

The Doleys Clinic | 2014

# Two Week Pain Rehabilitation Program

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*Where pain management  
means more than medicine*



## Program | General Information

The Doleys Clinic has offered a multidisciplinary pain rehabilitation program since 1979. In the past, our program has been considered a “residential functional restoration” program, similar in structure to the Mayo Clinic’s inpatient program. Our newest incarnation, the Two Week Pain Rehabilitation Program, is **sensitive to time demands and health care costs while still offering:**

- ◆ An immersive schedule of activities under the guidance of licensed clinical specialists
- ◆ An intensive and comprehensive chronic pain rehabilitation experience
- ◆ Training in pain self-management skills that can last a lifetime

This program can benefit the most complex chronic pain patient with multiple medical and psychological comorbidities. However, it can also serve individuals new to living with chronic pain who need a boost of confidence in their pain coping skills prior to starting chronic opioid therapy or before proceeding down the path of costly surgeries or multiple invasive procedures.

Most importantly, **this program is a “non-drug” program**, meaning that the emphasis is on learning to live with chronic pain using cognitive-behavioral self-management techniques, rather than on medication adjustments or opioid recommendations. **Any opioid/benzodiazepine withdrawal or dose tapering should be completed prior to program admission.** The cognitive-behavioral model incorporates health education, physical therapy/reconditioning, biofeedback and relaxation training, and group therapy to improve activity level, long-term health, pain-related anxiety and depression, and stress management.

## Program | Goals

Our interdisciplinary team of health care professionals includes psychologists, physicians, nurses, and a physical therapist. We work together for a common goal: to help patients resume a satisfactory quality of life despite pain. Patients who complete our program will learn the skills necessary to:

- ◆ Increase physical strength, stamina, and flexibility
- ◆ Minimize pain behaviors
- ◆ Use appropriate stress management techniques
- ◆ Reduce reliance on medications and health care professionals
- ◆ Resume employment, volunteer, leisure, and/or recreational activities
- ◆ Improve social relationships



# Is the Program Right For You?

Pain rehabilitation is a challenging process which requires a serious commitment. As you consider admission to the program, please ask yourself these questions:

Is my life focused on pain and what I'm *not* able to do, rather than what I *am* able to do in spite of the pain?

Are my doctors telling me there is nothing else they can do to relieve the pain? Do they tell me that I need to learn to get on with my life?

Am I truly concerned about the long-term effects of pain medications?

Is my family's well-being affected because of my chronic pain?

Is my recovery from injury or illness taking much longer than my doctors or I expected?

Am I not able to commit to social events with family or friends because my pain may be higher that day?

If you answered yes to one or more of these questions, our Two Week Pain Rehabilitation Program may be right for you.

# Program | Daily Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Morning Stretch	Morning Stretch	Morning Stretch	Morning Stretch	Morning Stretch
8:30	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy
9:30	Class	Class	Class	Class	Class
10:30	Biofeedback or Group Relax	Biofeedback or Group Relax	Biofeedback or Group Relax	Biofeedback or Group Relax	Biofeedback or Group Relax
11:00	PT	PT	PT	PT	Family Session
Noon	Lunch/ Staffing	Lunch	Lunch/ Staffing	Lunch	
1:30	PT	PT	PT	PT	
2:00	Biofeedback or Group Relax	Biofeedback or Group Relax	Biofeedback or Group Relax	Biofeedback or Group Relax	
2:30	Class	Class	Class	Class	
3:30	Review of Day	Review of Day	Review of Day	Review of Day	

## Program | 2014 Quarterly Sessions

March: 10th—21st

June: 2nd—13th

September: 22nd—October 3rd

December: 1st—12th

# Program | Components



## Physical Therapy

- ◆ A “morning stretch” with gentle range-of-motion exercises to prepare the body for the day’s mental and physical activities
- ◆ An aerobic conditioning session that includes a cardiovascular machine circuit as tolerated
- ◆ An individualized stretching/strengthening session to increase flexibility and stamina

In total, patients will be involved in up to 17 hours of supervised PT over the course of the two-week program. Participants will learn more efficient ways of moving so that daily tasks become easier. Exercises are designed to decrease fear of movement that can be more debilitating than pain itself.



## Group Therapy

Group psychotherapy provides an opportunity for patients to recognize, share, and process any negative and overwhelming emotions that can exacerbate the pain experience. These informal, therapeutic discussions will be led daily by a psychologist, and focus on themes such as:

- ◆ Personal responsibility
- ◆ Anger management/Forgiveness
- ◆ Communication skills and social interactions
- ◆ Perfectionism and unrealistic expectations
- ◆ Cognitive compensatory skills

## Class Education Sessions

Patients will engage in 18 class sessions across the two week program. Classes are taught in a structured, didactic format and will focus on a particular topic, such as:

- ◆ Pain Mechanisms and the Brain
- ◆ Body Mechanics and Posture
- ◆ Setting Goals
- ◆ Sleep Hygiene
- ◆ Nutrition
- ◆ Stress Management
- ◆ Cognitive Restructuring
- ◆ Pain Acceptance



# Program | Components

## Biofeedback and Group Relaxation

The pain and stress relationship is bidirectional. Guided relaxation training and practice sessions will provide a tool to break this cycle. Relaxation reduces muscle tension, calms anxiety, improves breath control, and refreshes energy.

Individuals will be pulled from group sessions periodically to participate in enhanced biofeedback-assisted relaxation training. Biofeedback uses a computerized instrument (e.g., EMG for muscle tension, finger pulse monitor for heart rate variability) to provide real-time information about how the patient's physiological processes can be negatively affected by chronic pain and how the patient can gain control over these processes.

## RELAXATION SKILLS

Diaphragmatic breathing

Verbal induction

Progressive muscle relaxation

Visual imagery

Autogenic training

Mindfulness meditation

## Review of Day

Each day will end with a 30-minute review of the day's events to help solidify learning of the skills taught that day, to plan events for the evening, and to assign relevant "homework".

## Family Meetings

We know that chronic pain affects the whole family, not just the person in pain. There will be an opportunity on the first Friday afternoon to involve family members. This session will offer education and support for family or significant others to gain a better understanding of chronic pain and how to assist loved ones in managing more effectively.

## Team Staffing and Reports

The health care team will meet twice weekly for staffings to discuss patient progress and individualize treatment plans when appropriate. Interim progress notes will be generated and a thorough discharge summary will be available at the end of the program that includes narrative observations and pre-post testing results.

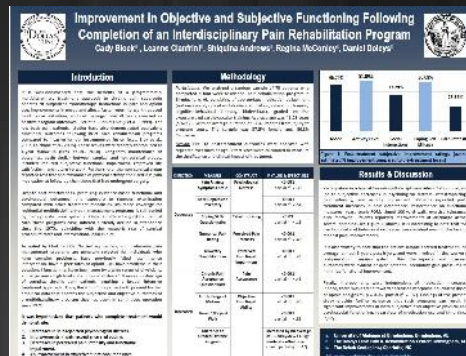


# Program | Outcomes

## Poster Presented at The American Pain Society Annual Meeting, 2011

Block, Cianfrini, Andrews, McConley & Doleys

We analyzed a consecutive sample of 75 patients who completed our four-week day treatment program between 2006-2010. Average age was 43.28 years with an average duration of 57.46 months from injury to program entry. The sample was 57.3% female and 86.3% Caucasian. Pre- to post-treatment outcomes were analyzed with repeated measures design. Effect sizes were calculated to measure the significance and clinical impact of treatment.



DIRECTION	MEASURE	CONSTRUCT	P VALUE & EFFECT SIZE
Decreased	Pain Anxiety Symptoms Scale	Psychological Distress	<0.001 partial $\eta^2 = .39$
	Beck Depression Inventory		<0.001 partial $\eta^2 = .54$
	Coping Skills Questionnaire	Catastrophizing	<0.01 partial $\eta^2 = .19$
	Numerical Pain Rating	Perceived Pain Intensity	<0.001, partial $\eta^2 = .49$
	Oswestry Disability Index	Perceived Functional Impairment	<0.001 partial $\eta^2 = .44$
Increased	Chronic Pain Acceptance Questionnaire	Pain Acceptance	<0.001 partial $\eta^2 = .46$
	Trunk Range of Motion	Objective Function	<0.001 partial $\eta^2 = .45$
	Timed 100-yard Walk		<0.001 partial $\eta^2 = .86$
	Tolerance to Graded Exercise Program		Increased by an average of 13.28% (SD = 14.10); partial $\eta^2 = .47$

# Program | Outcomes

Block, Cianfrini, Andrews, McConley & Doleys. 2011 APS Poster (Continued)

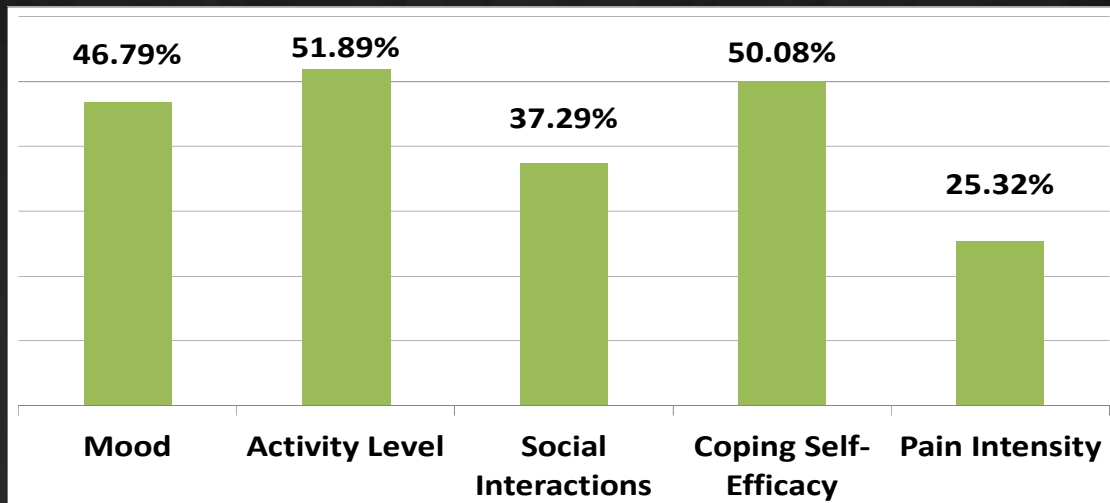


Figure 1. Post-treatment subjective improvement ratings (average estimated % improvement compared to pre-treatment levels)

## Summary

Participation in a multidisciplinary rehabilitation program led to statistically significant and clinically-relevant subjective decreases in psychological distress, catastrophizing, pain intensity, and activity impairment. Patients reported post-treatment increases in pain acceptance. Performance on functional measures (e.g., trunk ROM, timed 100-yard walk, exercise tolerance) also improved. Patients reported improvements at discharge across several domains (see Figure 1 above). **It is interesting to note that the psychosocial and behavioral outcomes were evident even in the face of modest pain improvements.**

It is also worthy to note that the patient sample entered treatment, on average, almost 5 years post-injury, and were involved in the worker's compensation insurance system. Thus, the **reported and observed outcomes were evident despite potential secondary gain pressures** to minimize functional improvement.

Finally, **improvements were independent of medication increases**; Indeed, there was a trend toward decreased morphine equivalent doses of opioid analgesics,  $p = 0.06$ , partial  $\eta^2 = .07$ ). Findings of this study provide further evidence that such programs can result in significant improvements in both subjective and objective physical and psychosocial functioning, regardless of medication use and time since injury.



# Program | Outcomes

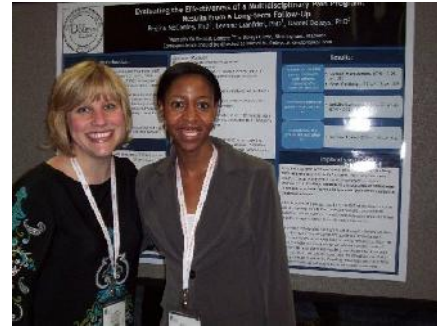
## Poster Presented at The American Academy of Pain Medicine Annual Meeting, 2010

McConley, Cianfrini, & Doleys

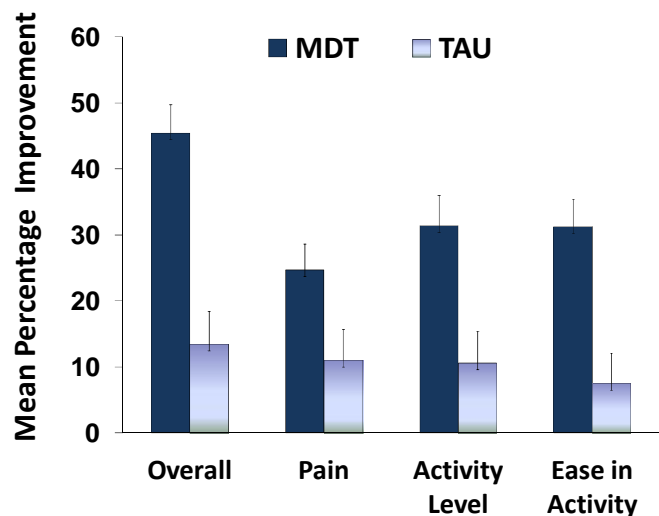
We compared outcomes data based on telephone interview for 76 patients treated at The Doleys Clinic:

- ◆ 20 who qualified for the day treatment program but did not enter ("Treatment as Usual" or TAU group). TAU consisted of a primarily outpatient pharmacological approach.
- ◆ 56 who completed the multidisciplinary treatment program (MDT group)

Patients were contacted at least 18 months following completion of the program.



### Results: Comparison of functional outcomes among MDT and TAU groups



### Results:

Patients in the MDT group, compared with patients receiving TAU, reported **greater:**

- **Overall improvement**,  $t(74) = 4.06$ ,  $p < .001$
- **Ease of activity**,  $t(74) = 3.15$ ,  $p < .003$

There was a **trend** for greater improvement in:

- **Activity level** among the MDT group,  $t(74) = 2.55$ ,  $p = .03$

Interestingly, the groups **did not differ** in:

- **Perceived pain**,  $t(74) = 1.90$ ,  $p = n.s.$

### Implications

Data indicate that our treatment program was more effective (based on patient subjective report) than treatment as usual (i.e., opioid analgesics) for long-term improvement in daily function, regardless of perceptions of pain improvement.

# Program | Information

## Cost/Insurance

We are offering our program at a **flat-fee daily rate of \$500/day** (\$250 for Friday half-day sessions). Thus, the full cost of the Two Week Program is \$4500, a bargain compared to expensive interventional or surgical procedures or escalating medication costs. Our fee is also a fraction of the price of comparable out-of-state day treatment pain rehabilitation programs, who charge upwards of \$18,000 excluding lodging and meals.

For patients with private insurance (e.g., BCBS), we will expect full payment in advance by cash or credit card. At this time, third-party payors do not cover this program, despite decades of positive historical outcomes data. At your request, we will provide you with a list of codes used for each program service attended for you to submit later to your insurance company.

For worker's compensation insurance providers, we can invoice at the daily rate, or charge by code per the worker's compensation fee schedule, per your preference.

## Admission Assessment

Patients will first need an appointment with one of our behavioral medicine specialists for a comprehensive interview to determine eligibility for the program. This initial assessment and testing is not included in the program cost. If eligible, the patient will be scheduled for the next available quarterly program.

NOTE: We are not a substance abuse/drug addiction treatment facility. Any medication discontinuation or tapering should be done prior to entry into the program under medical supervision. Patients should ideally be opioid-free, or on a stable and conservative dosing regimen in order to maintain focus and achieve maximum benefit of this skills-based program.

## What to Bring

Participants should bring comfortable clothing, sneakers for PT work, and toiletries to freshen up after gym sessions. Please bring all medications taken on a regular basis, as no prescriptions will be provided during the program. If snacks are needed for blood sugar issues, please bring sufficient snacks and juice. If possible, bring a CD player for relaxation activities in the evenings. An open mind and a positive attitude also help!

# Program | Information

## Lodging/Meals/Transportation

- ◆ Lodging, meals, and transportation are not included in the cost of the program.
- ◆ Parking at the clinic is free.
- ◆ Patients will be given 75 minutes for lunch, to be taken off-site. Unfortunately, we are not able to host patients during the lunch hour due to staffing and space considerations.
- ◆ Patients must make their own arrangements for lodging. We can gladly suggest local hotels and cab services if needed, but will not arrange or bill for these services on behalf of the patient.

## Location

We are located in Hoover, Alabama at 2270 Valleydale Road, Suite 100. Our lovely two-story facility is less than 3 years old and houses exam rooms and medical offices, a gym, a large conference-style educational area, and comfortable therapy rooms. (see back cover for photos). We are easily accessible off I-65 (one mile from Exit 247), Hwy 31 or Hwy 280.

## Contact Information

Our Program Director is Leanne Cianfrini, PhD. For clinical questions about the program, please call Dr. Cianfrini at (205) 982-3596 extension 236 or email at [LCianfrini@gmail.com](mailto:LCianfrini@gmail.com).

To schedule an admissions assessment, or for billing/Worker's Comp inquiries, please contact our scheduling coordinator, Ms. Lesley Rickman at (205) 982-3596 extension 222 or by email at [LRPPRI@aol.com](mailto:LRPPRI@aol.com).

Visit our website, [www.doleysclinic.com](http://www.doleysclinic.com) to learn more about our facility, to meet our staff, or explore our unique outpatient services.





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