

Got Pain?

There are multiple choices for treatment of pain other than surgery, and in the extremely powerful field of traditional medicine called Physiatry, pain is not only addressed but also treated by identifying the pain generator.

The field of Physiatry originated after the two World Wars, as returning soldiers came home with brain injuries, spinal cord injuries, amputation, and other disabling traumas. This specialty developed to enable physicians to identify their patients' physical impairments and functional disabilities and then rehabilitate them back to improved functional independence, restoring them to productive lifestyles. ¶ Today, physiatry is used to treat patients in acute or chronic pain from physical injuries at work, auto accidents, and sports injuries and those who suffer spinal cord injuries, brain injuries, strokes, or amputations. To learn more about this specialization, *Florida Health Care News* turns to Lance Chaykin, PA-C, a physician's assistant with the practice of Stuart B. Krost, MD, who is board certified by the American Academy of Physical Medicine and Rehabilitation and the American Academy of Pain Management.

Stuart B. Krost, MD

FAQs

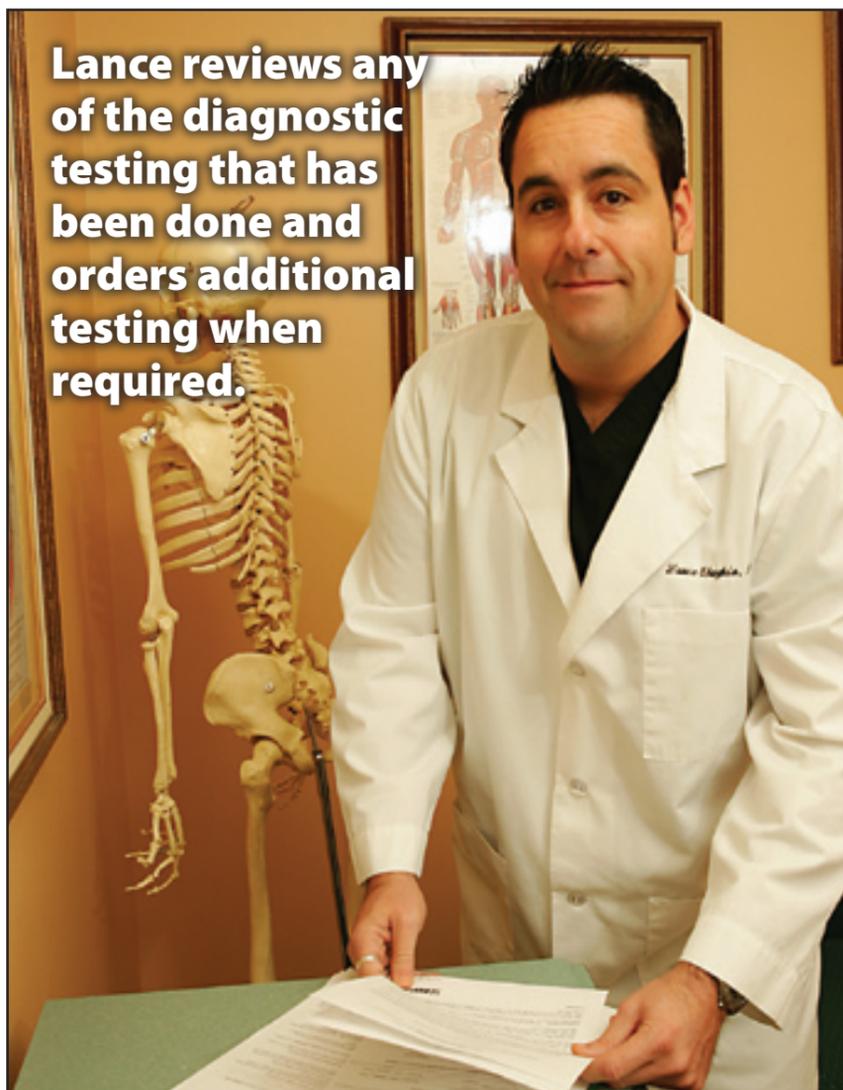
Lance, please explain to us what a Physiatrist is. A physiatrist is a medical doctor who specializes in physical medicine and rehabilitation. The Association of Academic Physiatrists divides the practice into three major areas of medical care: diagnosis and treatment of musculoskeletal injuries and pain syndromes, electrodiagnostic medicine, and rehabilitation of patients with severe impairments. Part of the methodology includes physical therapy and education on how to utilize proper body mechanics and posture to avoid injury, as well as medication management and interventional injections for chronic pain syndromes.

What do you mean by chronic pain?

Typically chronic pain is defined as a pain that has lasted more than three months, which correlates to the time expected for the complete healing process.

How would the pain generator be diagnosed?

In addition to diagnostic imaging such as x-rays, MRIs, or CT scans, Dr. Krost also uses diagnostic injections or blocks to try and identify the main pain generator(s).



Lance reviews any of the diagnostic testing that has been done and orders additional testing when required.

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Interventional injections and blocks can sometimes act as both diagnostic and therapeutic tools.

He may also use an electromyogram, or EMG, which is a diagnostic study that provides information about the integrity of the muscles and nerves in the body. This study is typically ordered to evaluate for muscle or nerve damage; this can help diagnose whether or not the nerves are being pinched and can be helpful when correlating findings of an MRI.

What is the most common type of pain?

The most common type of pain is a mechanical pain that can affect the entire spine. For a patient with lower back pain, a physiatrist would need to differentiate whether the pain was of a muscular component, a joint, discogenic, or neuropathic origin. Sometimes patients have multifactorial discomfort. Normally initial treatment would begin conservatively with a formal physical therapy program that focuses on the chief component. If therapy is going to be effective, positive results can usually be seen after twelve visits.

What is the next step if physical therapy has not resolved the pain?

The next step would typically be to use interventional injections to identify the pain generator. We offer many procedures, including epidural injections, facet blocks, Botox, trigger point injections, and electrodiagnostic testing.

Initially we might treat a patient with trigger point injections, which focuses on muscular origin of pain. If the injections were not helpful in terms of treating pain, the next step would be to assess whether or not the pain is coming from a joint. If we suspect it is facet related, then we would first perform diagnostic and therapeutic facet block injections. If the patients get long-term relief, we will redo the injections if and when the pain returns. If the patients report excellent relief but it is only short term, there is a procedure called the *rhizotomy*, which can be performed to produce a longer term and more significant benefit. Epidural injections would be considered if the pain generator was that of disc or nerve related problems.

And what if the patient reports no pain relief?

If the other steps have failed to resolve the pain, the next step is to address whether or not the pain is nerve related or discogenic [disc related]. EMG procedures are used for evaluation of various neurologic disorders. Percutaneous discectomy is a minimally invasive procedure for treatment of herniated discs. It is delivered through a needle rather than through open surgery with the ultimate goal of relieving pressure on the exiting nerve root as well as relieving pain.

Please describe a typical new patient consultation.

First we take a medical history and perform a thorough physical examination. Then we review the patient's problems, determine the pain generator, and formulate a treatment plan for that specific problem.

In cases of trauma such as car accidents or work-related injuries, can you perform independent medical evaluations?

Yes, and along with that, Dr. Krost can formulate a life care plan and provide our patients with a work status evaluation.

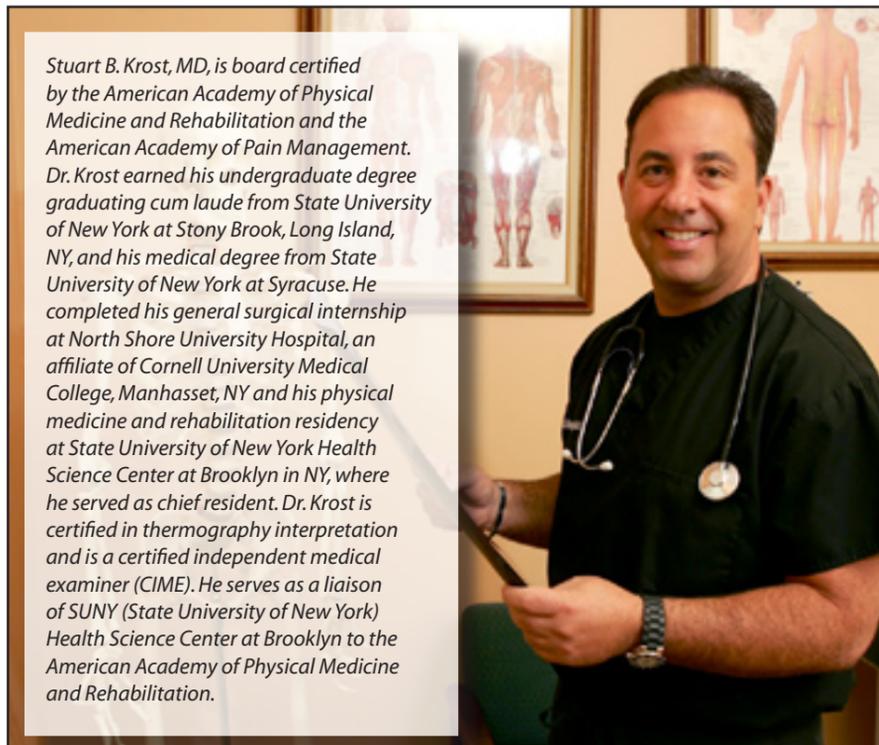
What do you think makes Dr. Krost's practice stand out from other physiatry practices?

We have a very friendly, compassionate staff that recognizes the importance of making our patients feel comfortable ... and every so often to make them laugh ... and tries to make each visit a pleasant experience. Dr. Krost offers his patients hope. He is the kind of physician who treats his patients as individuals, offering them a comprehensive approach to feel better and live a healthier and pain free life. **FHCN**

This interview with Lance Chaykin, PA-C was conducted by Kris Kline, a medical writer on staff at Florida Health Care News.

If you have pain

Dr. Krost invites your inquiries regarding the management of acute and chronic pain. For information or a consultation, please phone 561-296-2220 for locations at 3618 Lantana Rd., Suite 201, in Lake Worth, 875 Military Trail, Suite 105, in Jupiter, or 7300 N.W. 5th St., Suite 1, in Plantation.



Stuart B. Krost, MD, is board certified by the American Academy of Physical Medicine and Rehabilitation and the American Academy of Pain Management. Dr. Krost earned his undergraduate degree graduating cum laude from State University of New York at Stony Brook, Long Island, NY, and his medical degree from State University of New York at Syracuse. He completed his general surgical internship at North Shore University Hospital, an affiliate of Cornell University Medical College, Manhasset, NY and his physical medicine and rehabilitation residency at State University of New York Health Science Center at Brooklyn in NY, where he served as chief resident. Dr. Krost is certified in thermography interpretation and is a certified independent medical examiner (CIME). He serves as a liaison of SUNY (State University of New York) Health Science Center at Brooklyn to the American Academy of Physical Medicine and Rehabilitation.

DR. KROST'S PRACTICE SPECIALIZES IN:

- Acute and chronic pain management
- Sports medicine
- State-of-the-art physical therapy
- Headaches
- Neck and back pain
- Neuropathy
- Carpal Tunnel Syndrome
- Myofascial pain and fibromyalgia
- Work and auto-related injuries
- Disability assessment

For further education on physiatry, visit www.wetreatpain.com