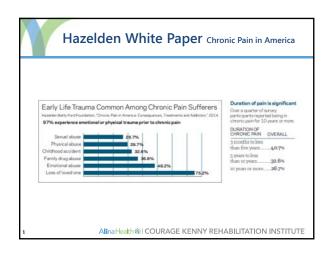
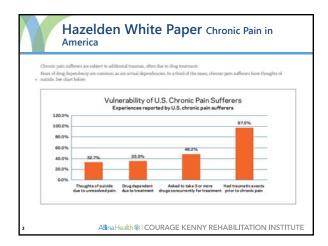
Inpatient Pain Rehab

- Matthew Monsein MD
- Medical Director Inpatient Pain Rehabilitation Courage Kenny Golden Valley
- Medical Consultant Abbott Northwestern Hospital

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Chronic Pain Syndrome

- Pain greater than 6 months
- Pain behaviors in excess of physical findings
- Disability (frequently involved in entitlement systems)
- Dependency- (use and or abuse of prescription medications
- Depression (anxiety, or other mental health issues)

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Chronic Pain Syndrome

- Over-utilization of health care resources
- Respond with at best temporary or no improvement from interventional treatments
 - Surgery
 - Injections
 - Passive modalities, ie Chiropractic, massage
- Disturbed Sleep

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Indications for Inpatient Rehab

- Dependent (not addicted) on opioids
- Disabled
- Poor coping skills
- Deconditioned physically
- Overwhelmed with situation
 - Tendency to catastrophize
 - Frightened about the meaning of pain
 - Hurt vs. harm

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Residential Chronic Pain Program

- Matthew Monsein, MD Jay Tracy, PA-C, PsyD, LP Terri Allen, NP

- Terri Allen, NP
 Peggy Kellar CNS
 Kent Smallwood, PsyD, LP
 Murray McAllister, PsyD, LP
 Case management
 Physical Therapy
 Chemical dependency provider
 Exercise physiologist
- Exercise physiologist
 Therapeutic recreation specialist
 Vocational services counselor

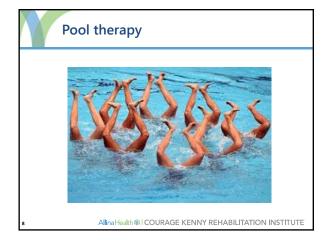
Contact: Call Linda at 612-775-2606 to schedule

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Components of Inpatient Rehab

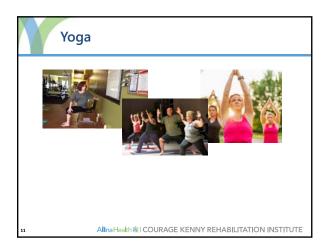
- Physical reconditioning
 - Core Strengthening
 - Aerobic conditioning
 - Stretching
- In addition to conventional Exercise and Pool therapy- exposure to Tai Chi and Yoga

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Components of Inpatient Rehab

- Psychological aspects
 - Autonomic Training
 - Breathing and relaxation training
 - Meditation and Self-hypnosis techniques
 - Cognitive Behavioral Approaches
 - Education
 - Hurt vs Harm
 - Helping to minimize catastrophizing
 - Biology of hope and positivity
 - Psychological benefits of exercise and fitness

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Components of Inpatient Rehab

- Vocational Counseling
- Diet and Nutrition
- Opioid detoxification
- Generation of functional restrictions
- Goal setting
- Aftercare

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Advantages of Inpatient Rehab

- Forced compliance-
 - Involvement in activities 8 hours a day -5days a week
- Better monitoring
- Therapeutic effects of Group milieu
- Forced Discipline
- Higher likelihood to start and maintain change in patients struggling "to keep their act together"
- Better outcomes than out patient rehab?

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Disadvantages

- \$\$
- Insurance reimbursement
- Available time i.e. working

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Residential Chronic Pain Program

Patient Goals

- Reducing chronic pain
- Increasing abilities to cope with pain
- Tapering use of narcotic pain medications
- Returning to work, volunteerism or vocational training



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Inpatient Pain Service

- Consultation service
- Both acute and chronic pain patients
- Opioid tolerant patients
- By default opioid addicted patients
 - Patients on methadone and suboxone
- Postop pain management
- Assist in tapering opioids

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Inpatient Pain Service

- Patients on opioids preop need increased opioids in the perioperative and postoperative settings
- Help in distinguishing "chemical copers", and "substance abuse disorders"
- 2 MDs and 2 NPs
- Availability per phone 24/7 patient will be seen in 1 day

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Inpatient Pain Service

- Avoid iv opioids in patients who are able to take orals
- If opioid dose is escalated in hospital have a plan(exit strategy) in place to taper back to preadmission dose.
- Be careful in operating on patients with pain as primary indication in opioid tolerant patients
- Careful screening for substance abuse prior to performing surgery

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