

Integrative Approaches to Pain Management

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Part I

- Diagnostic Conundrums from practice



Case #1

- 42 y.o. female c/o left-sided upper back pain for past three years. Pain described as sharp, focal, located just medial to border of scapula, increased with inspiration. Radiates to neck and shoulder on left. Some improvement when lying supine. Worse with movement of left arm.



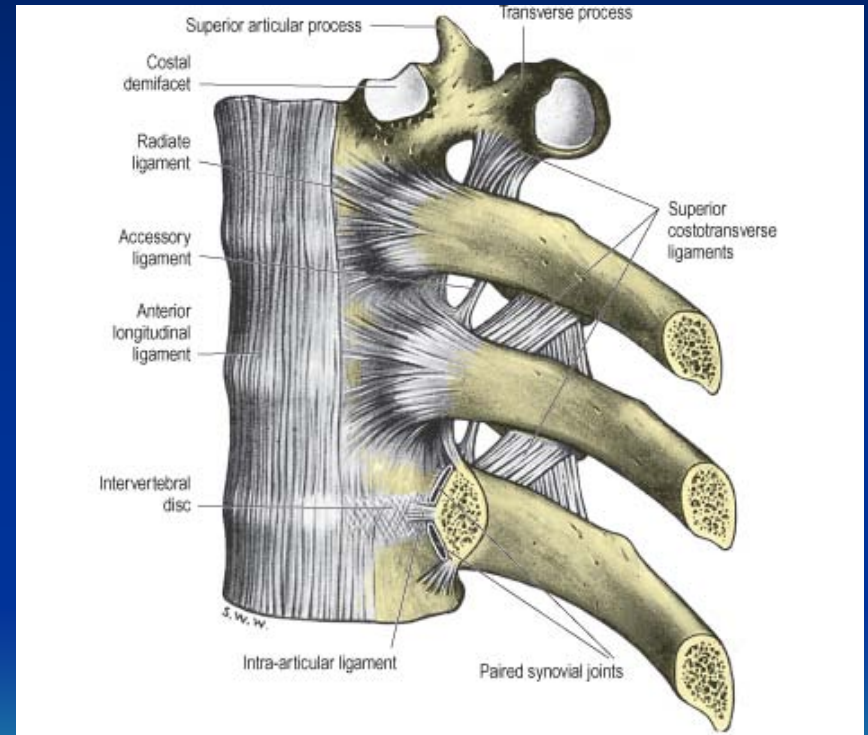
Case #1

- X-rays, MRI negative
- Multiple rounds of PT, cortisone injection, OTC analgesics, percocet, visit to Rothman Institute not helpful
- Pt. usually very active – cycling, yoga, weight lifting



Dx: Rib Subluxation

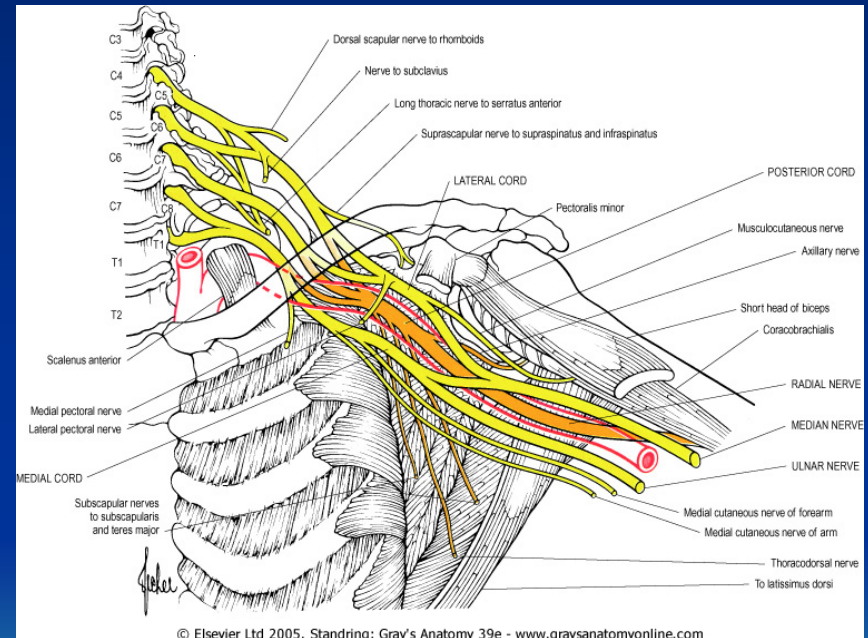
- Slight posterior or anterior movement of rib at costovertebral junction
- Can be exquisitely painful
- “Stitch”
- Overlying mm. spasm may cause referred pain
- Usually very responsive to manipulative therapy



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Rib Subluxation

- Dx: Palpatory – “speed bump,” tenderness over area, muscle spasm, asymmetry
- Due to proximity of brachial plexus, may cause neuropathy
- Often confused with disk disease, radiulopathy

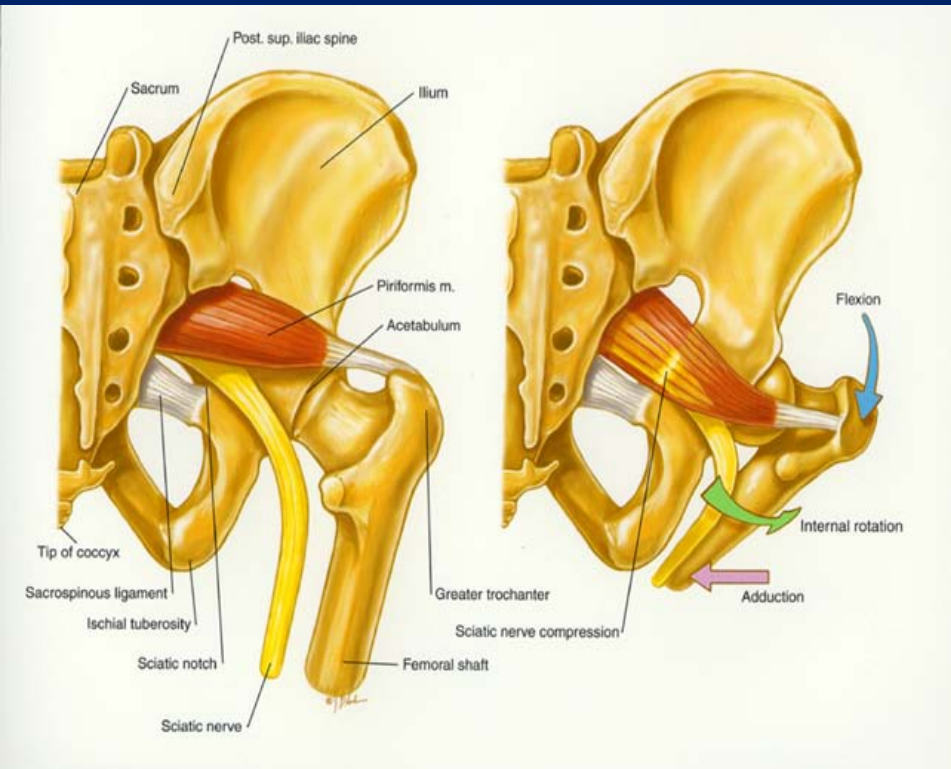


Case #2

- 77 y.o. female with pain and numbness down posterolateral left leg, sometimes “grabbing”
- Present for 8 months
- Often relieved when lying supine
- Worse with prolonged sitting, getting up and standing
- Minimal response to cortisone, PT, pain relievers
- MRI shows mild disc bulge at L5/S1

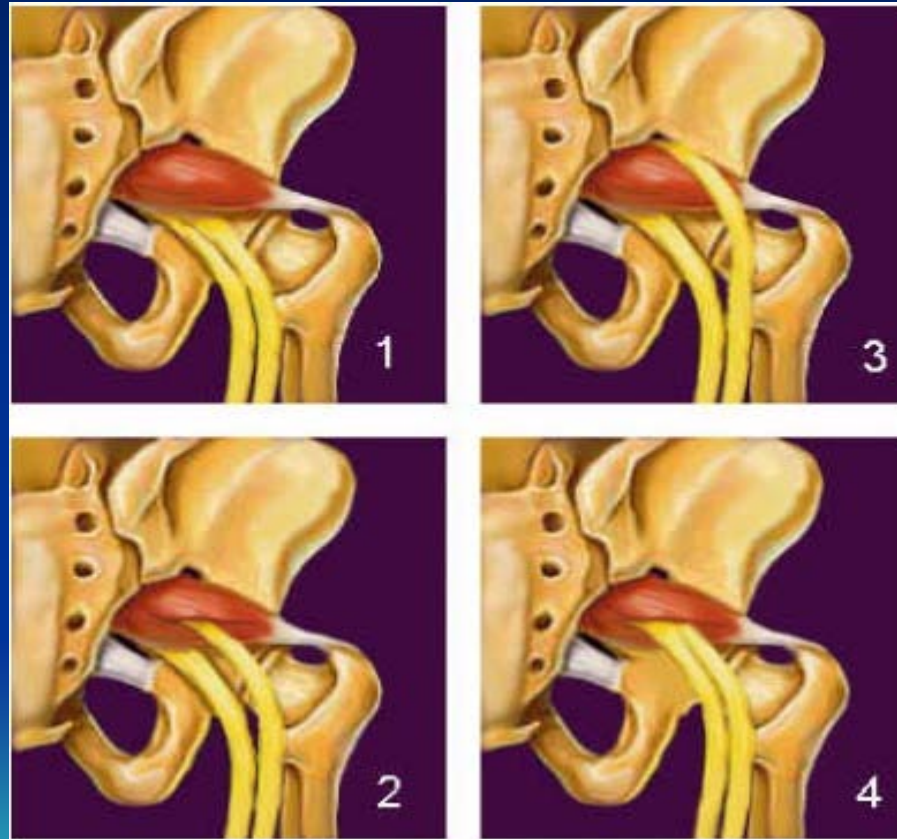


Dx: Piriformis Syndrome



- Spasm/tension on piriformis muscle compresses sciatic nerve, mimicking sciatica
- Disc disease may also be present
- Piriformis involved in hip movement, postural stability – very important muscle

Piriformis Syndrome



Piriformis Syndrome

- Can be tenacious, difficult to treat
- Reacts to manipulative therapy, cold (ice)/heat, stretching, acupuncture, massage, PT modalities

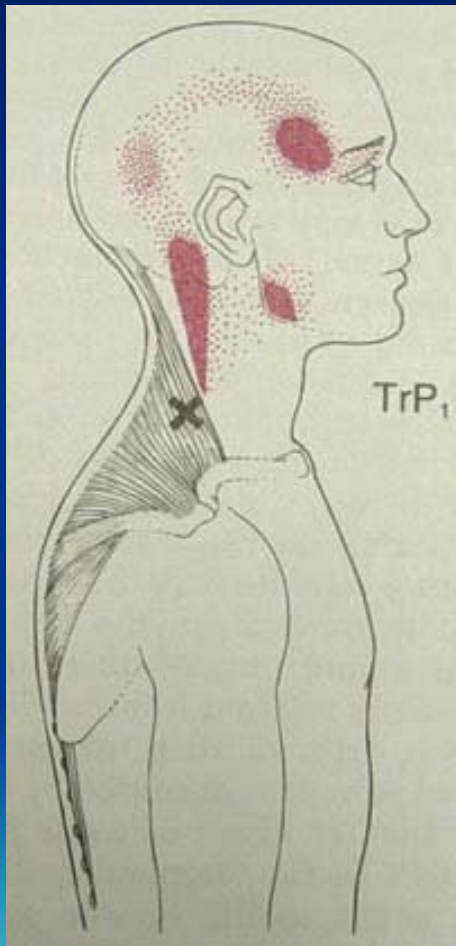


Case #3

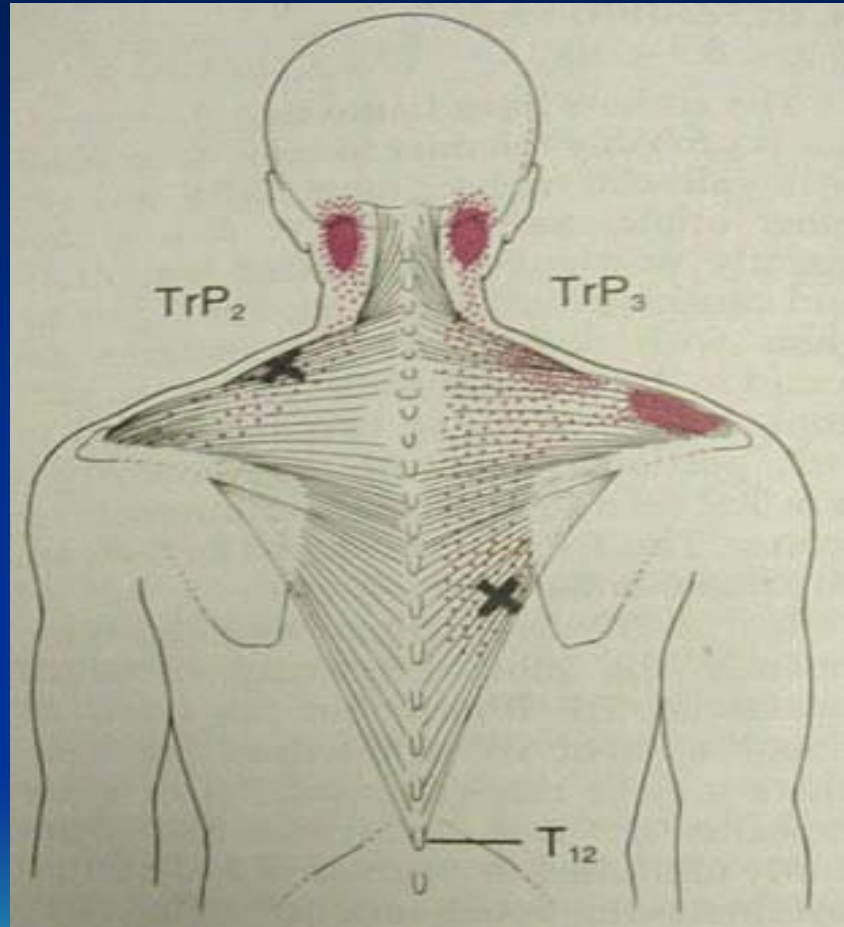
- 35 y.o. female with “migraines”
- Gets severe, right sided facial pain (temple, eye, jaw affected with sharp, throbbing pain)
- Works as administrative assistant; lots of time on computer
- Symptoms include: nausea, occasional vomiting, prefers dark rooms
- Head imaging is negative (CT, MRI)
- Headaches occur nearly daily, usually by late afternoon
- Hx of car accident (rear-ended) 2 years ago



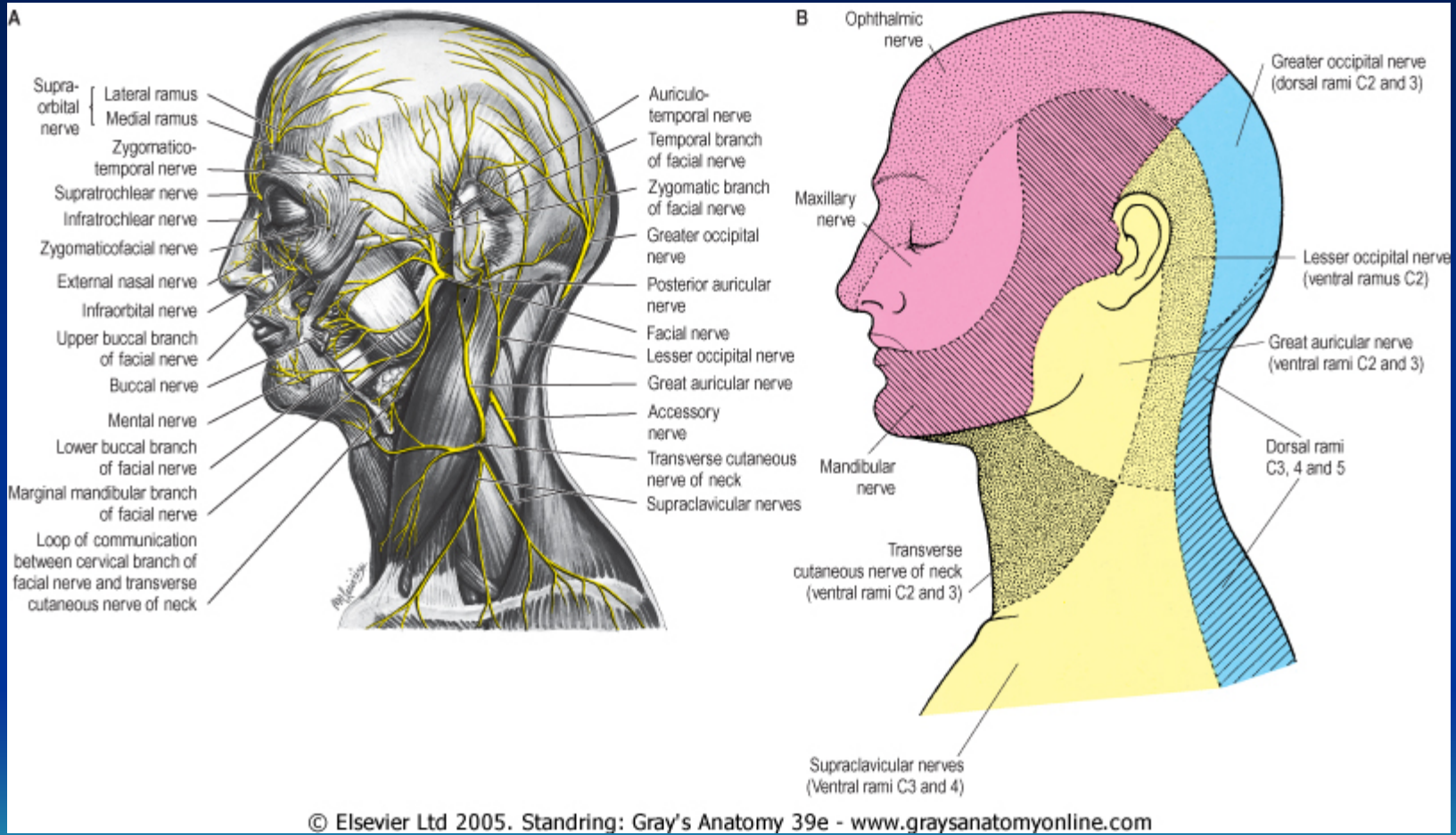
Dx: Trapezius Trigger Point



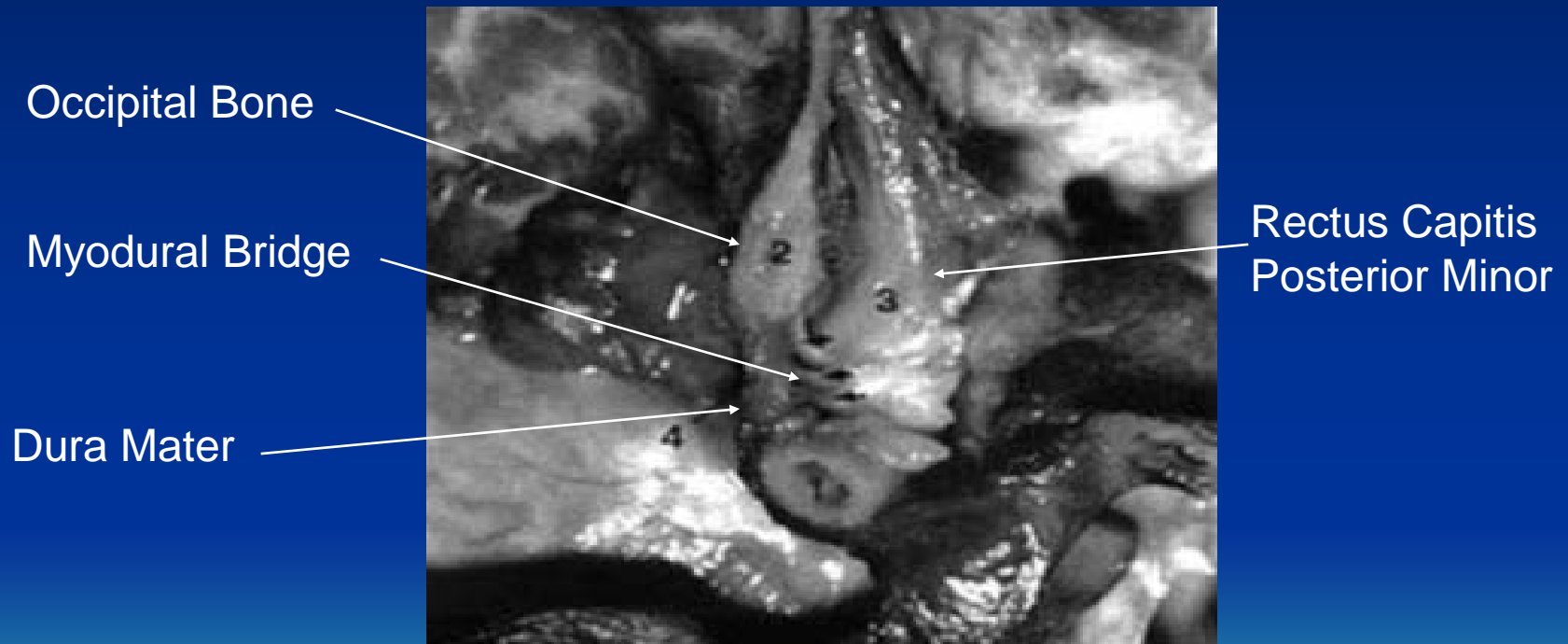
- Tension or myofascial headaches can mimic migraines
- TrP is an area of muscle spasm within belly of larger muscle
- Referred pain patterns can mimic neurologic or organic disease



Tension Headache Anatomy



Tension Headache Anatomy



Part II

- Fascia and its role in pain



