Integrative Solutions for Chronic Pain

The Minnesota Head and Neck Pain Clinic has spent the last 27 years developing an interdisciplinary and integrative model for the diagnosis and management of patients with many types of hard-to-treat chronic pain. Recognized nationally among pain clinics, and adhering to the principles that the American Pain Society designates for Centers of Excellence in pain management, our team of professionals offers a patient-centered, mind-body approach to care. Our patients suffer from a variety of complex pain conditions that have not improved significantly after standard treatments, including:

- Temporomandibular disorders (TMD)
- Jaw and facial pain
- Tooth pain, neuropathic and neuralgia pain
- Oral medicine conditions (including lesions, xerostomia and burning mouth)
- Dental sleep medicine
- Chronic headaches
- Migraine headaches
- Tension type headaches
- Cervical degeneration disorders
- Fibromyalgia syndrome (including widespread pain)
- Psychophysiological reactions to injury or illness that interfere with recovery

We have a diverse clinical staff. We have seven dentists who all have postgraduate specialty training in TMD and orofacial pain. We have two physicians who practice integrative pain medicine from the vantage point of neurology and physical medicine and rehabilitation (physiatry). We also have a nurse practitioner specializing in pain medicine. Our three clinical health psychologists all have postgraduate specialty training in how physiological and psychological factors interact in the causation, maintenance and healing of chronic pain. And we also have four physical therapists, all of whom received advanced training in mind-body approaches to physical therapy treatment.

But what makes our clinic effective is our shared belief in the power of the underlying tenets of integrative medicine. For example, we share a strongly held belief in the internal self-healing resources inherent in our patients. We believe that the best treatment is the least amount of intervention necessary to help stimulate a patient’s internal healing resources so they can optimally engage in self-healing. We share the belief that the therapeutic relationship between clinician and patient is a very powerful healing agent in its own right, and we pay close and constant attention to the quality of that relationship. We believe strongly in making the patient aware that they are an integral member of their healing team, and encourage them to actively participate in every part of the treatment, from initial treatment planning to termination and relapse prevention several weeks or months down the road.

Like many pain clinics, we combine traditional allopathic medical treatments with other complementary treatments. We certainly utilize a wide variety of treatments at our clinic, from medications, physical therapy, and trigger point injections to acupuncture, clinical hypnosis and craniosacral therapy. Unlike most pain clinics, our approach to care derives from an understanding that pain is caused, maintained, and exacerbated by a combination of biologic, psychological, social and cultural influences. From this biopsychosocial perspective, the outdated organic versus psychogenic explanation is replaced by an understanding that chronic pain is a psychophysiological condition. This understanding is supported by recent breakthroughs in our understanding of pain mechanisms, such as central sensitization, wind-up, psychoneuroimmunology, and neuroplasticity and cortical reorganization.

How do these breakthroughs form our treatment of patients? The literature on central sensitization, the exaggerated CNS pain perception from repeated or prolonged overstimulation of pain nerves, demonstrates the clinical importance of patient training in mindfulness, relaxation and self-hypnosis. The literature on neuroplasticity and cortical reorganization provides empirical support for our confidence in every patient’s inherent capacity to create physical change using the power of their minds.

By Mark B. Weisberg, Ph.D., ABPP, Alfred L. Clavel, Jr., M.D., Cory Herman, DDS, M.S., & Suzanne Candell, Ph.D.
Our approach to combining allopathic treatments and treatments derived from recent breakthroughs reflects our integrative orientation. For example, when a patient presents with jaw pain and severe muscle tightness, the physician or dentist might prescribe brief use of a muscle relaxant medication. However, the prescriber and the whole team emphasize that this medication is not something to be relied on for a long period of time. Rather, the medication is introduced as a “bridge” or a “reference point” so the patient can have the experience of what it feels like for their muscles to be a little more relaxed. Once they experience this, then they are taught a number of other techniques that they can use (e.g., stretching, exercise, improved sleep, breathing exercises, self-hypnosis, improved earlier self-awareness of tension) so that eventually they can reduce their own muscle tension with multiple skills and may no longer need the medication. This is an integrative approach to medication.

Since a majority of chronic pain patients inadvertently maintain their pain by trying to cope by ignoring or distracting from it, our program emphasizes treatment approaches that help patients reconnect with their bodies’ sensations and signals. We ask questions such as “can you feel your jaws? Are they lax or tense?” As patients expand their awareness of these signals, they use them to prompt use of pain relieving self-care strategies instead of waiting for the pain to be “loud enough” to get their attention. Awareness of these signals is critical to pacing the intensity of physical or postural exercises to optimize benefits and minimize flares, as well as to pace daily activities to prevent the vicious cycle of overdoing it then crashing due to a pain flare. As patients become skilled at using the body’s signals to guide self-care and pacing, they gain more control over their lives.

We are used to seeing very complex patients with multiple symptomatic complaints at our clinic. The patients referred to us have typically been to anywhere from three to eight other well-intentioned doctors or clinics before they reach our door. Not uncommonly, patients are distressed and discouraged by the lack of relief from, and cost of, ineffective drug regimens, surgical procedures, nerve blocks, implantable devices, and other interventions that they have tried. As part of this unfortunate pattern, some patients with chronic pain experience drug dependency, multiple surgeries, high stress levels, and serious disruptions in their relationships and lifestyles. Many of them have come to feel hopeless, and are skeptical that their condition could ever improve. Although occasionally we see a patient who has straightforward, simple TMD or tension headache, a typical patient might present with tension and migraine headache, TMD, ear pain and tinnitus (ringing in the ears), fatigue and insomnia, irritable bowel syndrome, and depression.

We follow a coordinated approach. When a patient comes to our clinic, they usually see all the members of the treatment team (dentist, clinical health psychologist, physician, physical therapist and nurse practitioner). After all the team members have met with the patient (and often with a family member), we have the opportunity to confer with each other, share our clinical observations and opinions, and discuss formation of a treatment plan that is tailored to the particular needs of the patient. Each treatment plan is as individualized as a fingerprint, reflecting the uniqueness of each and every patient we see. Sometimes this communication happens informally, conferencing with each other for five minutes between appointments. At other times we will conference formally at what is called a synthesis meeting. At these meetings, the entire team will meet along with the patient and at least one family member, to discuss our impressions, diagnoses, and treatment plans. The patient is an active participant in this conversation. Through this process, we ensure that the patient feels ownership early on in his or her own treatment. They are a crucial member, a central partner throughout the treatment process.

We are fortunate in this setting because all of us are just a few yards apart from each other, and potentially always available for a quick consult when someone is stumped, confused, concerned, or just needs a second expert opinion on a particularly complicated clinical issue. This allows for constant monitoring of progress.

MHNPC is a group of specialized physicians, nurse clinicians, dentists, clinical health psychologists and physical therapists skilled in treating the spectrum of chronic pain. We are dedicated to using whatever amount and type of treatment necessary to stimulate every patients’ self-healing capacities, meeting the demand for integrative approaches to treating chronic head and neck pain. ♦

Suzanne Candell, Ph.D., L.P. is a clinical health psychologist at the Minnesota Head and Neck Pain Clinic, and in private practice in Minneapolis, MN. She has a special interest in addressing the particular needs of patients with chronic illness who also have a history of psychological trauma. Dr. Candell is an approved consultant in Clinical Hypnosis through the American Society of Clinical Hypnosis.

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Cory Herman, DDS, M.S. earned his DDS from the University of Minnesota and completed advanced education clinical training in orofacial pain and temporomandibular disorders with an MS in Dentistry. He is board certified by the American Board of Orofacial Pain and is a fellow of the Academy of Orofacial Pain. Dr. Herman is also a clinical assistant professor at the University of Minnesota TMJ and Orofacial Pain Clinic. He is active with the American Academy of Orofacial Pain and the American Headache Society.

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