

increased pain and decreased ability to function. Our goal is to offer our patients alternatives to opioid therapy. We recognize that opioids have a role in chronic pain management, but we only use them if it is absolutely necessary and safe.



A new state of art ambulatory surgery center. (Class B)

We offer two OR's, pre-op and post op bays with many accommodations.

Our Ambulatory surgery center (ASC) offer patients the convenience of outpatient surgeries, interventional pain management, GI/ endoscopic, colonoscopy and/or podiatry procedures performed safely outside the hospital setting.

We are happy to discuss any variety of questions regarding your cases, availability, or how we can help your patients.



If you would be interested in doing your outpatient cases at our ASC and would like more information, please contact Rick Coimbra (Director of Marketing) 514-200-2835 or email at: rickc@painspecialists.com



Our Location



825 Bennett Ave. Medford, OR

We are Southern Oregon's first interventional pain management practice with specialists in both anesthesiology and physiatry. We are well-respected for our conservative and innovative, treatment methods.

Meet Our Team

Joseph Savino, M.D.
George Johnston, D.O
Paul Leppert, ANP-C
Denise Partin, FNP-C
Jeremy Cathey, ANP-C
Eric Wruck, DC, FNP-C
Matthew Meehan, FNP-BC



Referring Providers:

Pain Specialists of Southern Oregon welcomes the opportunity to assist you in the evaluation and care of your patients. We recognize the importance of your patients to you as well as your hectic schedule and the need for timely evaluations and treatment recommendations. That is why we are committed to providing your patients with prompt consultations along with enhanced communication between our specialists and you. We strive to be pioneers in the advancement of pain management techniques. We were the first to perform the revolutionary mild procedure in Oregon and continue to be informed and trained in new methods and technology.

Options sending a referral request:

- EPIC System
- FX 541-772-1533
- PH 541-779-5228
- Website/referring physicians



VISIT US ONLINE @ painspecialists.com

We would love to hear from you with your comments:

rickc@painspecialists.com

Pain Specialist of Southern Oregon



PIONEERS IN THE ADVANCEMENT OF PAIN MANAGEMENT TECHNOLOGY



Dear community partners,

We wanted to keep you updated on our practice and the very important and exciting advances in the field of interventional pain management.

We are continuing to look for areas where we can improve our relationships with our supporting clinics, providers, and referral coordinators. Our goal is to make the referral process as smooth as possible for your office and patients. With any medication management referrals, we wish to provide the full Pain We know time is valuable when your patient is in need of a quick turnaround for a prompt interventional treatment or procedure.

Our **Fast Track Program** is for patients who require immediate diagnostic or therapeutic injections. In most cases Fast Track patients can be seen for assessment and immediate injection at Pain Specialists of Southern Oregon within a few days of referral.

George Johnston, DO, Joe Savino, M.D.

SI JOINT STABILIZATION

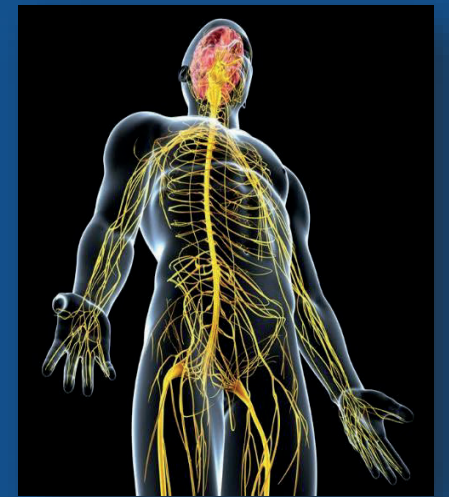
Stabilization of the SI Joint may provide immediate relief of your symptoms. A **LinQ** procedure may be performed in a less invasive way than traditional Sacroiliac Fusions, allowing for less blood loss and potential quicker recovery time. SI Joint fusion system is intended for sacroiliac joint fusion for conditions including Degenerative Sacroiliitis and Sacroiliac Joint Disruptions.

Common Symptoms of Pain Involving the SI Joint Include:

- Low back pain
- Pelvis/buttock pain
- Lower extremity pain
- Hip/groin pain
- Problems sitting/sleeping/ walking



PSSO Newsletter



painspecialists.com

Radiofrequency Neurotomy

What is it? Radiofrequency neurotomy is a procedure to disable a spinal nerve so it can no longer send pain signals to the brain. This is done by using radiofrequency energy to heat the area around a medial branch nerve. These nerves are located near the facet joints, the joints on the back of the spine where two vertebrae come together. The heat disrupts the nerve's ability to transmit pain.

Why do I need it? A physician may recommend radiofrequency neurotomy to relieve ongoing neck, back, or hip pain that comes from a facet joint. If physical therapy or medication have not helped the pain, the doctor can do a diagnostic injection (shot) to see if the pain is coming from a facet joint. The diagnostic injection is called a medial branch nerve block. The doctor injects a local anesthetic (nerve block) onto a medial branch nerve near one or more facet joints. This is meant to stop the pain for a short time. If you feel pain relief from this injection, it's a good indication that the pain may be coming from the facet joint. Your doctor will usually

perform two diagnostic injections on separate days. Your doctor may then recommend radiofrequency neurotomy. It can provide up to 80% relief, lasting up to one year.

Advances in Spinal cord stimulation (SCS) have resulted in new stimulation platforms. Historically, creation of electrical fields resulting in paresthesia was fundamental to SCS analgesia. However, with new emerging technologies, paresthesia-free is now available as are other platforms.

Here is a brief overview of latest neuromodulation platforms that can help potentially change your patient's life for the better.

- Tonic Stimulation
- High Frequency Stimulation (HF10)
- Dorsal Root Ganglion Therapy (DRG)
- Spectra WaveWriter System
- Adaptive Stim (Intellis)
- BURSTDR Stimulation

These new technologies have evidence-based studies of success for various chronic lower back/leg pain conditions, such as failed back surgery, injury or degenerative diseases. For a much more detailed overview and how each technology works, please see reference below.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391880/>

Published in final edited form as: Pain Pract. 2018 November; 18(8): 1048-1067. doi:10.1111/papr.12692.

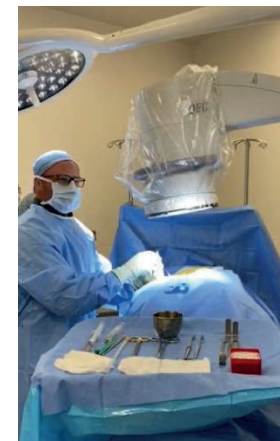
Diabetic Peripheral Neuropathy (DPN) of the feet.

Diabetic Peripheral Neuropathy (DPN) of the feet. Symptoms often include sharp pain, cramps, tingling, prickling, a burning sensation. Still others have exaggerated sensitivity to touch. The symptoms are often worse at night. Be on the lookout for these changes in how you feel:

- Touch sensitivity. You may experience heightened sensitivity to touch, or a tingling or numbness in your toes, feet, legs, or hands.
 - Muscle weakness. Chronically elevated blood sugars can also damage nerves that tell muscles how to move. This can lead to muscle weakness. You may have difficulty walking or getting up from a chair. You may have difficulty grabbing things or carrying things with your hands.
 - Balance problems. You may feel more unsteady than usual and uncoordinated when you walk. This occurs when the body adapts to changes brought on by muscle damage.
- Because people with type 2 diabetes may have multiple health problems, doctors don't always diagnose peripheral neuropathy when symptoms first appear. You need to be aware that your pain may be confused with other problems.



Spinal Cord Stimulation Effective for Neuropathy Pain Over the Long Term



Most people who are treated with spinal cord stimulation due to painful diabetic neuropathy, or nerve damage, achieve

long-term relief, according to a new study from the Netherlands. As many as 70% of people with diabetes have some form of neuropathy, as stated by the National Institutes of Health [1].

Chronically high blood sugar levels can damage nerves throughout the body, including in the peripheral nervous system, which is responsible for transmitting information [2] to and from the brain and spinal cord to the rest of the body. Symptoms of diabetic peripheral neuropathy include pain, tingling, and numbness in the hands, feet, arms, and legs. Currently, only an estimated 40% to 60% of affected people achieve partial relief [3]. To determine whether SCS can control neuropathy pain over the longer term, researchers from Maastricht University Medical Centre conducted a 24-month follow-up of 17 participants from an earlier trial who had received benefits from the device.

At the end of the two-year period, 47% of participants reported a 50% pain reduction during the day and 35% reported a 50% pain reduction during the night. Additionally, 53% of participants reported a significant overall improvement in their pain levels and sleep quality, leading the researchers to conclude that SCS

Can successfully relieve neuropathy pain on a longer-term basis.

"Spinal cord stimulation serves as a successful last resort treatment...for the duration of at least two years in 65% of diabetic patients with painful neuropathy," said researcher Dr. Maarten van Beek [4] in an e-mail to Reuters Health.

For more information, read the article "Spinal Cord Stimulation Benefit Ongoing in Diabetic Neuropathy" or see the study in the Journal Diabetes Care.

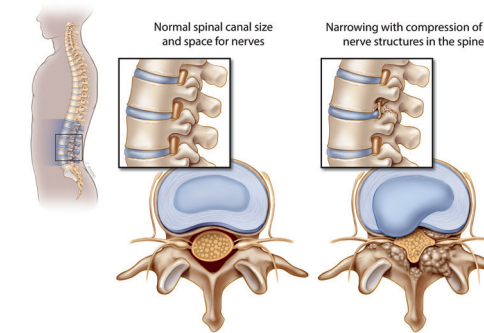
National Institutes of Health: <http://www.niddk.nih.gov/health-information/health-topics/Diabetes/diabetic-neuropathies-nerve-damage-diabetes/Pages/diabetic-neuropathies-nerve-damage.aspx> responsible for transmitting information: <http://www.nebraskamed.com/neuro/neuromuscular-disorders/peripheral-neuropathy>

1. <http://www.fusfoundation.org/diseases-and-conditions/brain-orders/neuropathic-pain> researcher Dr. Maarten van Beek.

The Superior Procedure Lumbar Spinal Stenosis (LSS)



Superior is a completely new, minimally invasive approach to treating lumbar stenosis that fills a gap in the continuum between conservative care and invasive surgery. Designed with patient safety and comfort in mind, Superior is implanted through a small tube the size of a dime to reduce tissue damage and blood loss. It's a simple outpatient procedure with a rapid recovery time and no destabilization of the spine.



Indirect Decompression

The Superior implant acts as an indirect decompression device. Its anatomic design provides optimal fit and preserves a patient's anatomy and ability to maintain motion. Superior acts as an extension blocker, relieving pressure on the affected nerves in the manner that one would achieve relief in a seated or flexed position. Available in multiple sizes to accommodate varying patient anatomy, Superior ensures controlled movement and minimizes post-procedure complications. Superior was developed to provide patients with a safe and effective alternative when conservative treatment has failed, and laminectomy is too aggressive.

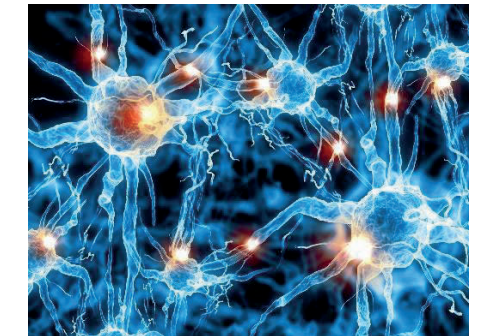
FDA approved, Superior is clinically shown to be effective for up to 60 months. Certain risks are associated with the use of Superior. Consult your doctor for more information regarding these risks.

http://www.accessdata.fda.gov/cdrh_docs/p/df14/P140004b.pdf

COMPLEX REGIONAL PAIN SYNDROME

CRPS is most common in people aged 20 to 35. The syndrome also can occur in children; it affects women more often than men. CRPS may be heightened by emotional stress. There is no cure for CRPS. The symptoms of CRPS vary in their

severity and length. One symptom of CRPS is continuous, intense pain that gets worse rather than better over time. If CRPS occurs after an injury, it may seem out of proportion to the severity of the injury. Even in cases involving an injury only to a finger or toe, pain can spread to include the entire arm or leg. In some cases, pain can even travel to the opposite extremity.



NEUROPATHY AND NEUROPATHIC PAIN

Neuropathic pain can result after damage to or dysfunction of the nervous system. Pain can rise from any level of the nervous system. These levels are the peripheral nerves, spinal cord, and brain. Pain centers receive the wrong signals from the damaged nerve fibers. Nerve function may change at the site of the nerve damage, as well as areas in the central nervous system (central sensitization). Neuropathy is a disturbance of function or a change in one or several nerves. About 30 percent of neuropathy cases are caused by diabetes. It is not always easy to tell the source of the neuropathic pain. There are hundreds of diseases that are linked to this kind of pain. Several treatments and new technologies can help patients get long term relief.

REDUCE OPIOIDS

Unfortunately, opioids are over-utilized for chronic pain. Current medical evidence suggests that opioids, particularly when prescribed in high doses, are not only unlikely to reduce chronic pain or improve quality of life but may actually cause