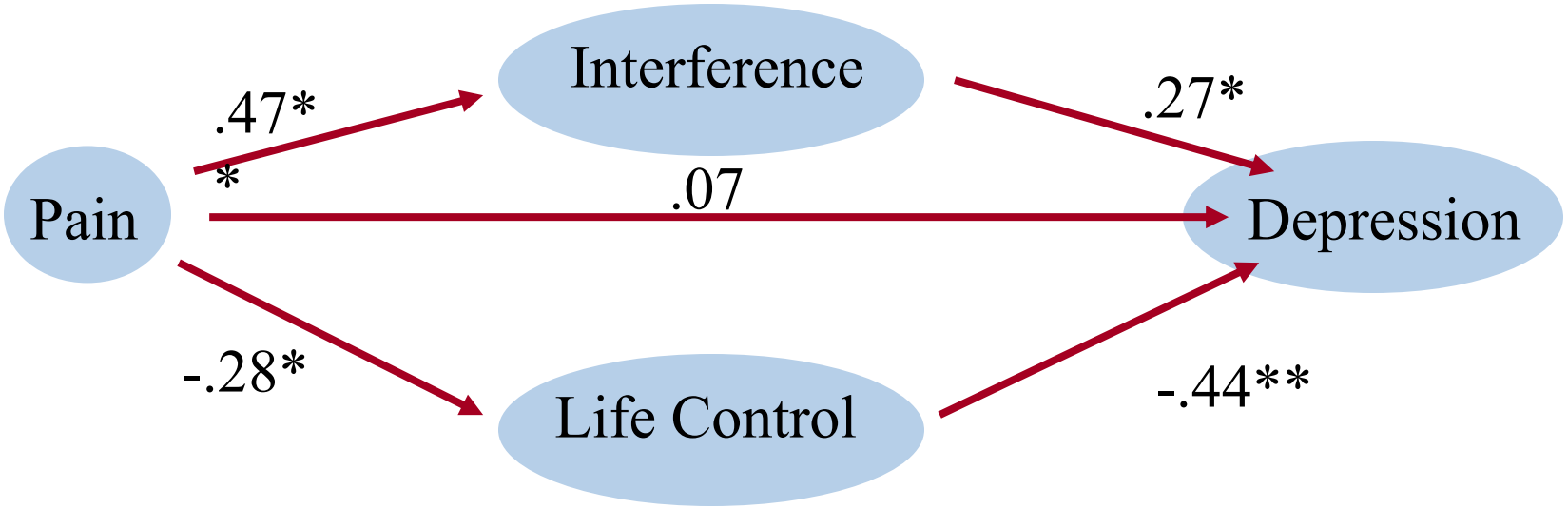
1. factors that maintain pain problem can be different from those that initiated it
2. pain behaviors subject to shift from structural/ mechanical to functional/ environmental control

Dennis Turk, PhD

"BioPsychoSocial approach"

- Attributions, efficacy, expectations
- Personal control, problem solving within cognitive-behavioral perspective

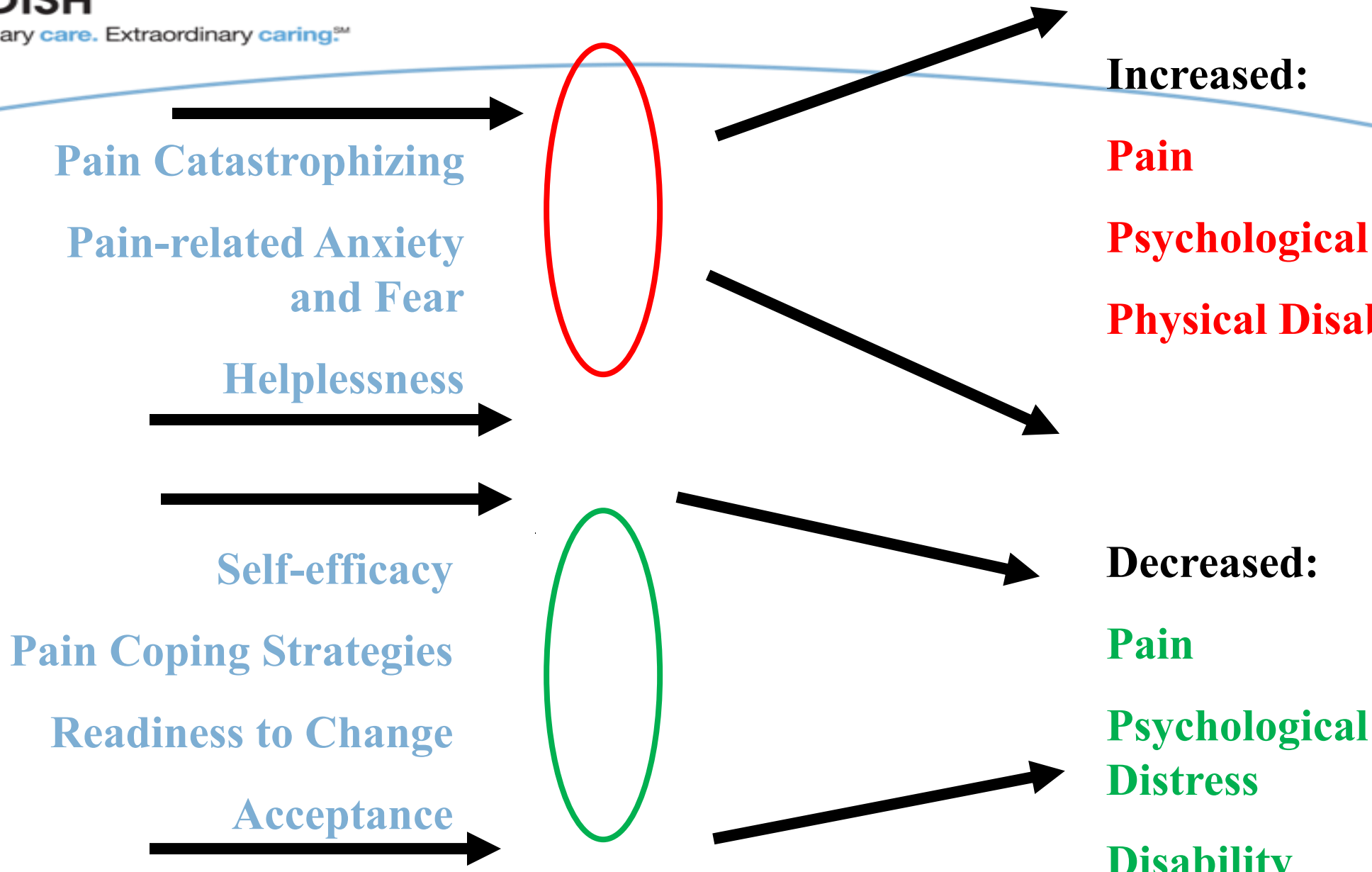
Cognitive-Behavioral Mediation Model



Catastrophizing

Fear Avoidance Beliefs

Turk et al. Pain, 61, 1995



Keefe FJ, et al. Annu Rev Psych, 2005.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Pain Rehabilitation

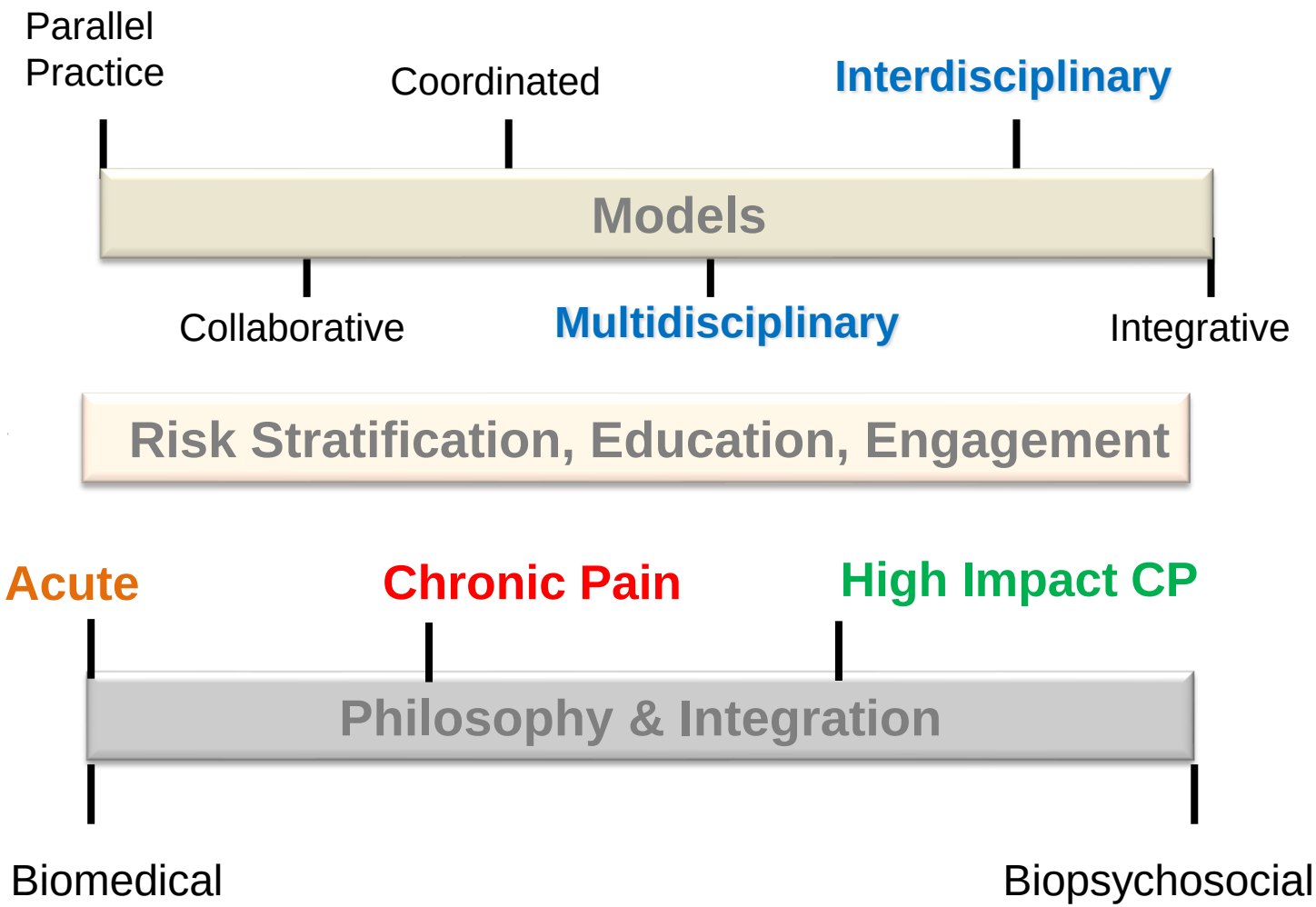
- Egypt and Ramses 1500 BC
- Multidisciplinary Care: John Bonica (1960s)
- Interdisciplinary Care (1980s)
- Swedish Back Schools (1960s-1980s)
- Functional Restoration: Mayer & Gatchel (1990s)
- Virtual Rehabilitation, Apps, Self-management

SWEDISH
Extraordinary care. Extraordinary caring.SM

Pain Rehabilitation: A Continuum

- Back Schools
- Integrative Primary Care
- Multidisciplinary
- Work Rehabilitation
  - Work Hardening
  - Work Conditioning
- Interdisciplinary Functional Restoration

Pain Management Models of Care



Boon H, et al. *BMC Health Services Research.* 2004;4:15.

SWEDISH
Extraordinary care. Extraordinary caring.SM

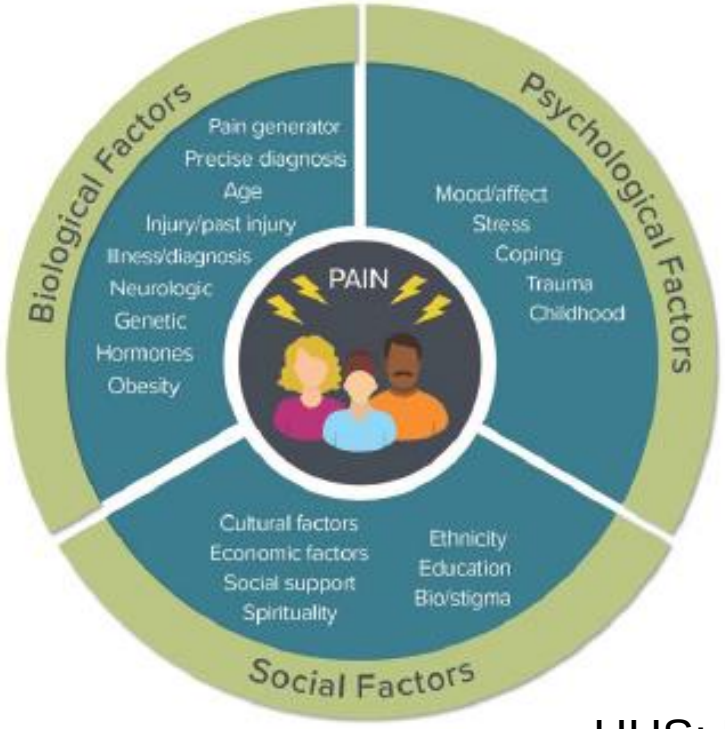
“Pain for me, arrives as a complete package, and that demands a team approach.”

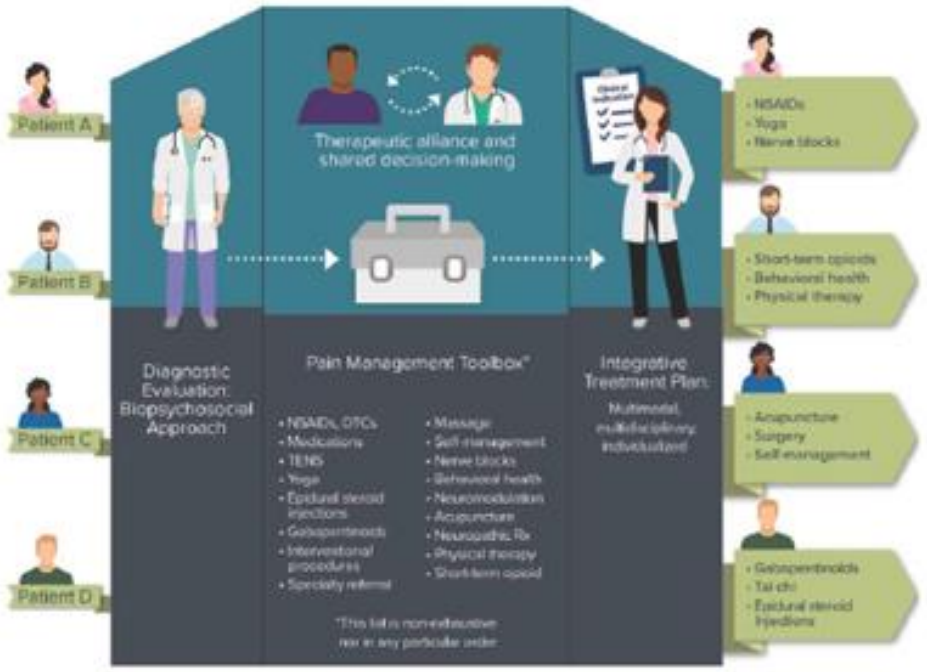
- Patrick Wall, PhD

SWEDISH
Extraordinary care. Extraordinary caring.SM

HHS.gov
Office of the Assistant Secretary for Health

HHS Pain Management Interagency Task Force

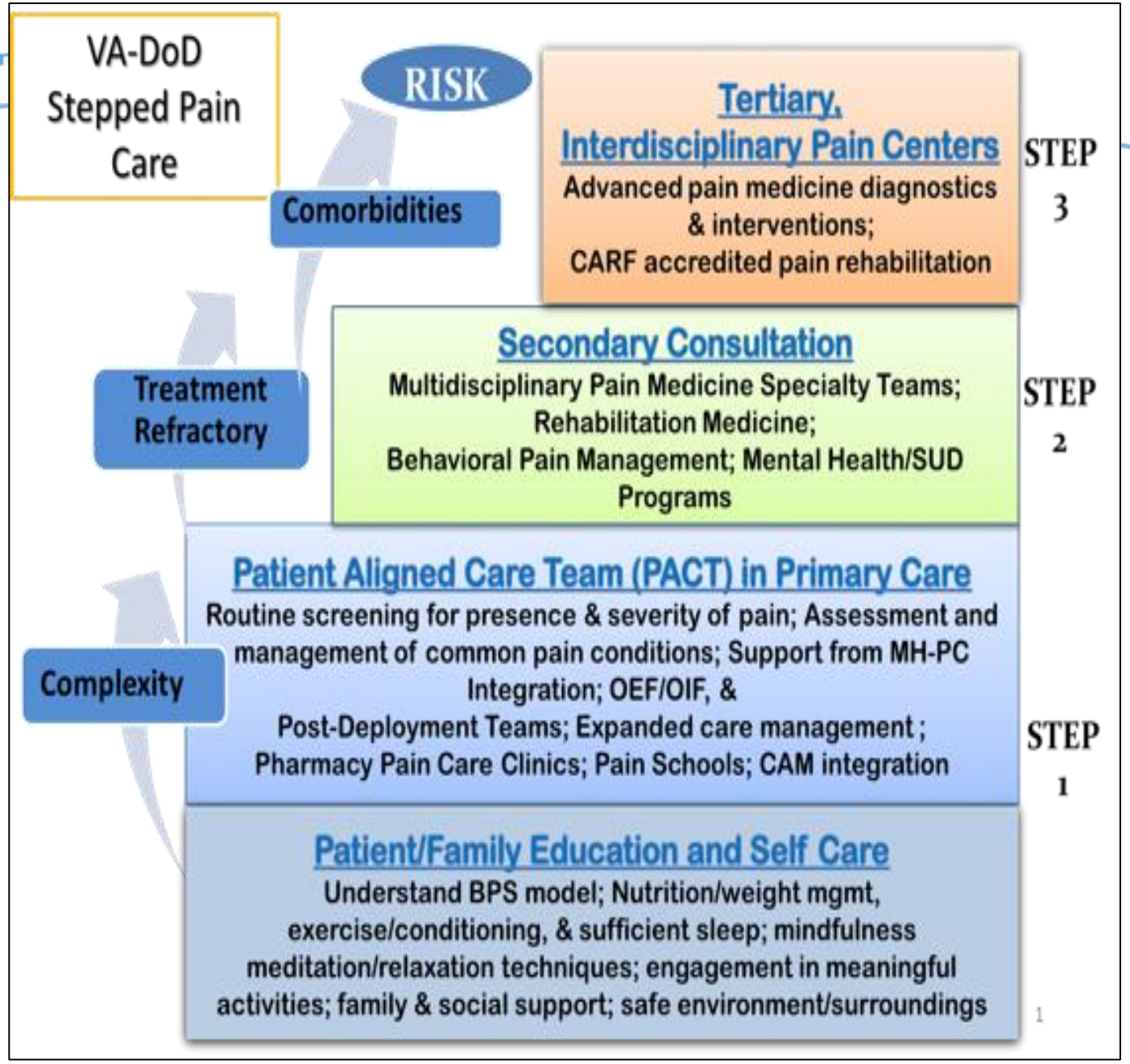




HHS: Interagency Task Force

https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html. May 6, 2019.

Stepped Care Model: VA-DoD



VHA National Pain Management Strategy, 1998.

Interdisciplinary Functional Restoration Works !


American Pain Society
RESEARCH
EDUCATION
TREATMENT
ADVOCACY
ELSEVIER
The Journal of Pain, Vol 19, No 6 (June), 2018: pp 678-689
Available online at www.jpain.org and www.sciencedirect.com

Longitudinal Treatment Outcomes for an Interdisciplinary Pain Rehabilitation Program: Comparisons of Subjective and Objective Outcomes on the Basis of Opioid Use Status

Wesley P. Gilliam,* Julia R. Craner,[1,†] Julie L. Cunningham,[‡] Michele M. Evans,* Connie A. Luedtke,* Eleshia J. Morrison,* Jeannie A. Sperry,* and Larissa L. Loukianova*

Mayo Clinic: Chronic Pain Program,
n= 353; 3 weeks, 8 hrs/day

- Focus on learning skills to improve function and foster sustained benefits
- Pre-treatment: opioid patients more interference, more likely on polypharmacy
- Patients tapered off opioids, same outcomes at 6 months as non-opioid patients

Gilliam W, et al. *J Pain* 2018;19(6):678-689.


Clinical Note

PAIN

Sustained improvements in pain, mood, function and opioid use post interdisciplinary pain rehabilitation in patients weaned from high and low dose chronic opioid therapy

Kelly L. Huffman[a,b,*], Taylor E. Rush[a], Youran Fan[c], Giries W. Sweis[a,b], Brinder Vij[a], Edward C. Covington[a], Judith Scheman[d], Manu Mathews[a]

Cleveland Clinic Interdisciplinary Pain Program

- High dose opioid patients weaned from opioids same improvements in pain, depression, anxiety, and pain-related function vs lower dose or no opioids
- 73% of weaned patients remained off opioids
- Treatment benefits declined at 6 and 12 months but remained clinically significant.

Huffman, K. Et al. *Pain* 2017;158:1380-1394.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Interdisciplinary Care: Outcomes

6 VA-based programs:

- Group-based treatments, individual psychotherapy, goal setting, and medical visits
- Intensity: 2-3 days per week, 2-6 hours per session, 5-12 weeks
- Inpatient and outpatient, opioid detoxification

Results:

- Improvements in pain-related functioning, reduced sleep difficulties, pain catastrophizing (ES = medium to large)
- Many programs: improved vitality, negative affect, and reduction in pain

Murphy J, et al. *Pain Medicine* 2021; 00(0):1-14.

Interdisciplinary Care: Phases

- Comprehensive Assessment
- Pre-Programming
- Formal Interdisciplinary Care
- After-care

Tim: Comprehensive Evaluation

Pain Psychology

Screening

> PHQ-9: Moderate Depression
> GAD-7: Moderate Anxiety
> PCS: Elevated
> TSK: Elevated

Behavioral

> Poor coping skills
> Poor limit setting

Affective/Cognitive

> Maladaptive pain-related thought patterns
> Depression and anxiety

Social

> Divorced, 2 children, no family support
> Physical trauma by mother's ex-boyfriend

Pain Medicine

Assessment:

-RightL5-S1 radiculopathy
-Anxiety disorder with depressed mood
-Sleep disturbance
-Opioid Use Disorder, stable on buprenorphine

Recommendation:

1. Structured Functional Restoration Program
2. Medication Management:
   - Continue buprenorphine
   - Initiate duloxetine
   - D/C "muscle relaxers"

SWEDISH
Extraordinary care. Extraordinary caring.℠

Functional Restoration Program

Outcome Measures

Pain VAS

ODI (disability)

GAD-7 (anxiety)

PHQ-9 (depression)

CPAQ
Activity Engagement

TSK (kinesiophobia)

PCS (catastrophizing)
Rumination
Magnification
Helplessness
Total

6 minute walk test (m)

	Monday	Wednesday	Friday
Noon	Nursing Lecture	Group Stretching Class	Nursing Lecture
1:00	PT	PT Group	PT
2:00	OT / Med Visit	OT Group	OT
3:00	Psychology	Psychology Group	Psychology
4:00	Relaxation Training	Relaxation Group	Relaxation Training
5:00	**Team Conference**: Physician, Nurse, PT, OT, Psych, Relax Therapist		

Treatment Team

- **Pain medicine**
- **Physical therapy (PT)**
- **Occupational therapy (OT)**
- **Pain psychology**
- **Relaxation training**
- **Nursing education**

VAS: Visual Analogue Scale
ODI: Oswestry Disability Index
GAD: Generalized Anxiety Disorder
TSK: Tampa Kinesiophobia Scale

PHQ: Patient Health Questionnaire
CPAQ: Chronic Pain Acceptance Questionnaire
PCS: Pain Catastrophizing Scale

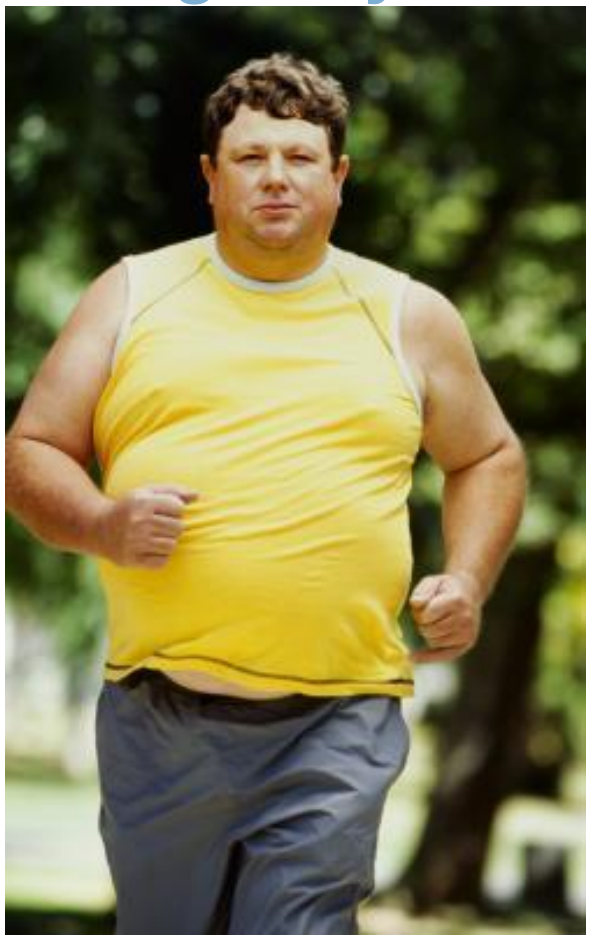
SWEDISH
Extraordinary care. Extraordinary caring.SM

Medical Management

- Clarify the diagnoses, educate
- Put patient's "story" together, set context for success
- Sell a new approach, engage patient to change
- Be flexible
- Guide, encourage, give feedback
- Celebrate successes and help manage setbacks

ANAGLESIA | **MOOD** | **SLEEP**

From "Passive" to "Active" Physically and Psychologically



George Doyle/Stockbyte/Getty Images

People don't change behavior because they . . .

- Do not think they can
- Are not ready for it
- Their values don't support it
- Do not think it is important
- Do not believe it is needed
- Do not have adequate support

Butterworth, S. *J Managed Care Pharm* 2008;14(6).

Is the patient ready for change?

- Shift away from biomedical model to one based on partnering and engaging the patient
- Provider needs to change and adapt
- Understand patient's perspective
- Educate and correct irrational and uneducated assumptions
- Shift patients as the "true" change agent
- Incorporate therapies that help to alter or reverse their dysfunctional response to pain

Week #1: Structured Functional Restoration Program: 4 weeks

SFRP WEEK 1

PHYSICAL THERAPY

PT lecture Topics:
#1 Introduction and Overview
#2 Pain Neuroscience Education
#3 Acute vs Chronic pain
#4 Medicine Cabinet in Brain and Aerobic Exercise

PT Individual Session Goals:
Virtual Assessment to establish needs, goals, and treatment trajectory.
2. Begin setting the time and space for daily movement
3. Start a graded aerobic exercise program

PT Lecture #1 Intro
https://youtu.be/i7cXg7ppX2o

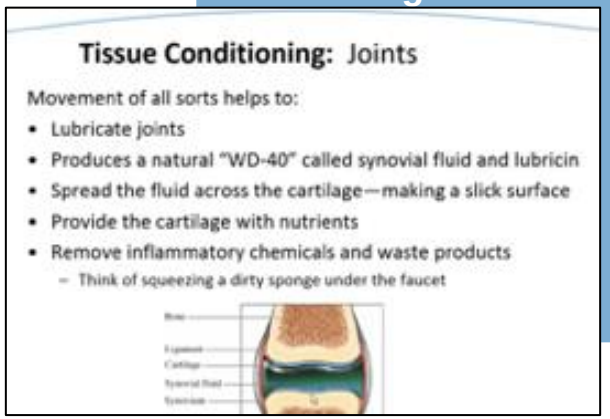
PT Lecture #2 Pain Neuroscience Education
https://youtu.be/8zMDvTvX_98

PT Lecture #3 Acute vs Chronic Pain and Sensitive Nerves
https://youtu.be/bDDxkGzOJls

PT Lecture #4 Medicine Cabinet In Brain and Aerobic Exercise
https://youtu.be/GDUDVPmS4io

Overall program handouts: located in binder Tab 4
1. PT Pain Flare Plan
2. Therapeutic Exercise Log
3. PT Patient Video and ebook references
4. Recovery Strategies Pain Guidebook

Overall program Lecture materials: located in
1.PT Lecture
2. Sex Lecture (Week 3)



SWEDISH
Extraordinary care. Extraordinary caring.SM

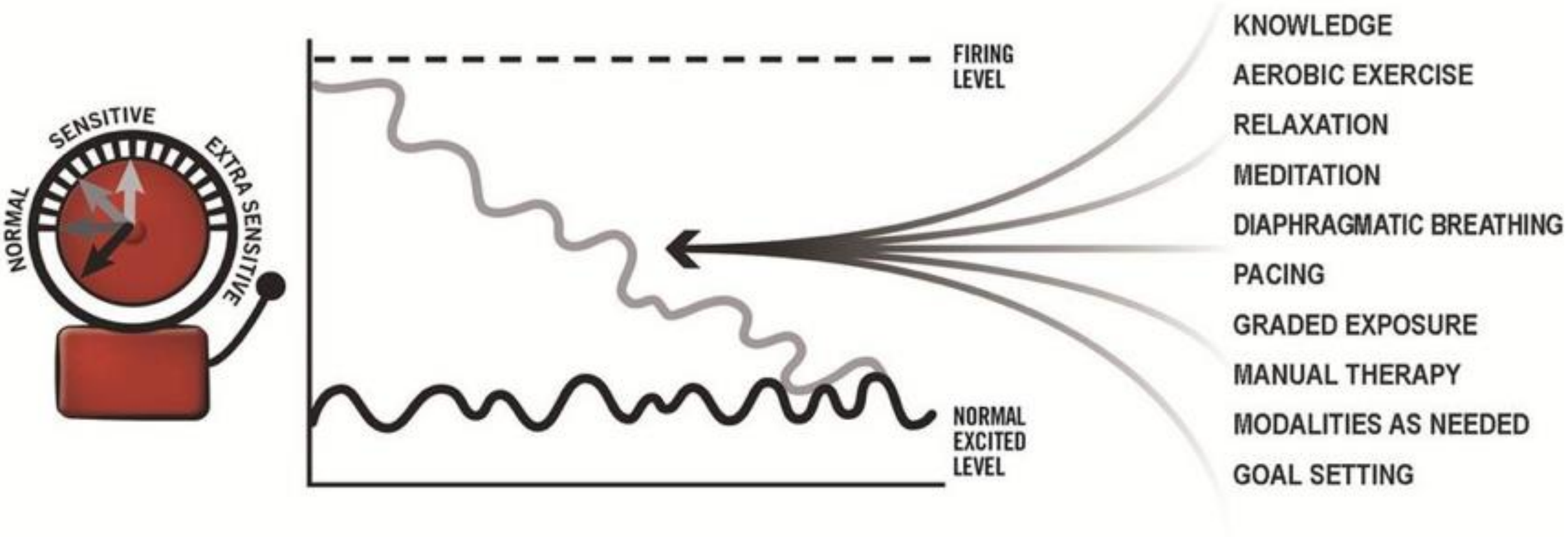
Pain Neuroscience Education (PNE)

Adriaan Louw, PT

- Traditional education model focused on anatomy, tissue injury or nociception
- PNE incorporates how nervous system, via peripheral and central sensitization, synaptic activity, and brain processing, interprets information form tissues
- Patients have ability to modulate pain experience
- Education focuses on the nervous system processing injury in conjunction with psychosocial aspects
- Pain is not always a “status of the tissues”
- **Others**: Lorimer Moseley; Howard Schubiner; David Butler

1. Butler, Moseley.2003; Explain Pain. Adelaide, Noigroup Publications.
2. Luow A, et al. *Spine* 2014;39:1449-1457.

HOW WE GET FROM HERE TO THERE



Adriaan Louw, *Why do I hurt?*

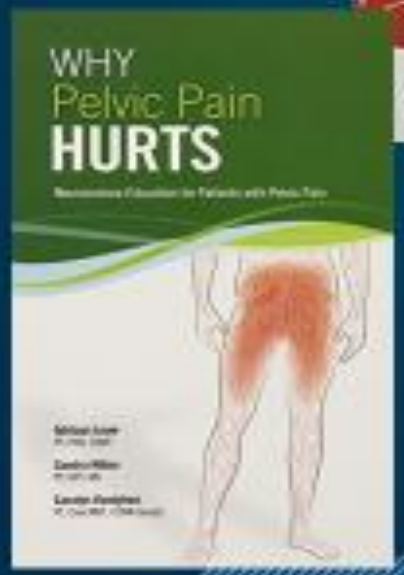
Pain Neuroscience Education

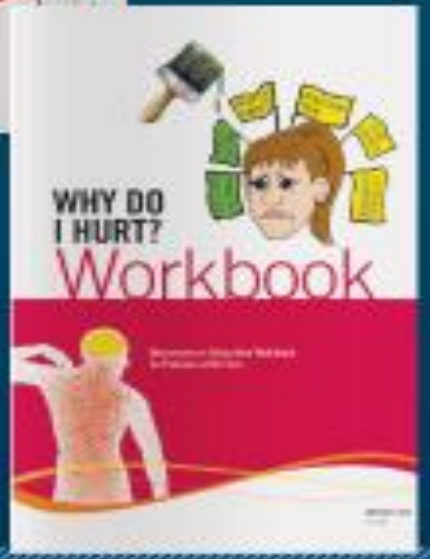
SWEDISH | HEALTH FOR GOOD

Patient Resources

Adriaane Louw, PT

Lorimer Mosely, PT





Graded Exercise Approach

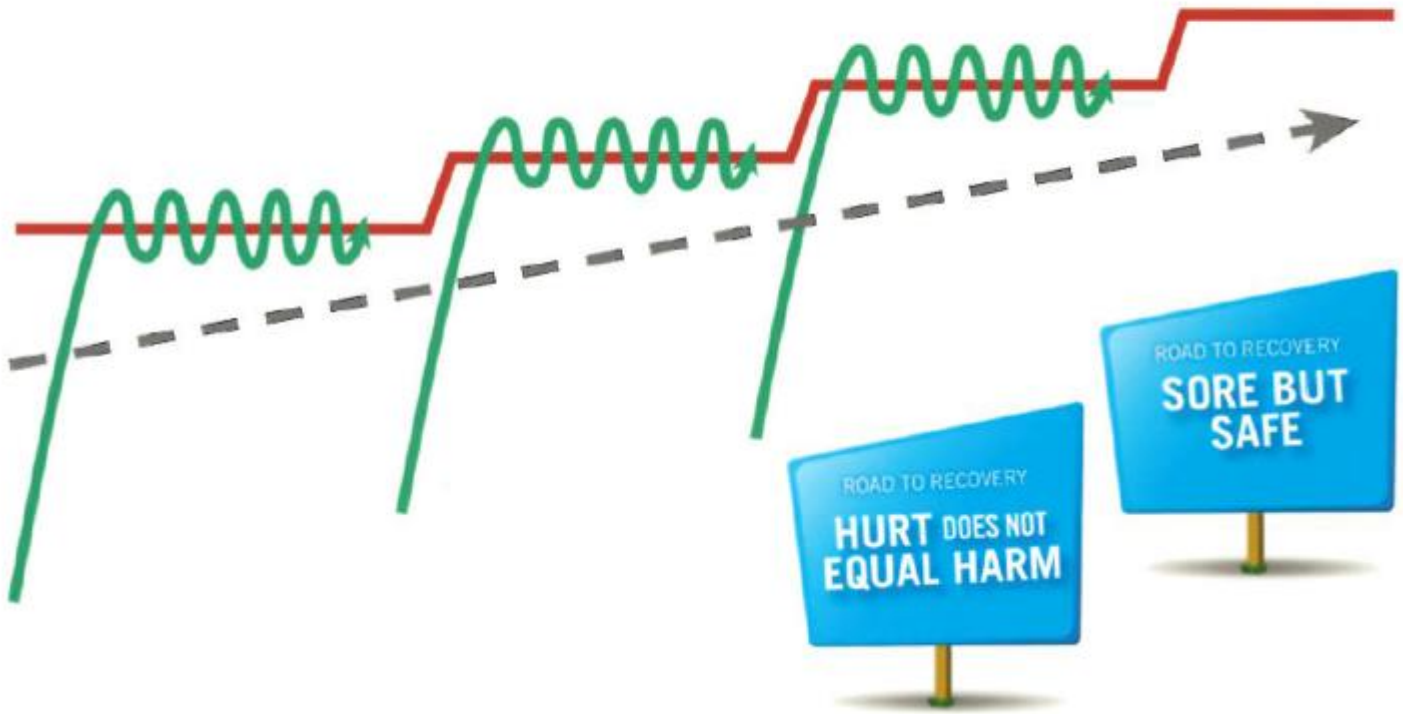


Image: A. Louw/ISPI.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Exercise Evolution

Progress Over Time

- Start with 2 sets, build to 3
- Build more repetitions (>10 reps) to increase endurance
- Increase the range of the movement
- Improve coordination and control
- Improve body awareness and sensation connection
- Add weight or resistance if necessary or possible

Modify when pain is high

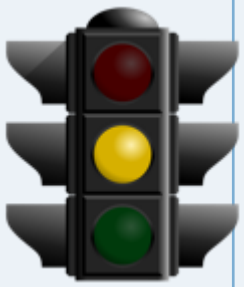
- Decrease number of sets
- Decrease repetitions
- Add rest between each repetition
- Decrease range of movement to within comfort
- Decrease total time of activity
- Use relaxation breathing to support movement and breathe between sets while resting
- Practice imagery of movement with no pain while resting

SWEDISH
Extraordinary care. Extraordinary caring.SM

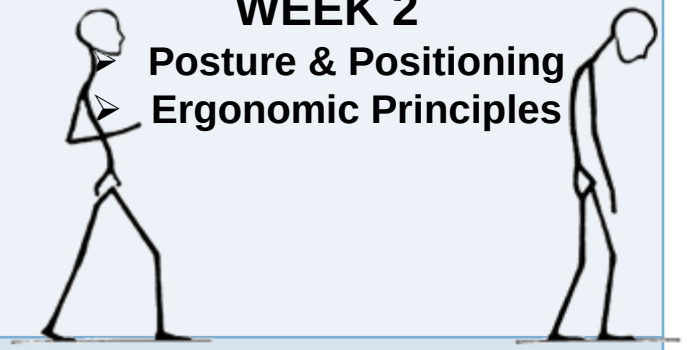
Occupational Therapy

WEEK 1

- Assessments
- Pacing Techniques



WEEK 2



- Posture & Positioning
- Ergonomic Principles

WEEK 3

- Activity Tolerance Therapeutic Movement
  - Tai Chi
  - Qi-Gong

WEEK 4

- Realistic Schedule
- Return to leisure & vocational activities

SWEDISH
Extraordinary care. Extraordinary caring.SM

Occupational Therapy

- Posture
- Pacing Techniques
- Set goals and improve activity tolerance
- Activities of Daily Living: dressing, bathing
- Instrumental Activities of Daily Living (IADLs): homemaking, yard work, shopping, driving, sleeping, hobbies
- Sleep hygiene & positioning
- Therapeutic movement: Tai Chi, Qi Gong
- Compensatory strategies

SWEDISH
Extraordinary care. Extraordinary caring.SM

OT: Pacing

1. Deciding on reasonable activity goals based on what you value.
2. Establishing time baselines of what your present time limits and tolerances are for activities.
3. Gradually increase the amount of time spent doing a task.
4. Planning your daily activity level on pre-set realistic goals.
5. Prioritizing, organizing and breaking up your daily activities
6. Delegating less important tasks to others.

“Work smarter, not harder.”.

OT: Pacing

7. Breaking activities up into smaller tasks or parts.
8. Taking rest breaks between tasks.
9. Working at a slower less intense pace.
10. Breaking up high and low intensity tasks during the day or over the week.
11. Use the best hours of your days for the most demanding task.
12. Vary or change tasks often so that you use different parts of the body.

“Staying within my limits gives me a sense of control.”

Tai Chi

Characteristics	
Circular	All movements flow in a circular path, promoting dynamic stretching and balance.
Relax	Deep breathing facilitates relaxation throughout entirety of the practice. Overexertion is avoided.
Calm	Calmness in movement and mind, meaning no excessive movements and the mind is clear of superfluous thoughts.
Continuous	Smooth transitions with one movement flowing to the next.
Intent	Mind is present and fully focused on moving with purpose.
Energy	Movements are biomechanically efficient, using the least amount of effort to execute.

Phuphanich M, et al. *Phys Med Rehabil Clin N Am*. 2020;31:577-591.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Therapeutic Movement

Tai Chi

https://www.youtube.com/watch?v=ZxcNBejxlzs&feature=youtu.be

1. Morone NE, et al. *Pain Medicine* 2007;8(4):359-375.
2. Ross MC, et al. *J Holistic Nurs* 1999;17:139-47.
3. Irwin MR, et al. *Psychosom Med* 2003;65:824-830.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Pain Psychology

WEEK 1

- Coping Skills Training
- Emotion Regulation
- Stress Management

WEEK 2

- CBT Model of Pain
- MBSR
- Cognitive Restructuring

WEEK 3

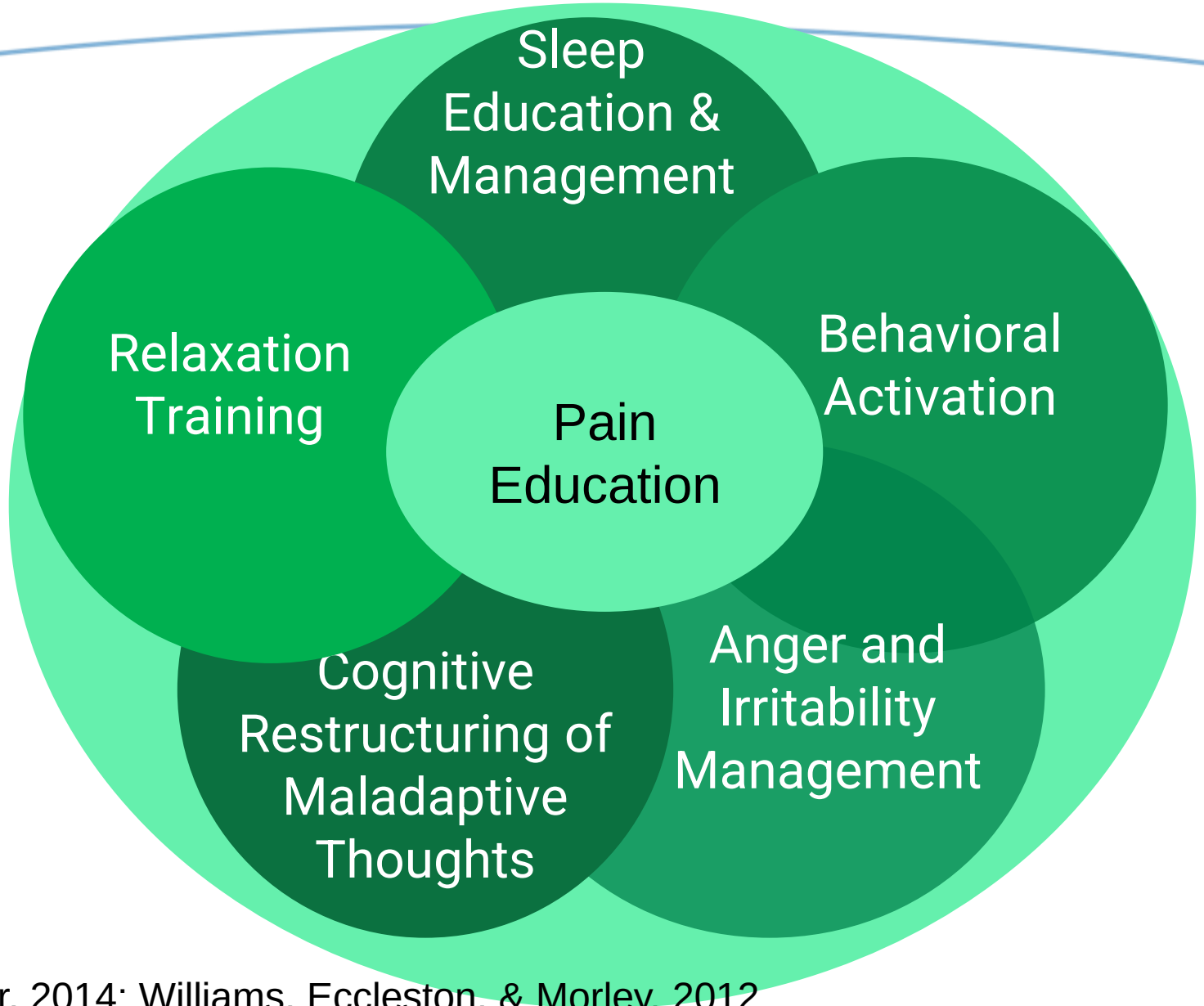
- Assertiveness
- Communication
- Skills

WEEK 4

- Barriers to Success
- Family Education

CBT: Cognitive Behavioral Therapy
MBSR: Mindfulness Based Stress Reduction

Cognitive Behavioral Therapy



Ehde, Dillworth, & Turner, 2014; Williams, Eccleston, & Morley, 2012

Mindfulness

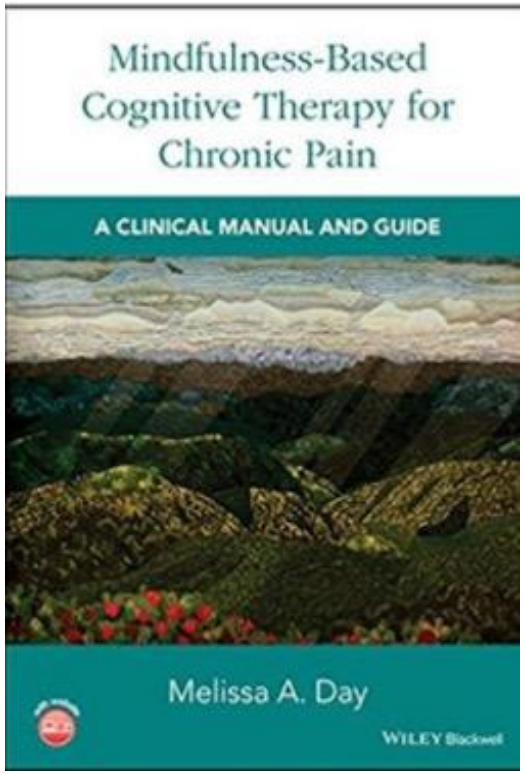
- Observing
- Describing
- Acting with awareness
- Non-judging of experience
- Non-reactivity to experience

Hilton et a. *Ann Behav Med*. 2017

SWEDISH
Extraordinary care. Extraordinary caring.SM

Pain Psychology: Mindfulness

- The Breath as an Anchor
- Stressful Experiences Diary
- Learning to Stay Present
- Unhelpful Habits of Mind
- Selective Attention
- Relying on Intuition
- Blaming, Personalization and Labeling
- Mindful Activities
- Active Acceptance & Taking Care of Self



Melissa Day, PhD, 2017.

SWEDISH
Extraordinary care. Extraordinary caring.SM

MBSR

	Mindfulness-Based CBT Sessions	Clinical Context and Example
1	Stepping out of Automatic Pain Habits	Pain can seem unpredictable to many patients. Helping them identify habitual behaviors contributing to the pain-stress cycle is an important first step for treating pain
2	Facing the Challenge	Managing pain is stressful, and reacting to stress can be a powerful habit. Mindfulness meditation can help patients learn to respond rather than react to stress
3	The Breath as an Anchor	Stress, pain-related or not, may stem from dwelling on the past or the future. Learning how to ground oneself using one's breath is the best way to connect to the present moment, which can reduce stress
4	Learning to Stay Present	Pain- and stress-related self-talks can occur without awareness. Improving awareness allows patients to choose how to respond to unhelpful self-talks
5	Active Acceptance	Many patients have a hard time accepting pain, which leads to poor self-management. Breathing with pain during meditation promotes acceptance and reduces pain-related stress
6	Seeing Thoughts as Just Thoughts	Buying into unhelpful, habitual self-talks may lead to the same disappointing results for pain management. Learning how to pause, become aware, and respond is the key to obtain a different result
7	Taking Care of Myself	Struggling with pain management may indicate a lack of self-care. Practicing key elements of mindfulness meditation- awareness, acceptance, and compassion, may promote better self-care
8	Harnessing the Power of Mind for Chronic Pain Management	Sitting with strong sensation, thoughts, and emotion can be challenging, regardless of how long one has been practicing mindfulness meditation. Session eight draws on the body scan meditation and 3 min breathing space meditation, two foundational practices, to promote mind body awareness and to help patients reflect on progress made during the program

Stanos, S. Interdisciplinary Pain Management. In N. Benzon (ed.), *Practical Pain Management*, 6th Ed. In press.

Relaxation Training

“A physiologic and homeostatic state that counteracts stress.”.

- Benson (1970)

Patient Goals

- Nervous system balancing
- Maintain physiologic balance
- Increase sense of calm and decrease overall tension

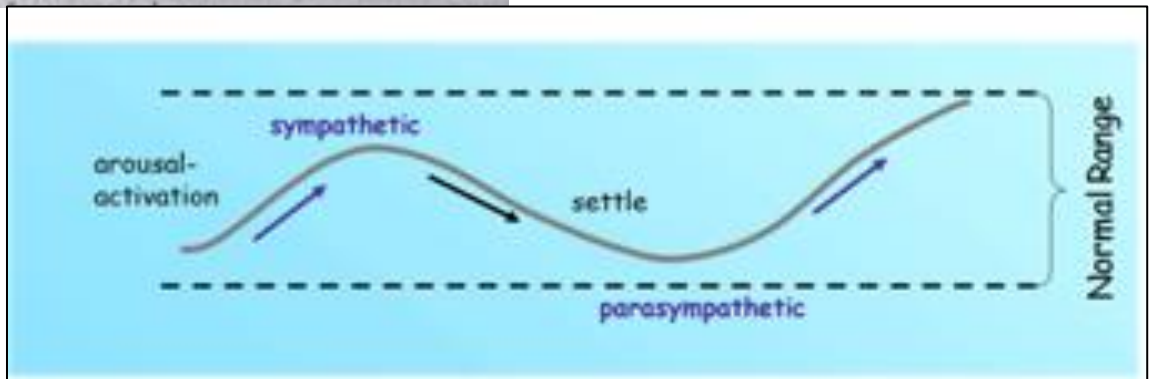
SWEDISH
Extraordinary care. Extraordinary caring.SM

"Fight-or-Flight"

Sympathetic Nervous System

Parasympathetic Nervous System

www.southshieldsdogwalker.com



Exercise	Technique (example)
Diaphragmatic breathing (DB)	Breathe through your nose (inhale) while pushing abdomen out; breathe out (exhale) while pushing abdomen in
Progressive muscle relaxation (PMR)	Tense and release muscle groups, distally to proximally; hands (clench); wrists and forearms (extend and bend hands back); shoulders (shrug towards ears); cheeks and jaws (smile as widely as you can); hips and buttocks (press buttocks together tightly), etc. Hold tension for 4-10 seconds then release and relax for 15-30 seconds
Grounding exercises	“5-4-3-2-1”; 5 things you see, 4 things you feel, 3 things you hear, 2 things you smell, and 1 thing you taste
Autogenic training (AT)	6-step sequence allows patients to passively observe sensations in the body. Examples: limbs feel heavy, limbs feel warm, breathing is comfortable, abdomen feels warm, forehead feels cool, and heart is beating calmly or regularly
Guided Imagery	Guided experience encourages mentally generated images that simulate or re-create the sensory perceptions: sight, sound, taste, smells, and touch

Swedish Pain Services: Structured Functional Restoration Program Patient Program Resources, Katie Kapugi, Relaxation Therapist, 2020

Patient Apps:

Breathing & Relaxation

- Breathe2Relax (VA app, android)
- Breathe+ (i phone)
- Calm, Headspace
- Adjustable in/out counts
- 4 in, 6 out is a good target
- Longer exhale is more relaxing

Meditation & Imagery

- Guided Imagery Meditation (10 min)

Https://www.youtube.com/watch?v=t1rRo6cgM_E

- The Forest Awakens (5 min)

Https://www.youtube.com/watch?v=gU_ABFUAVAs

- Guided-Imagery Meditation (18 min)

Https://www.youtube.com/watch?v=t1rRo6cgM_E

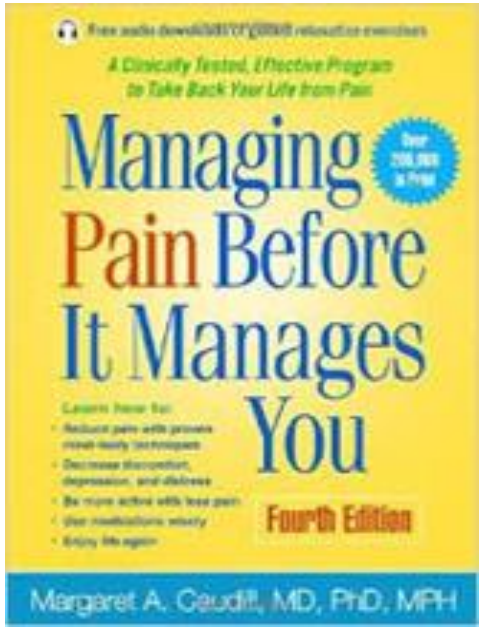
- Ease Anxiety (15 min)

https://www.youtube.com/watch?v=pPBxNLpOLNU

Pain Education

Pain Education: Class Curriculum	Group Session (four to eight patients): Led by Nurse Educator
PROGRAM ORIENTATION – Prior to the program: Virtual & in-person orientation – First day: Rules of the program, expectations – Preparing your own "Pain Toolbox"	NUTRITION – Anti-inflammatory diet – Pain triggers in your diet – Healthy eating habits
SLEEP AND CHRONIC PAIN – How is sleep regulated? – Co-occurring conditions: insomnia, sleep apnea, mood disorders, PTSD – Sleep Hygiene: Habits for sleeping better	MEDICATIONS FOR CHRONIC PAIN – Managing your medications effectively (how to track, one pharmacy, safe storage, communication with Doc) – Over the counter medications (ASA, NSAIDs) – Antidepressants, Anticonvulsants – Opioid Therapy: dependency, tolerance, addiction, tapering, benefits, harms – Benzodiazepines & Muscle Relaxers

*Swedish Pain Services, Seattle, WA. Structured functional restoration program patient workbook (Becca Taylor, RN).



Stanos, S. Interdisciplinary Pain Management. In. N Benzon. *Practical Pain Management*, 6th Ed. In press.

SWEDISH
Extraordinary care. Extraordinary caring.SM

Patient Educational Videos

Understanding Pain Rebrand

Persistent Pain Explained in 3 minutes

Understanding Pain: Brainman chooses

TEDxAdelaide – Lorimer Moseley – Why Things Hurt

SWEDISH
Extraordinary care. Extraordinary caring.SM

Tim

- Physical Therapy
- Occupational Therapy
- Relaxation Training
- Pain Psychology
- Pain Education

Medication Regimen:

Functional Restoration Programs

PROGRAM	Mayo Clinic Pain Rehabilitation Center (Rochester, MN)	Savas Health Unitized Transdisciplinary Care™ ICA)	Pacific Rehabilitation Centers (Bellevue, WA)
INTENSITY	-15-day program -weekdays 8am-4pm	- Transdisciplinary Care™ model. - One year program consistent of: 4 Cycles: 12 weeks treatment - Periods: cycle of 3, 4 week periods - Units: 2.5 hour unites of transdisciplinary treatment session combining group and individual treatments.	- 20 day program - 6 hours /day, five days/week

Functional Restoration Programs

PROGRAM	Mayo Clinic Pain Rehabilitation Center (Rochester, MN)	Savas Health Unitized Transdisciplinary Care™ ICA)	Pacific Rehabilitation Centers (Seattle, WA)
DISCIPLINES	- Psychiatry, psychology, NP, OT, RN (case managers) PT, Vocational counseling, biofeedback training - Group based practice with a rolling admission model. - Approximately 25-27 patients actively receiving care at any given point in time. - Fee-for-service	- Medical: Medicine MD (Anesthesia, PM&R), Physician Assistant, Nurse Practitioner, Care Manager (RN) and Care Coordinator (LVN) -Behavioral Health: Pain Psychology (Licensed), LMFT, LCSW - Physical Reconditioning: Chiropractic, - Massage, Physical Therapy, Mindful - Movement Classes (combines elements of - Yoga, Tai Chi, Feldenkrais) - Alternative Therapies: Acupuncture, Chinese Medicine, Naturopathic Medicine, Dietitian) - 8-12 Participants/ Unit - Case Rate	- Medicine (PM&R) & Nursing - Psychology (Licensed) & Relaxation - Vocational Counseling - Physical Therapy - Occupational Therapy - CARF-Accredited - Daily Rate
Integrative therapies	Yoga, Tai chi	Tai chi, yoga, acupuncture	Tai chi, yoga

SWEDISH
Extraordinary care. Extraordinary caring.SM

Pain Rehabilitation. Our time has come.

SWEDISH
Extraordinary care. Extraordinary caring.℠

Inpatient: Transitions of Care

Community Education & Support

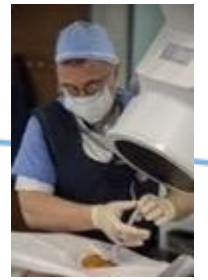
Emergency Department

Primary Care: Patient Centered Medical Home

Integrated Behavioral Health in Primary Care

Comprehensive Pain Management

Interventional Procedures



Medical Management

Interdisciplinary Care: Functional Restoration

Integrative Care

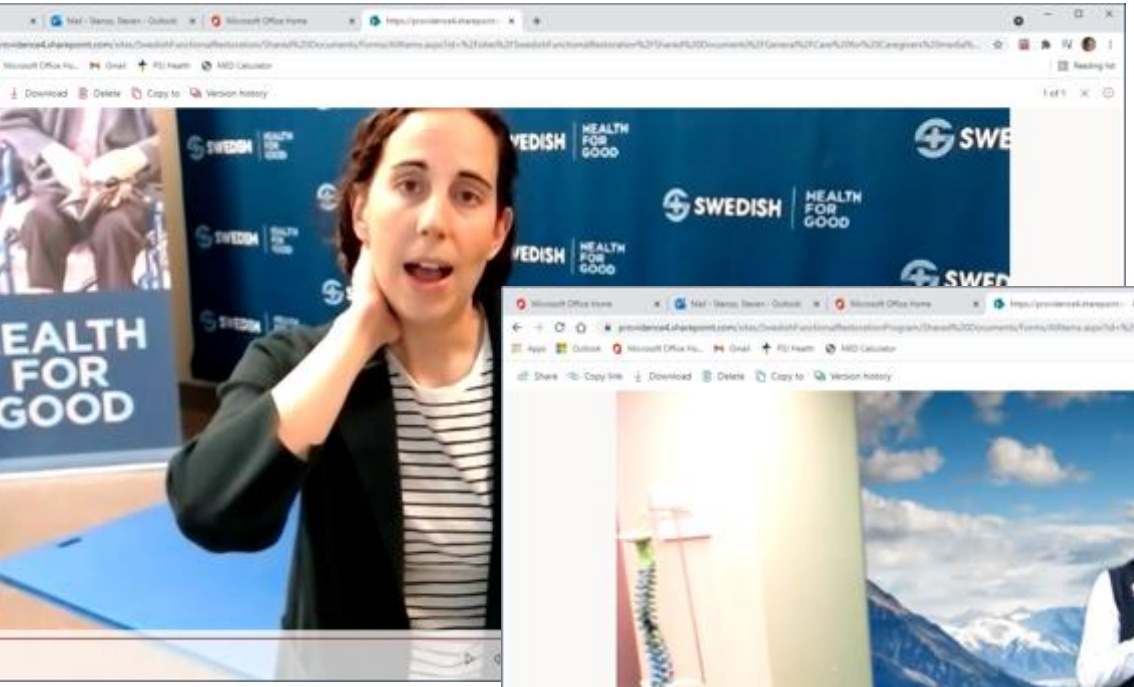
Addiction Medicine and Behavioral Medicine

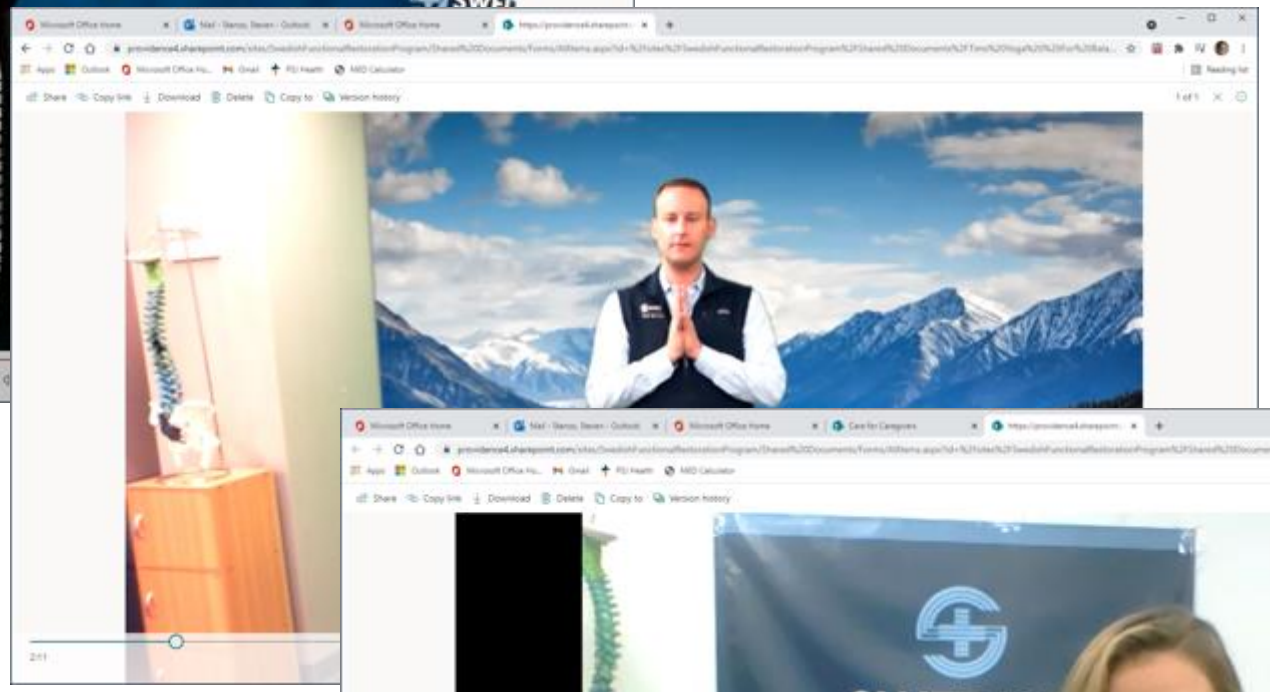
SWEDISH
Extraordinary care. Extraordinary caring.SM

BioPsychoSocial Approach

Assessment
Physical Exam
Treatment Plan

COVID SUPPORT: Care For Caregivers





SWEDISH COVID-19 WELLNESS

Care for Caregivers Classes

Week of February 15-19

Monday:
"TAI CHI"
at 8 a.m., noon and 8 p.m.
Tai Chi for Centering *with Sonja Braasch, OTR, 2 minutes*

Tuesday:
"GUIDED MEDITATION"
at 8 a.m., noon and 8 p.m.
Autogenic Training *with Sharon Hsu, Ph.D., 18 minutes, audio*

Wednesday:
"FOAM ROLLING FOR YOUR BACK"
at 8 a.m., noon and 8 p.m.
Foam Rolling for Your Back *with Tasha Parman, DPT, 5 minutes*

Thursday:
"GUIDED RELAXATION"
at 8 a.m., noon and 8 p.m.
Mindfulness of Breath *with Katie Kapugi, LMHC, 20 minutes*

Friday:
"NECK TENSION RELIEF"
at 8 a.m., noon and 8 p.m.
Cervical Rotation Neck Stretch *with Tim Zepelak, DPT, 2 minutes*

Visit the CareForCaregivers site and connect with links to live webinars (click on the rectangle on the right side).

SWEDISH HEALTH FOR GOOD

SWEDISH
Extraordinary care. Extraordinary caring.SM

Summary: Interdisciplinary Care

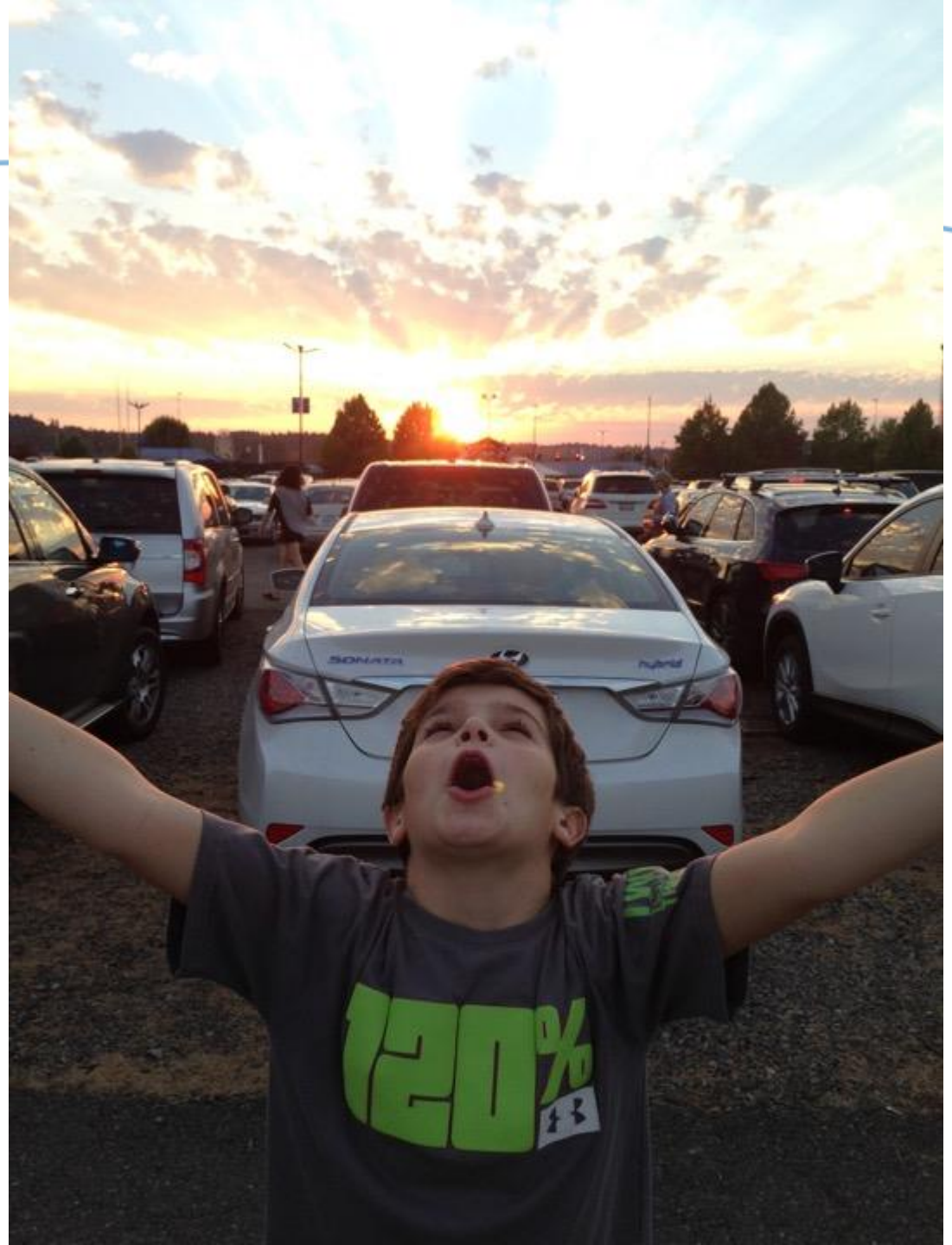
- Continuum of pain rehabilitation
- Evidence supports Interdisciplinary care
- Importance of **B**io**P**sycho**S**ocial approach
- Disciplines act in synergy to help promote self-management
- A strong emphasis on patient education
- Movement based therapies as additional component
- People, Places, Products

SWEDISH
Extraordinary care. Extraordinary caring.SM

“ Repent ”

Change your mind

Change your thinking



Comet Neowise Over Mount Baker, WA

Thank you

Steven.Stanos@Swedish.org

SWEDISH
Extraordinary care. Extraordinary caring.SM

Advocate !

American Medical Association Resources

www.end-opioid-epidemic.org

www.end-opioid-epidemic.org

SWEDISH
Extraordinary care. Extraordinary caring.℠

Patient Apps:

Breathing & Relaxation

Breathe2Relax (VA app, android)

Breathe+ (i phone)

Calm, Headspace

Adjustable in/out counts

4 in, 6 out is a good target

Longer exhale is more relaxing

Meditation & Imagery

Guided Imagery Meditation (10 min)

Https://www.youtube.com/watch?v=t1rRo6cgM_E

The Forest Awakens (5 min)

Https://www.youtube.com/watch?v=gU_ABFUAVAs

Guided-Imagery Meditation (18 min)

Https://www.youtube.com/watch?v=t1rRo6cgM_E

Ease Anxiety (15 min)

https://www.youtube.com/watch?v=pPBxNLpOLNU

Pain Education

Neuroplasticity-Sentis-YouTube (3 minutes)

https://youtu.be/ELpfYCZa87g

The Brain That Changes Itself - Norman Doidge

(50 minutes)

https://www.youtube.com/watch?v=bFCOm1P_cQQ

Stress, Portrait of a Killer

https://www.youtube.com/watch?v=eYG0ZuTv5rs

SWEDISH
Extraordinary care. Extraordinary caring.SM

Wellness Resources

NIH Center for Complementary and Integrative Health,

Chronic Pain: In Depth

https://nccih.nih.gov/health/pain/chronic.htm

NIH: Sleep Resources

https://nccih.nih.gov/health/sleep/ataglance.htm

https://www.nia.nih.gov/health/good-nights-sleep

Harvard School of Public Health Nutrition Resources

https://www.hsph.harvard.edu/nutritionsource/

SWEDISH
Extraordinary care. Extraordinary caring.SM

Meditation Resources

Introduction to Mindfulness-Based Stress Reduction (MBSR) by Dr. Ron Siegel:
https://www.youtube.com/watch?v=aPlG_w40qOE

Resources for home practice:
https://www.wiley.com/legacy/wileychi/Day/mp.html?type=SupplementaryMaterial