

Our Location



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.



Accredited by



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

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

Now three locations to serve patients:

825 Bennett Ave. and 3555 Lear Way in Medford, OR. 97504

We are the largest interventional pain management group in Oregon 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.
Brett Quave, M.D.
Daniel kim, M.D.
Paul Leppert, ANP-C
Denise Partin, FNP-C
Jeremy Cathey, ANP-C
Amicia Bullard, PA-C
Susan Rugh, FNP-C
Jared Thomas, FNP-C
Ismael Vargas, PA-C
Gregory Caldwell, PA-C
Carie Anderson, FNP, DNP

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.

We know time is valuable when your patient is in need of a quick turnaround for a prompt interventional treatment or procedure.

Pain Specialists of Southern Oregon is pleased to announce Dr. Brett Quave, M.D. and Dr. Daniel Kim, M.D., joining our team starting January 1st, 2022 in Medford Oregon.

Both Dr. Quave and Dr. Kim are board-certified physicians. Several other Providers are joining forces under PSSO.

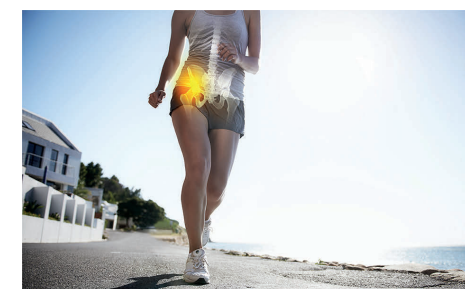
Joe Savino, M.D. George Johnston, D.O.

SI JOINT STABILIZATION

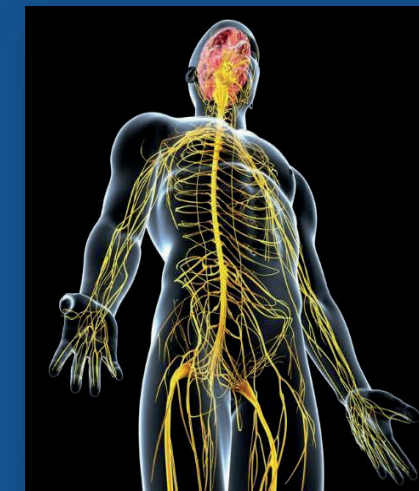
Stabilization of the SI Joint may provide immediate relief of your symptoms. A **LinQ** procedure may be performed in a less invasive way than traditional Sacroiliac Fusions, allowing for less blood loss and potential quicker recovery time. SI Joint fusion system is intended for sacroiliac joint fusion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

Brett Quave, MD, Daniel Kim, MD, as well as several providers will join our PSSO team. Jan 1st ,2022

Brett Quave, MD pursued a career in the healing arts and graduated from LomaLinda University School of Medicine in 1999. After a transitional internship at Kettering Medical Center in Ohio, Dr. Quave completed both his Anesthesiology Residency and Pain Medicine Fellowship at Loma Linda University Medical Center. Upon completion of his training, Dr. Quave practiced at Desert Pain Care in Palm Springs, California, and was then recruited to the Pacific Northwest to build "Water's Edge," a large, hospital-based pain practice in Yakima, WA.

Daniel Kim, MD was a National Merit Scholar and received a full tuition scholarship for his undergraduate education at Andrews University in Michigan. Dr. Kim then earned his medical degree from Loma Linda University in California, where he received the Whole Person Care Award. Dr. Kim completed his physical medicine and rehabilitation (PM&R) residency at Rutgers NJMS / Kessler Institute in West Orange, New Jersey. He then completed his pain medicine fellowship at Mid Atlantic Spine.

Expand your Options for Lumbar Spinal Stenosis Treatments

superior
Pain Decompression System

Advances in Spinal cord stimulation (SCS) have resulted in new stimulation platforms. Historically, creation of electrical fields resulting on 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 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 (Intelliss)
- BURSTDR Stimulation



These new technologies have evidence-based studies of success for various chronic lower back/leg pain conditions, such as fail 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.

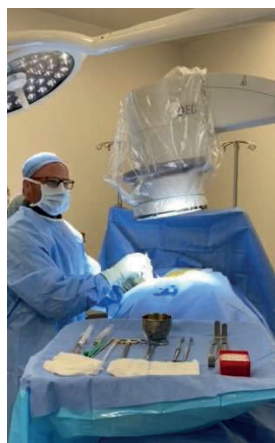
Diabetic Peripheral Neuropathy (DPN) of the feet.

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.

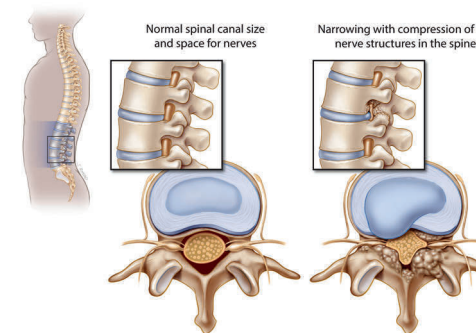
National Institutes of Health:
<http://www.niddk.nih.gov/health-information/health-topics/Diabetes/diabetic-neuropathies-nerve-damage-diabetes/Pages/diabetic-neuropathies-nerve-damage.aspx> responsible for transmitting information:
<http://www.nebraskamed.com/neuro/neuromuscular-disorders/peripheral-neuropathy>

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.

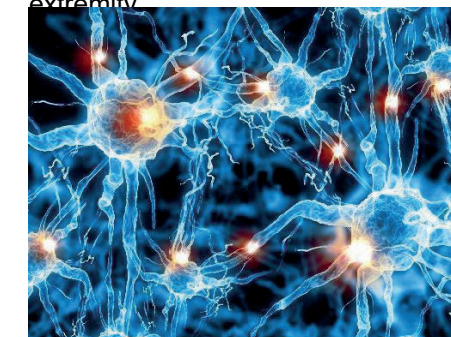
FDA approved, Superior is clinically shown to be effective for up to 60 months. Certain risks are associated with the use of Superior. Consult your doctor for more information regarding these risks.

http://www.accessdata.fda.gov/cdrh_docs/pdf14/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.

