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Capitol Spine & Pain Centers

Diverse Options in the
Diagnosis and Nonsurgical
Treatment of Pain

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Diverse Options in the Diagnosis and Nonsurgical Treatment of Pain

By Martie Callaghan

The emergence of new treatment options for people in pain constitutes some of the most important developments in health care. Capitol Spine & Pain Centers is at the forefront of the movement to deliver competent and compassionate care to individuals in pain. Its team of physicians and physician assistants provide comprehensive evaluation and treatment for a wide variety of spine disorders, as well as sports injuries, musculoskeletal pain and arthritis.

“We perform a comprehensive neuromusculoskeletal evaluation, using X-rays, MRI and other diagnostic studies that may be

appropriate, in order to arrive at the right diagnosis,” says Abraham Cherrick, M.D. “By ‘comprehensive,’ we mean that we look at the myriad conditions and pain generators that contribute to someone’s discomfort. In the case of back pain, we try to determine what segment of the spinal column may be generating the pain and then we try to localize that to the precise nerve root level that is causing the pain.”

Pain, recently dubbed “the fifth vital sign,” has become as important an element in assessing a patient’s overall condition as blood pressure, pulse, respiration and temperature. “Doctors need to pursue the subject with their patients because many people do not know there is help available to manage pain,” Dr. Cherrick says. “Primary care physicians can initiate a dialogue with their patients: ‘Are you having a problem that causes you pain?’ ‘Where is the pain and what is it like?’ Answers to those questions should give

ON THE COVER

The physicians of Capitol Spine & Pain Centers provide comprehensive evaluation and treatment for a wide variety of ailments at eight convenient locations throughout Washington, DC, and Virginia.

Capitol Spine & Pain Centers physicians have been servicing the metropolitan area for more than 30 years.



the primary care physician enough information to consider a pain management referral.”

Capitol Spine & Pain Centers’ physicians possess a wide range of specialized experience and coordinate patient care among their colleagues within the practice. “The strength of our practice is the breadth and diversity of our skills, says Robert Wagner, M.D. “That ensures continuity of care so the patient is not left wondering what’s next. If surgery is required, we have exceptionally adept surgeons in the community that we work closely with to enhance overall success for our patients.” Capitol Spine & Pain Centers also utilizes physical therapists and chiropractors in developing customized treatment plans for all patients.

The goal of pain management is twofold: to relieve the pain and to return the patient to normal functioning. “We look at pain in the context of lifestyle and how it affects what the patient can and cannot do,” says Dr. Cherrick. “Whether a patient wants to play tennis or just get up and walk around the house, if his pain is not better in that situation, then we haven’t helped enough. We try to maximize function with as little adaptation as possible.”

THE EVOLUTION TOWARD OFFICE-BASED PROCEDURES

Over the past decade, interventional procedures for pain have shifted from a hospital-based to an office-based environment. “Ten years ago, the traditional model was dominated by hospital-based pain physicians,” says Douglas Wisor, M.D. “The belief was that hospital-based equipment was required and anesthesia was needed for various procedures. The process of obtaining a simple nerve block took three to four hours.”

At some point, the idea occurred to Dr. Wisor that if epidural nerve blocks and facet joint injections could be given in the office, then other procedures — discography, vertebroplasty, radiofrequency denervation and spinal cord stimulation trials — could also be safely done in an outpatient setting. “We changed course almost 10 years ago,” he says, “and added physicians who embraced our approach to interventional pain management.”

Dr. Wisor brought many office-based techniques with him when he joined Capitol Spine & Pain Centers seven years ago. “Since that time, the mindset of the practice has evolved even further,” Dr. Wisor says. “Not only can a patient have many procedures safely done in an office-based setting in less than half-an-hour, but most are able to resume normal activities promptly. Patients have started coming in at 6:30 a.m. — that’s actually our most popular time slot!”

Office-based procedures are now performed without general IV anesthesia or even twilight sedation. “Patients are generally quite comfortable during all our procedures without receiving medication,” Dr. Wisor says. “In some instances, oral medication to reduce anxiety or an analgesic for pain relief will be administered. We tell patients what to expect and walk them through the process. Patients tell us later that the experience was so much easier than they had anticipated.”

Vertebroplasty is an example of this innovative outpatient approach. Ten years ago, a woman with a spinal fracture from osteoporosis would be given a brace and sent home to heal for six to eight weeks. “The awareness factor has gotten better, but there are



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Dr. Daniel Kendall reviews a patient’s diagnostic tests.

still elderly patients today who are told they ‘just have to live with it’ as they wait out the long process of the fracture healing, as surgical options are not easily achievable,” says Dr. Wisor. “Now, under local anesthesia, we can insert a needle inside the fracture site and, with fluoroscopic guidance, inject liquid cement and seal the fracture instantaneously. The patient comes into our office in a wheelchair and then gets up and walks out.”

Capitol Spine & Pain Centers makes an effort to see each patient in acute pain on a same-day basis. “We really try to accommodate everyone and treat them in a timely manner,” Dr. Wisor says. “We don’t want patients to think, ‘No one can help me with this pain right now, so I’ll go to the emergency room.’ More routine appointments are made within 48 hours. With eight locations in Virginia and the District of Columbia, we’ll find a way for patients to be seen.”

Surgeons often send patients to Capitol Spine & Pain Centers prior to surgery to more precisely pinpoint the source of the pain through discography. “Probably 80% of people over 50 will have some type of abnormality revealed on MRI — even those with no pain symptoms,” Dr. Wisor says. “In a patient with pain, the question is, ‘Which of these abnormalities is the cause of the pain?’ People assume that discogram testing is uncomfortable and filled with false positives; we realize it is not much more uncomfortable than any other test and the information gained is invaluable.”

TREATMENT METHODS: THE VERY NEW AND THE TRIED AND TRUE

Methods for treating pain range from medical management to interventional procedures such as epidural nerve block for radiculopathy, facet injection to treat arthritic pain, radiofrequency rhizotomy for facet pain, vertebroplasty to treat compression fracture and the placement of spinal cord stimulators for intractable neuropathic pain.

Degenerative disc disease, one of the most common causes of low back pain, has been treated with a variety of nonsurgical and surgical techniques over the years. Now, a new treatment is available. “Disc regeneration therapy is the first injection treatment we have come across to treat painful disc disease,” says Mayo F. Friedlis, M.D. “We inject a solution of chondroitin sulfate and glucosamine directly into



Dr. Marina Protopapas conducts a thorough examination before determining a course of treatment.

the impaired disc. These substances trigger the body's natural healing mechanisms, relieving pain by repairing the degenerative disc."

Ligament injuries are the cause of numerous pain syndromes in the extremities as well as in the spine. The goal of treatment for ligamentous injury is to rebuild the ligament, making it thicker, stronger and tighter. Prolotherapy is a technique that uses a solution of concentrated dextrose and local anesthetic injected into the affected ligaments, tendons or joint capsules to stimulate the body's natural ability to repair these tissues. "Prolotherapy has been around for about 75 years," Dr. Friedlis says. "It is well tested and has been used on hundreds of thousands of patients with success. We use it for whiplash injury, tendonitis and ligament strains or tears. About 80% of patients experience complete resolution of the problem and they experience this on a permanent basis."

Another technique, platelet-rich plasma (PRP) therapy, promotes healing of musculoskeletal conditions through the use of concentrated platelets. "By using the patient's own blood, we extract and concentrate the platelets to about eight times the normal level," says Dr. Wagner. "We then inject them into and around sites of primary injury. The platelets release growth factors which enhance healing."

PRP has been around for about 25 years in some surgical settings, but has moved to the outpatient setting over the last few years. In the last two years, Dr. Wagner and his colleagues performed upward of 3,000 cases with excellent results for partial tendon tears of the knee, rotator cuff and ankle, as well as degenerative states of the knee, hip and spine. "There are only about 20 physicians in the country who do this," Dr. Wagner says.

Capitol Spine & Pain Centers is a growing organization that pays careful attention to the level of professional knowledge of each new physician that joins the practice. "We have a mentoring program

where new doctors work next to a senior doctor so they can achieve the very highest levels of sophistication and professional performance and become the very best physicians they can be," Dr. Friedlis says.

Four more physicians will join the practice over the next several months. In addition to Capitol Spine & Pain Centers' current locations in Alexandria, Arlington, Centreville, Fairfax, Herndon, Richmond and Fredericksburg, VA; and Washington, DC, new offices will open soon in Woodbridge, McLean and Ashburn, VA.



For more information about Capitol Spine & Pain Centers, call (703) 914-8000 or visit www.treatingpain.com. ■

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6355 Walker Lane, Suite 507
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Fairfax
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Fairfax, VA 22031

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