

DEA

FINAL





WHERE **PAIN** IS A 4 LETTER WORD

DISCLAIMER

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Board, ASIPP, Pres. 2013-2014

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Publications: ASIPP

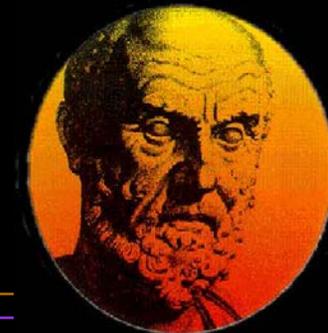
**No outside funding, no grants, Depomed
speakers bureau, Borrowed slides-
ASAM,PSS**



WHAT'S A REAL PAIN CLINIC ANYHOW?

WATME APPROACH

Hans C. Hansen, MD



Excel at mediocrity !

HYBRID

FULL ON

DABBLERS



PERCEPTIONS

EVERYONE
wants the BEST for our patients

WE WANT AN UNEVENTFUL
PROFESSIONAL
EXISTANCE

PAIN MEDICINE IS A HIGH
QUALITY CAREER CHOICE THAT
OFFERS MEANING TO SOCIETY

GIVEN: THE PRACTICE OF PAIN MEDICINE IS A HIGH RISK SPECIALTY- *LAX MANCHIKANTI*

GIVEN: PATIENTS EXPECT HIGH QUALITY CARE, WITHOUT CONSEQUENCE OR COMPLICATION, AND THE RIGHT TO SUE FOR A BAD OUTCOME OR DEVIATION FROM STANDARD OF CARE

GIVEN: YOU WANT LOW RISK TREATMENT OPTIONS THAT AFFORD A GOOD EXPERIENCE FOR OUR PATIENTS AND TO----***FIRST DO NO HARM***

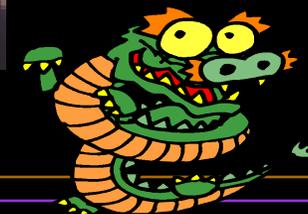
It would appear that PAIN MEDICINE is another significant point of liability

Opioid Abuse

“The bottom line is there will never be enough specialists to deal with the problem.”

Scott Fishman, MD

THIS IS NOT TRUE.....



OXYCONTIN

- NO CEILING EFFECT
- NO ACETAMINOPHEN ISSUES
- TITRATABLE
- MINIMAL STREET USE

WATME 1998

**An expert is a man
that has made all
mistakes possible in
a narrow field of
experience**

Albert Einstein

*Pain Management
Specialist's ROLE:*

**IMPROVE
QUALITY OF
LIFE**

&

**REDUCE
SUFFERING OF
PATIENTS
WITH ACUTE
& CHRONIC
PAIN**

Introduction

- Pain is crossspecialty
- The most common routine complaint in a primary care setting
- 90 % of all medical illness has pain as chief complaint
- Mismanagement at any level is costly and associated with a high level morbidity
- Early diagnosis is cost effective and enhances outcome

Introduction

- Pain is a symptom and not a disease
- There is rarely one pain generator
- For pain to be a disease, a diagnosis is necessary
- Therefore chronic pain when appropriately diagnosed IS A DISEASE
- IPM is a powerful tool to define a diagnosis

WE JUST WANT TO MAKE YOU HAPPY



Before treatment



After treatment

PAIN

WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN RISK

SCIENCE OF PAIN

WHAT'S THE EVIDENCE

DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE

PAIN

WHAT IS PAIN

**PAIN IS NOT AN
OPIATE
DEFICIENCY**

WATME



*PAIN IS NOT A TRADITIONAL
DISEASE- WE HEAL, BUT DO NOT
CURE*

*“PAIN IS AN UNPLEASANT
SENSORY AND/OR EMOTIONAL
EXPERIENCE BASED ON ACTUAL
OR POTENTIAL TISSUE DAMAGE”*

MERSKI: THE CLASSIFICATION OF PAIN

PAIN IS BIOPSYCHOSOCIAL



Pain is

BIO/PSYCHO/SOCIAL

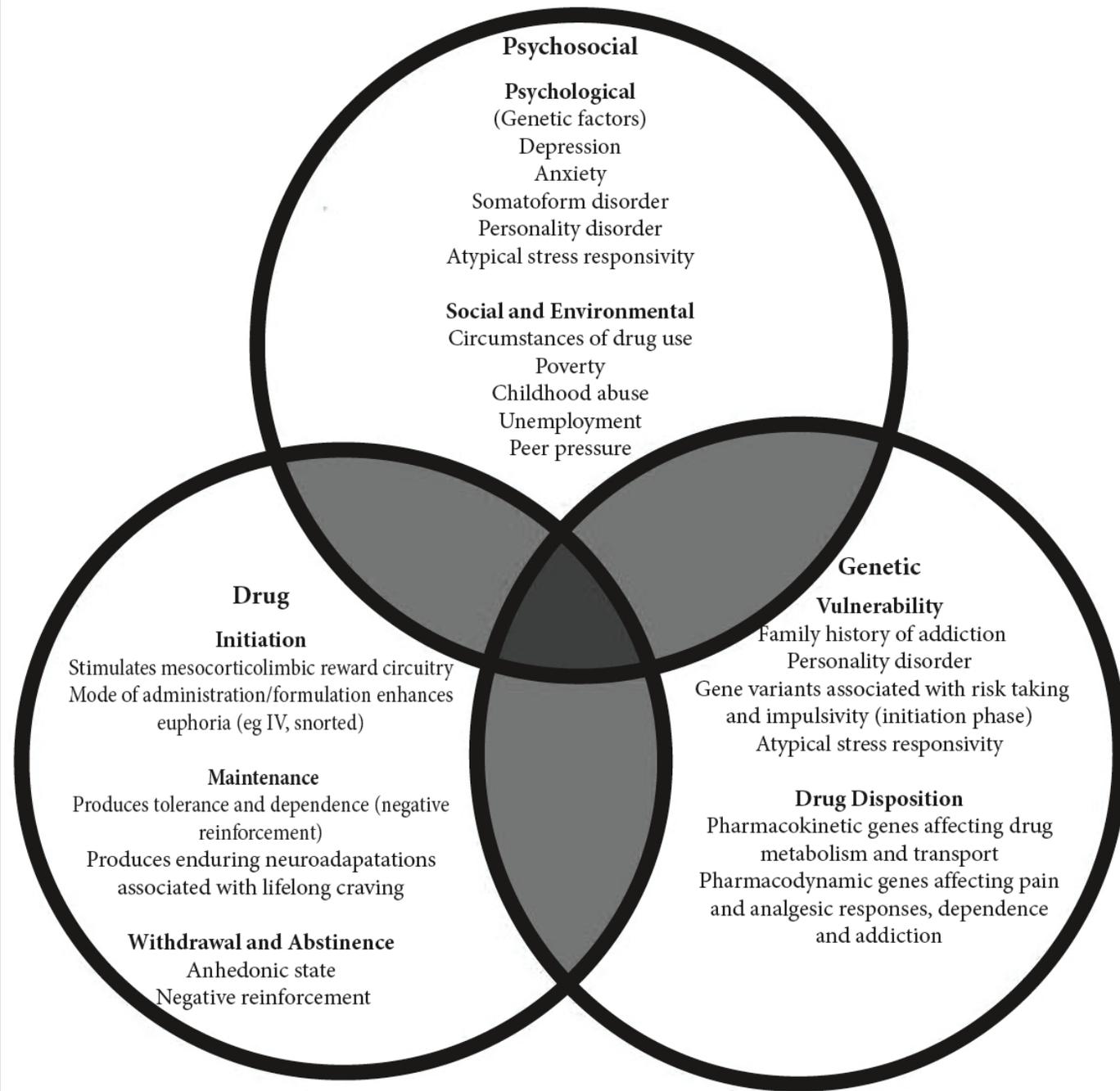
BIOLOGICAL

PSYCHOLOGICAL

SOCIAL

ADD RELIGIOUS

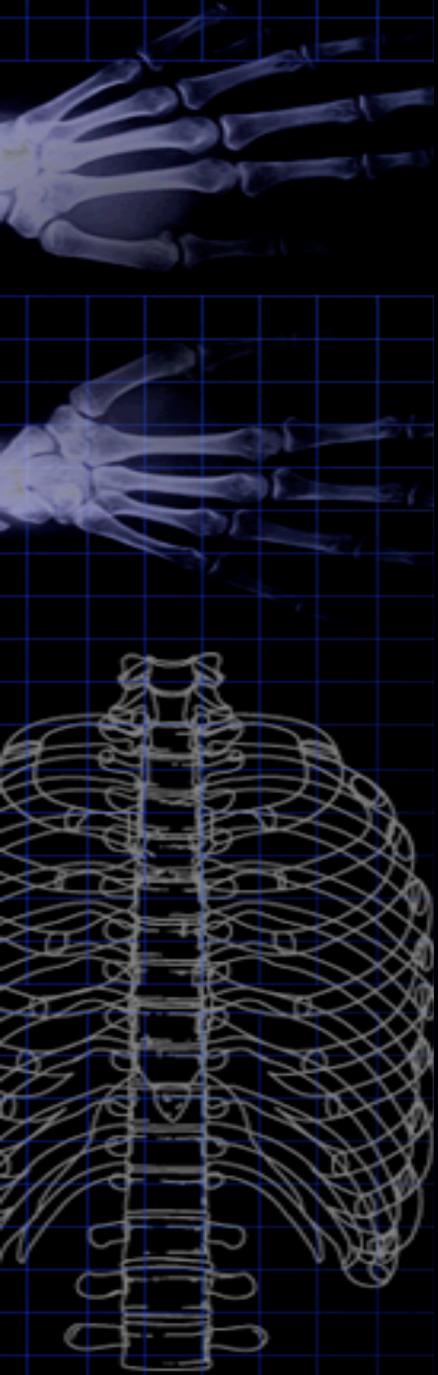




*'EVERY DAY IS
LIKE THE JERRY
SPRINGER SHOW'*



CONNIE Z. R.N. CCM

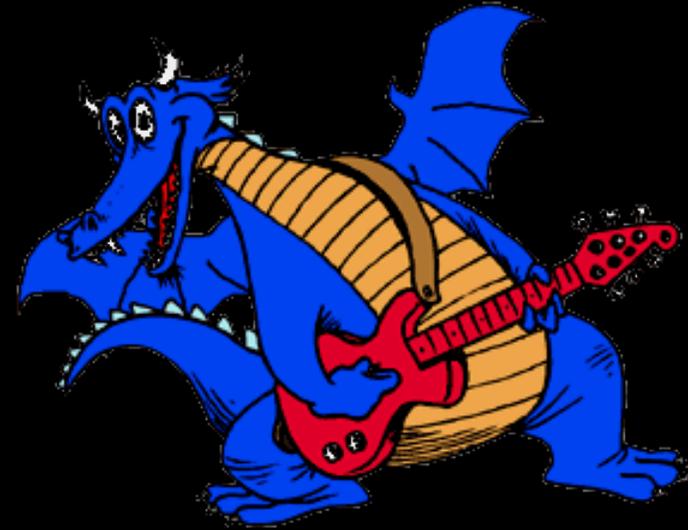


VICTIM

The most powerful person
in the room is the victim...

Southern Dragon

"Elvis Walmarticus"



-Multiple Tattoos- T TO T RATIO

-WAS RIGHT! Billy Ray Cyrus will have a comeback

-NASCAR/DISNEY T-shirt

-Disability is a degree

-Gravy is a beverage





5 RULES
OF PAIN
TREATMENT

FUNCTION!

1. Pain is a description and not an entity

MEDICAL
NECESSITY

**2. YOU MUST HAVE A DIAGNOSIS
BE DEFENSIBLE**

3. REFERRAL RULE

CAN I REALLY DO THIS SAFELY

4. Know Thy Meds
5 CLASSES, PICK 5

DO YOU KNOW YOUR MEDS? ACLS, INJECTABLES

From a *compassionate* standpoint
I want to relieve pain ...

From a *realistic* standpoint I must
improve function

5. DO NOT CHASE PAIN!

Injections are not always our best choice

PAIN

WHAT IS PAIN

***WHY NOBODY LIKES TO TREAT
PAIN RISK***

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Risk management

Risk vs. Reward

RISK MANAGEMENT IS THE
PROCESS OF CONTROLLING
LOSS

**‘IF NO ONE TOOK RISKS, MICHELANGELO
WOULD HAVE PAINTED THE SISTINE FLOOR’**



NEIL SIMON

Review Risk Management & Develop Methods to:

- Improve *QUALITY OF CARE*
 - Mechanism to ID *RISK*
 - Liability reduction tools
 - QI plan
 - Indicators

TIP OF THE PEN

Is the risk reward
benefit in our favor?



LAZARUS PROJECT

RISK FACTORS

FOUR SIGNIFICANT ITEMS - MANCHIKANTI

- **DECEPTION, LYING**
- **DOCTOR SHOPPING**
- **CURRENT/PRIOR ILLICIT USE AND DENIAL**
- **EXCESSIVE NEEDS**

TOOLS ARE A HELP, BUT VERIFY WITH TESTING

***PREVALANCE OF DRUG ABUSE IN THOSE TAKING
OPIOIDS FOR CHRONIC PAIN BETWEEN 9% AND
41%***

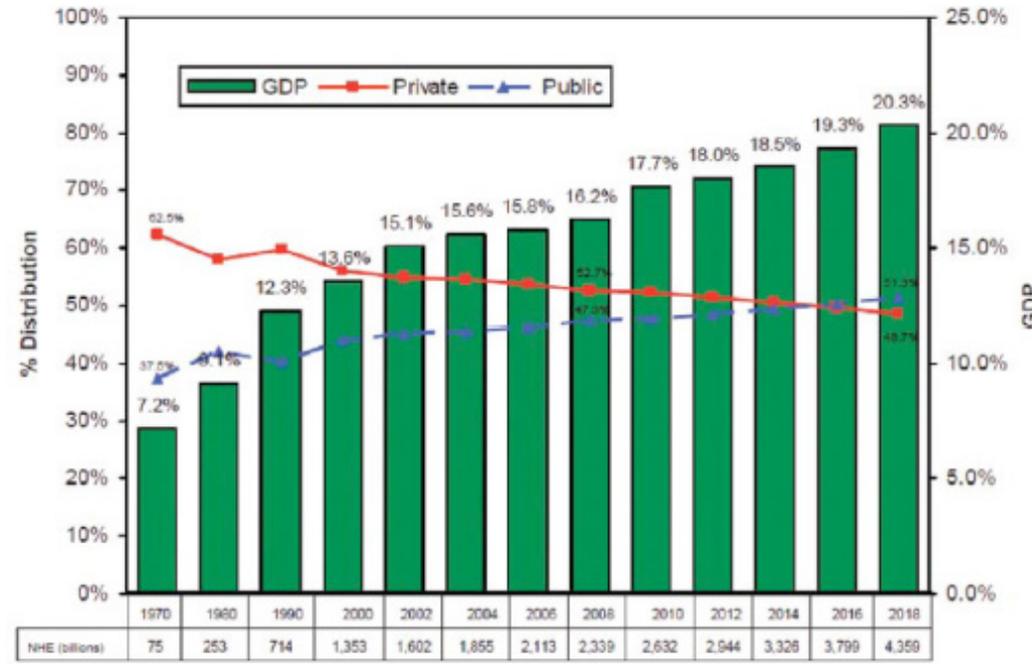
***MEDICAID PATIENTS ARE MORE LIKELY TO RECEIVE OPIATES,
VISIT THE ER***

Incidence of Drug ABUSE in pain practice

- 2004 Manchikanti : 20-24% (42% Medicaid)
- 2002 Atluri : 20-24%
- 2001 Manchikanti : 24 %
- 1997 Chabal : 27 %
- 1992 Fishbain : 3.2—20%
- 1998 Jonasson : 22 %
- 1995 Hoffmann : 23.4 %

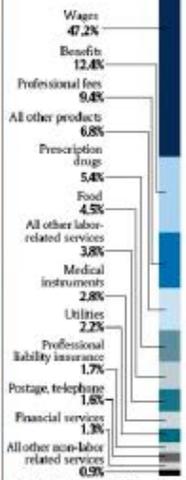
ACADEMICS • IDEAS • KNOWLEDGE
 EDUCATION • LEARNING • INSIGHTS
 INFORMATION • RESEARCH • PRACTICE
 FUNDING • INFRASTRUCTURE
 EDGE • ENLIGHTENMENT
 ON • INSIGHTS
 ION • LEARNING
 LEARNING • A
 MEDICAL • IN
 KNOWLEDGE

The Problem: The Raising Cost of Health Care



Hospital costs

Hospital expenses make up the largest category of health care spending in the USA. Here's where the money went in 2004: Percentage of total:



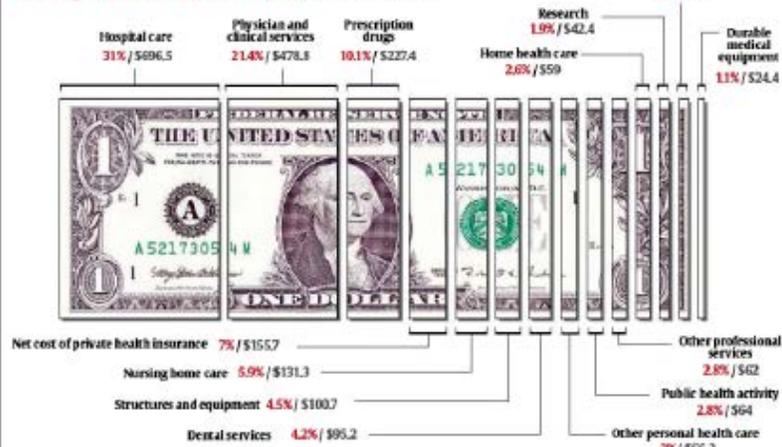
Source: Centers for Medicare and Medicaid Services
 By Alexander Grodzki, USA TODAY

Where health care spending goes

The cost of health care in the U.S. rises every year. It now exceeds \$2 trillion annually, representing 16% of the nation's gross domestic product in 2007. Where does it go?

Where \$2.2 trillion was spent on U.S. health care

Percentage of total health care costs in 2007 / Amount in billions



Source: Centers for Medicare and Medicaid Services

Physician compensation

The median earned by selected doctors in 2008, by specialty:

Specialty	Median income
Geriatrics	\$179,344
Family medicine	\$190,182
Pediatrics & adolescent	\$193,964
Internal medicine	\$199,886
Urgent care	\$200,904
Sports medicine	\$205,026
Psychiatry	\$206,631
Orthopedic-medical	\$209,000
Infectious disease	\$220,601
Pediatric intensive care	\$228,434
Neurology	\$229,119
Allergy and immunology	\$233,894
Gynecology	\$234,897
Emergency care	\$256,879
Pulmonary disease	\$267,148
Gynecology & obstetrics	\$283,110
Hematology & medical oncology	\$301,809
Ophthalmology	\$305,301
General surgery	\$337,595
Dermatology	\$344,647
Trauma surgery	\$352,339
Anesthesiology	\$352,969
Radiation therapy	\$395,166
Transplant surgery, liver	\$415,428
Orthopedic surgery	\$459,000
Cardiac & thoracic surgery	\$487,307
Orthopedic surgery, joint replacement	\$520,000
Neurological surgery	\$581,258
Orthopedic surgery, spine	\$611,670

Source: Lohr Search



Source: Centers for Medicare and Medicaid Services

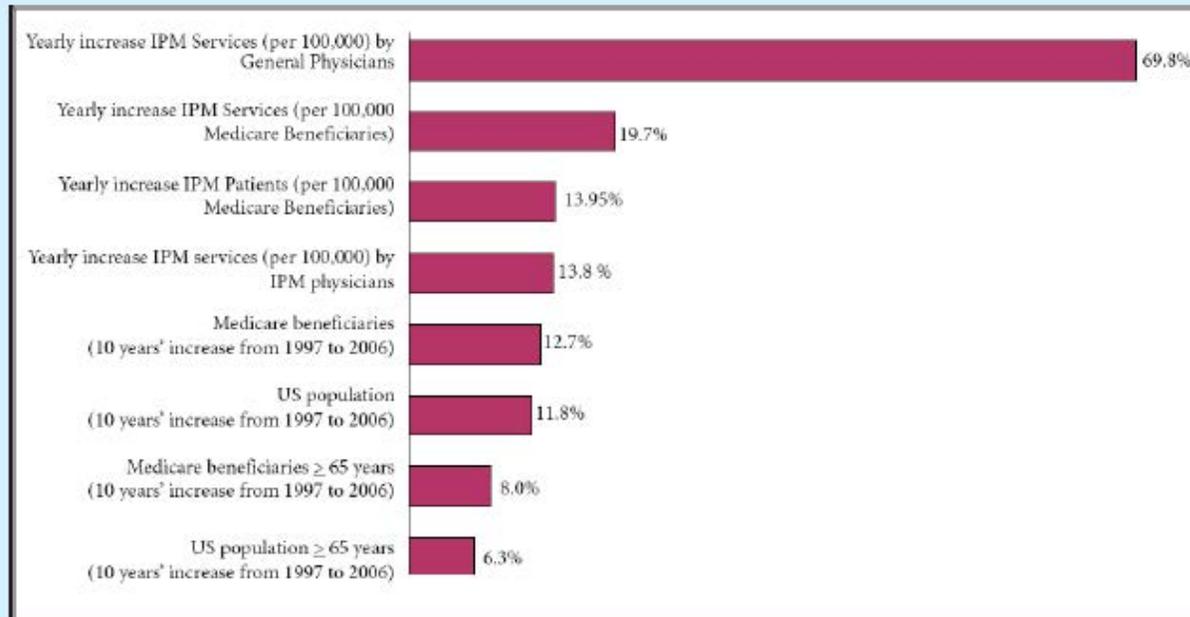
High-cost medical conditions

Total expenses for 15 medical conditions that cost at least \$20 billion to treat in the USA in 2006:

Condition	Cost, in billions
Heart conditions	\$78
Trauma-related disorders	\$68.1
Cancer	\$57.5
Mental disorders	\$57.4
Chronic obstructive pulmonary disease, asthma	\$51.3
Hypertension	\$48.5
Diabetes mellitus	\$48.3
Osteoarthritis and other non-traumatic joint disorders	\$37.5
Normal birth (live born)	\$37.5
Back problems	\$35
Hyperlipidemia	\$26.3
Other circulatory conditions, arteries, veins and lymphatics	\$26.3
Kidney disease	\$26.2
Other central nervous system disorders	\$23.8
Disorders of the upper GI	\$20.6

Source: Medical Expenditure Panel Survey, 2006

Interventional Techniques: From 1997 to 2006 in Medicare Beneficiaries



* Per 100,000 Medicare beneficiaries

Source: Manchikanti et al, Pain Physician 2009; 12:9-34

EBM - Feb 2010



ASIPP

The Voice Of Interventional Pain Management Since 1988

How Much Is a TRILLION Dollars?

One million seconds equals 12 days.
One *trillion* seconds is more than 30,000 years!

The White House projects the federal debt will grow by more than **\$9 trillion** in the next 10 years.

This is in addition to the projected **\$1 trillion** health plan and a

\$43 TRILLION debt for Social Security and Medicare!



**THE DEBT DISASTER:
It's Closer Than You Think**



Reading speech to Congress: "A trillion dollars would be a stack of \$1,000 bills 67 miles high." President Reagan said in 1981 of the nation's debt, which was \$934 billion

Explosive Growth

- ◆ Surgery
- ◆ **Opioids**
- ◆ Disability
- ◆ Interventional Techniques

'A SINGLE VISIT TO THE DOCTOR CAN YIELD 7000 DOLLARS' –ART JORDAN M.D.



NETTER

Gain for Pain?



PAIN

WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN RISK

SCIENCE OF PAIN

WHAT'S THE EVIDENCE

DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE

IT'S LOGICAL



KIRK IS A CRACK-HEAD



CHRONIC PAIN



Acute Pain

Pain is a symptom of disease and is self limited.

1. Provoked by

- a) noxious stimulation**
- b) tissue injury**
- c) abnormal functioning of somatic structures
(in emotional, psychological, and autonomic responses, responses are secondary).**

2. Has a biologic function

- a) alerting, warning**
- b) resting, healing**

Chronic Pain

Pain, itself, is the disease. It persists beyond the usual course of acute disease.

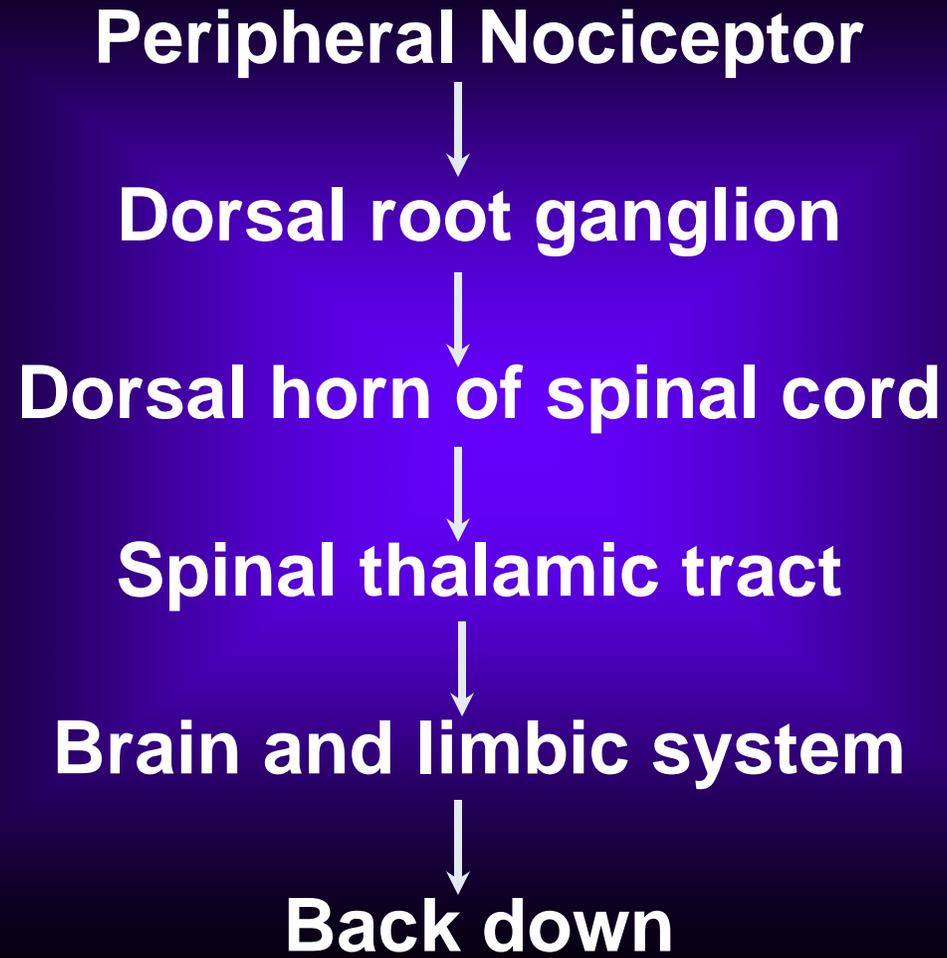
1. Provoked by

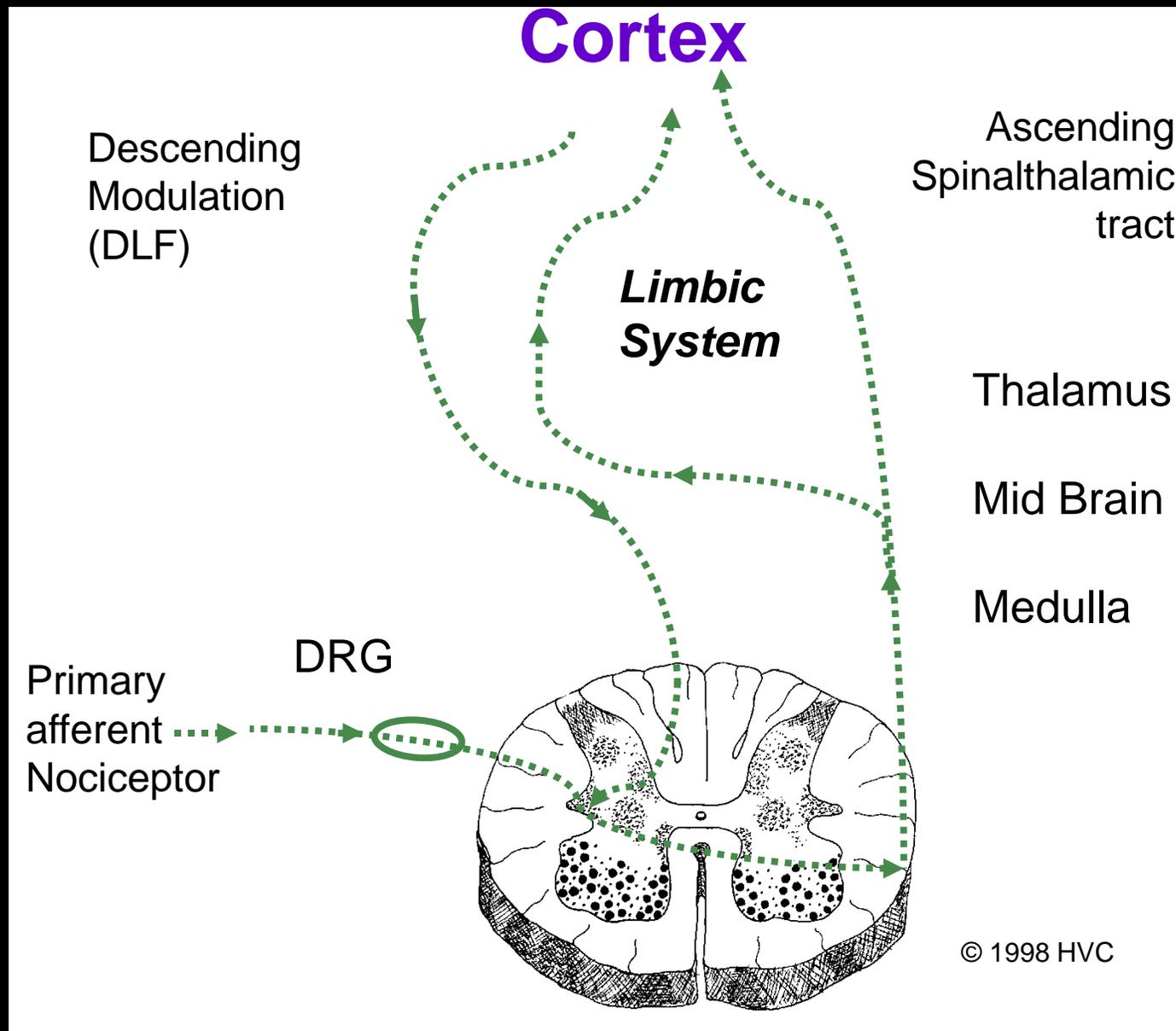
- a) chronic pathological process**
- b) dysfunction of CNS**
- c) psychological and learned environmental factors**
- d) autonomic and neural endocrine responses may be absent**
- e) a vegetative state may emerge**

2. Chronic pain never has a biological function

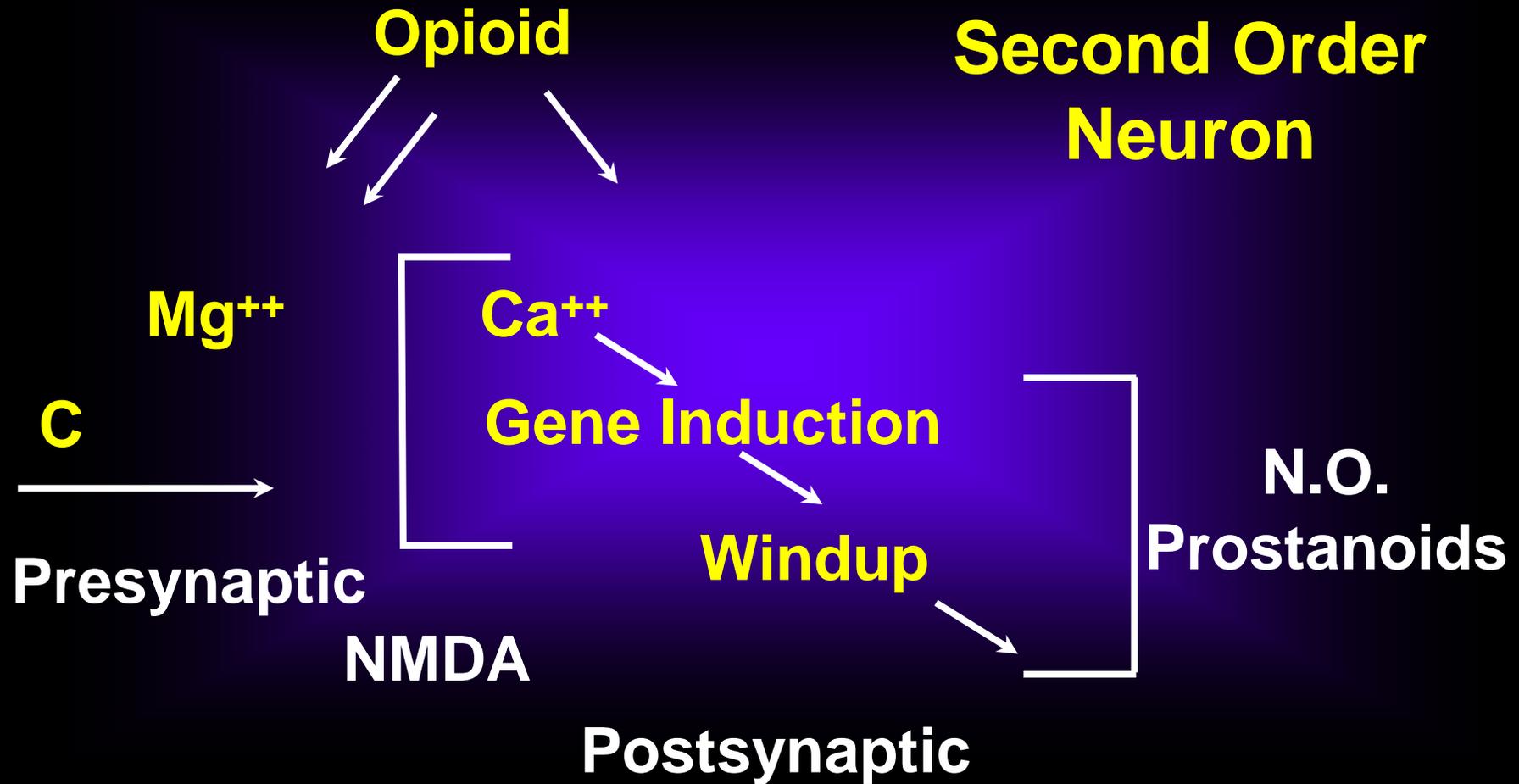
Anatomy

← Ouch!

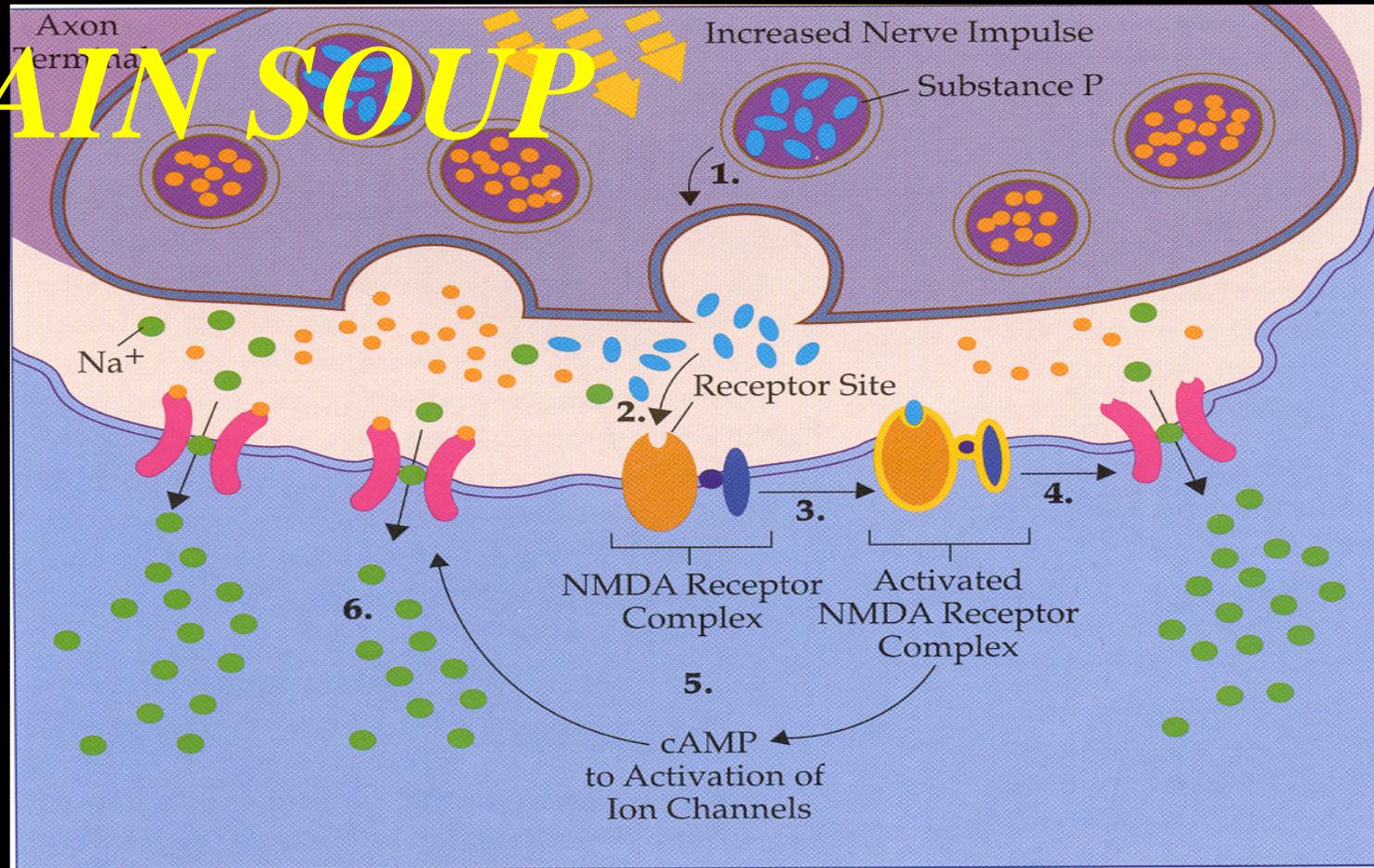




Hyperalgesia



PAIN SOUP



Substance P sensitizes the central nervous system

MU OPIOID ANTIDEPRESSANT

P A D

Pain **Addiction**
Depression



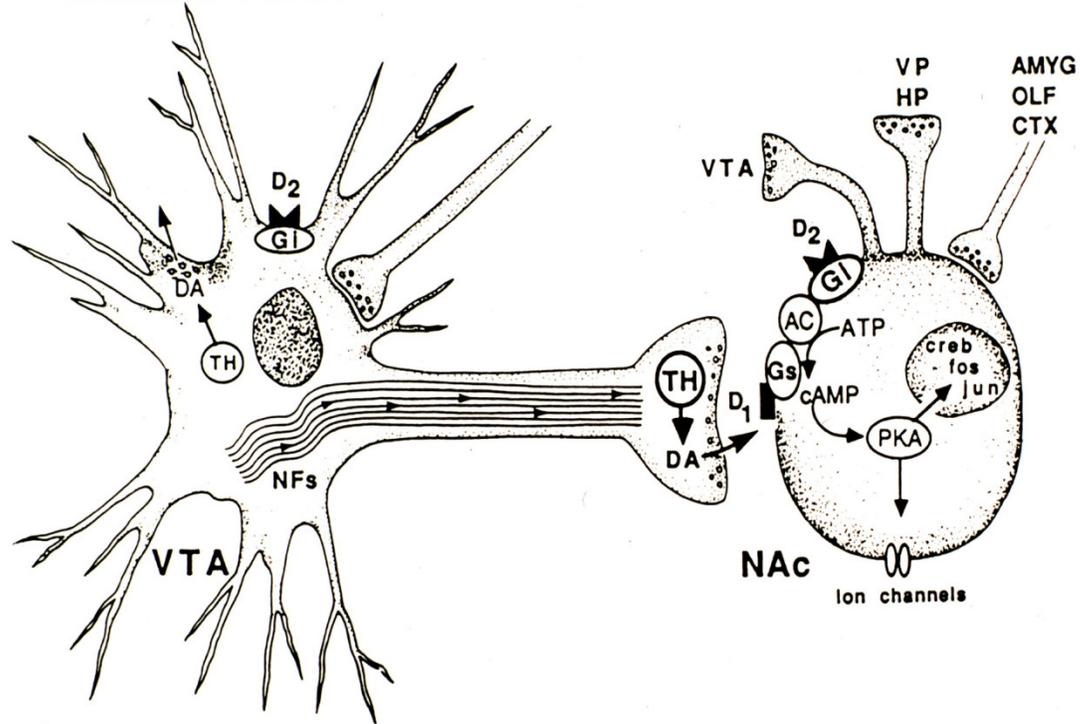
DEPRESSION, PAIN,

AND

THE

SICK NEURON!

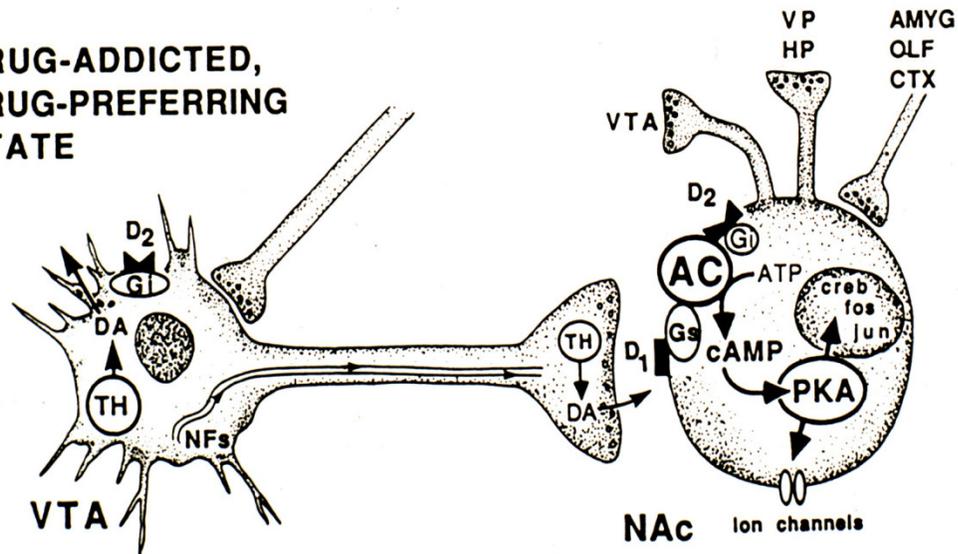
NORMAL STATE



SICK



DRUG-ADDICTED, DRUG-PREFERRING STATE



Ketamine

Low dose --- distortion space/time,
occasional hallucination,



mildly dissociative

0.1-0.5 mg/kg

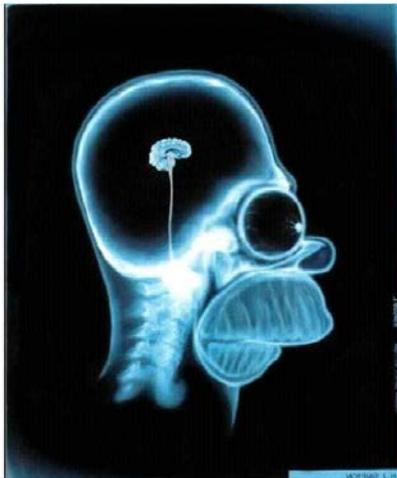
High dose ---
severe distortion
disconnect

Chronification of Pain

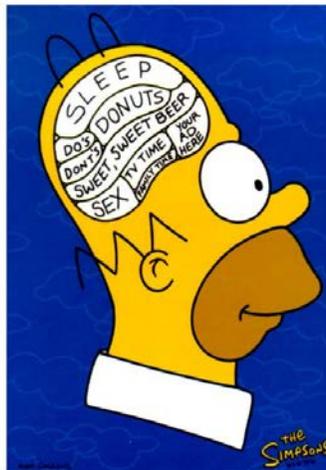
A. Apakarian, Ph.D

Structural MRI vs. Functional MRI

Structural MRI reveals brain anatomy.

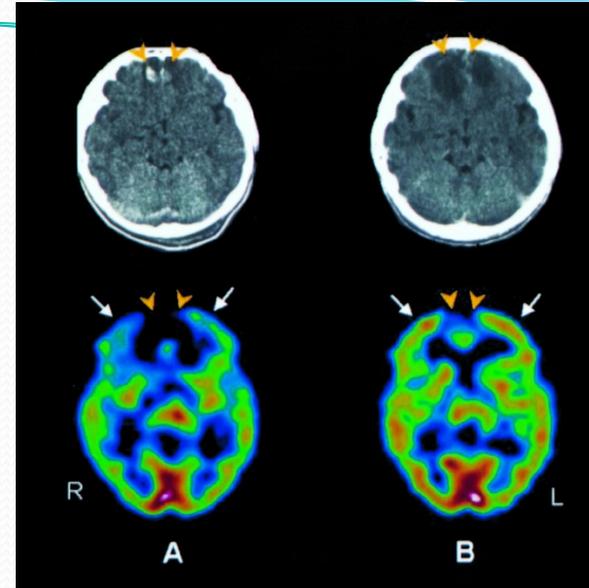


Functional MRI (fMRI) reveals brain function.



Chronification

FMRI



**Addiction properties predict pain
chronification**

Chronification

“Chronic pain is intimately linked with brain addiction circuitry”

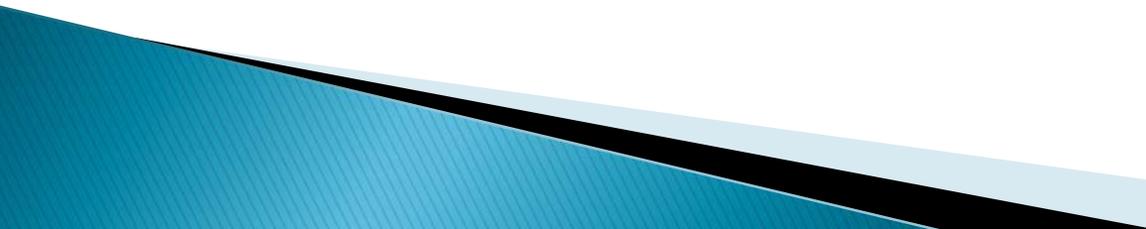
Emotion = chronic pain

Chronification

FMRI

Brain is different in patients with chronic pain.
90% plus prediction whether patient will have
chronic pain 1 year later.

The “Hijacked” Brain Hypothesis

- ▶ Addictive drugs act on the same brain–reward substrates and mechanisms as do natural biologically–essential rewards (e.g., food, sex, etc)
 - ▶ Addictive drugs derive much of their addictive power by activating these brain–reward substrates and mechanisms more powerfully than natural biologically–essential rewards (e.g., food, sex, etc)
 - ▶ Experimental evidence for this
- 

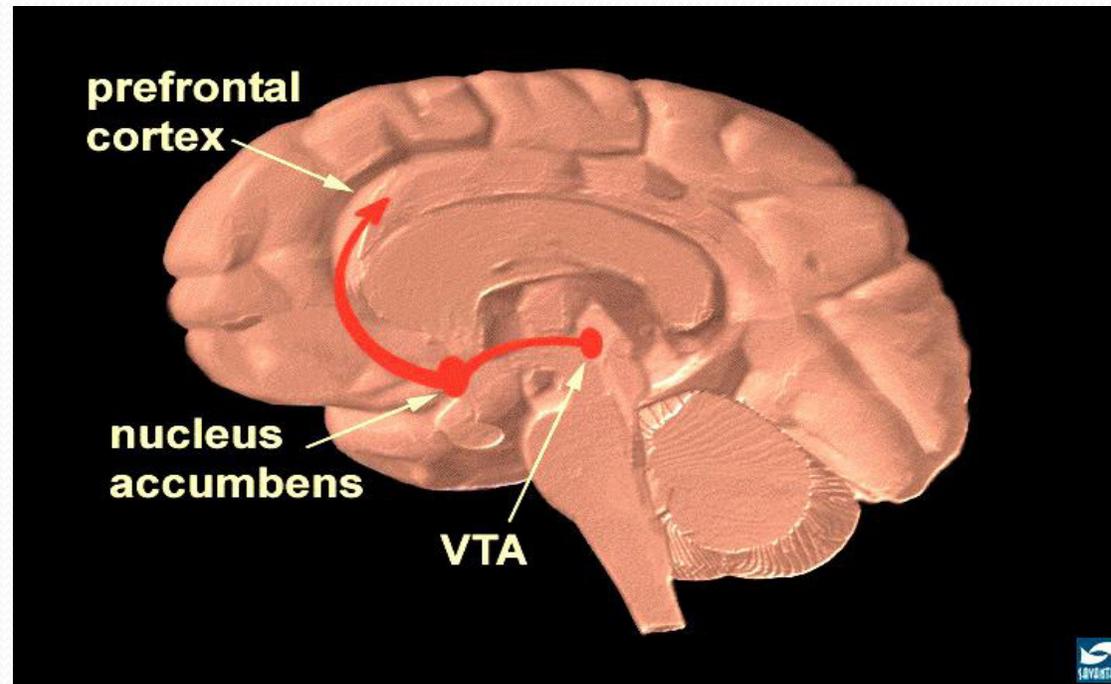
Neurobiology of Addiction

➤➤ The Reward Pathway

THE STUPID CENTER

Chronification

Chronic pain activates emotion, limbic circuitry pain distorts NAC activity for acute pain



Chronification

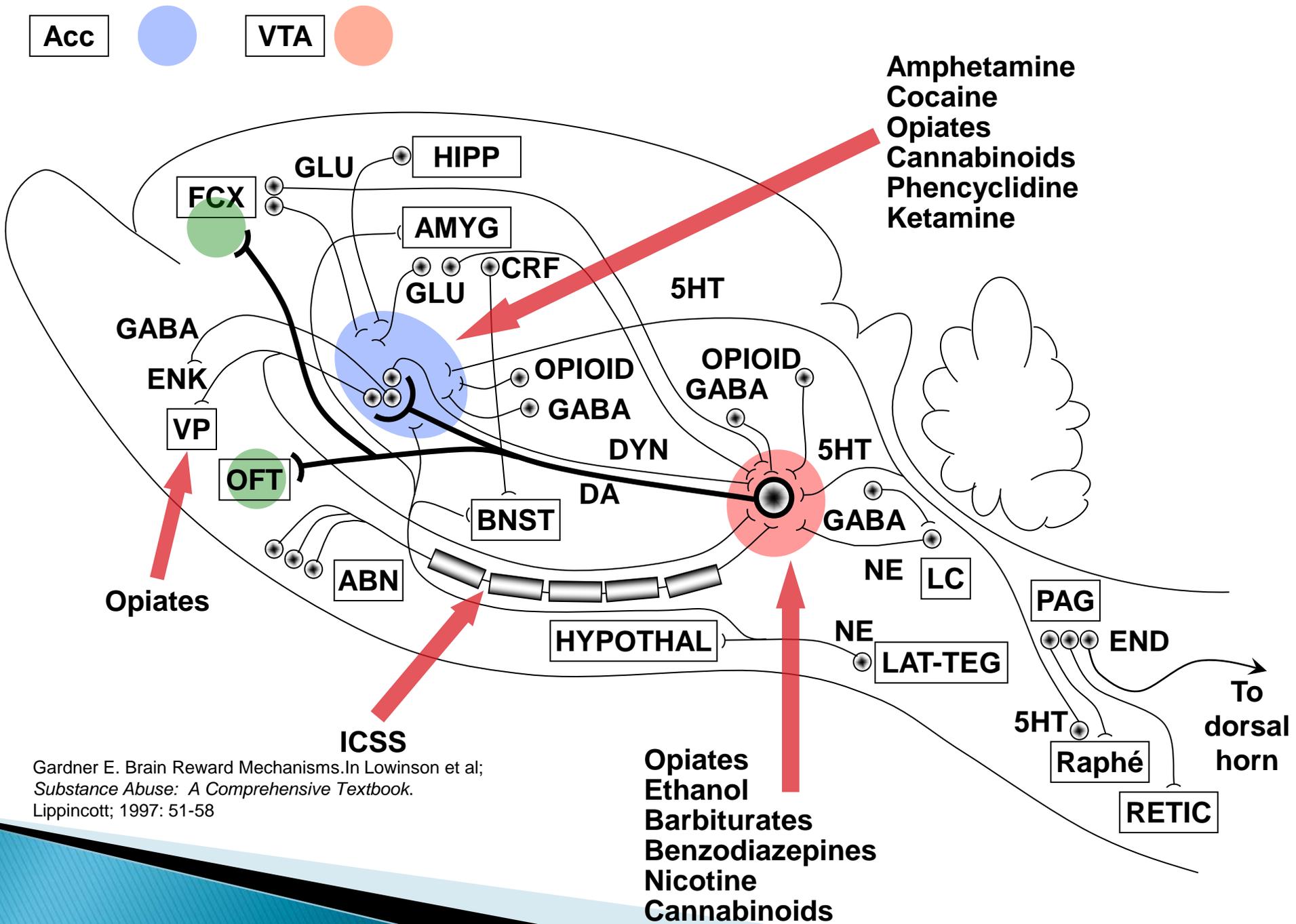
Smoking is a predictor

Brain reward circuit = chronic pain

DOPAMINE

ADDICTION

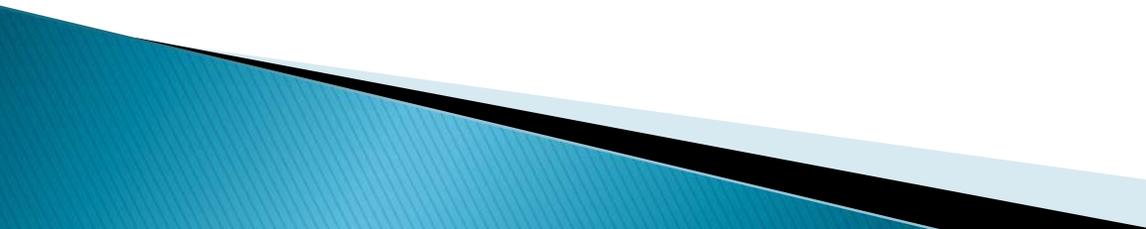
- REWARDING
- REINFORCING
- PLEASURE
- ACTIVATE BRAIN CIRCUITRY
- DEGREE OF ACTIVATION CORRELATES WITH ADDICTION TENDANCY
- REWARD NEUROTRANSMITTER IS..... ***DOPAMINE***
(DA)

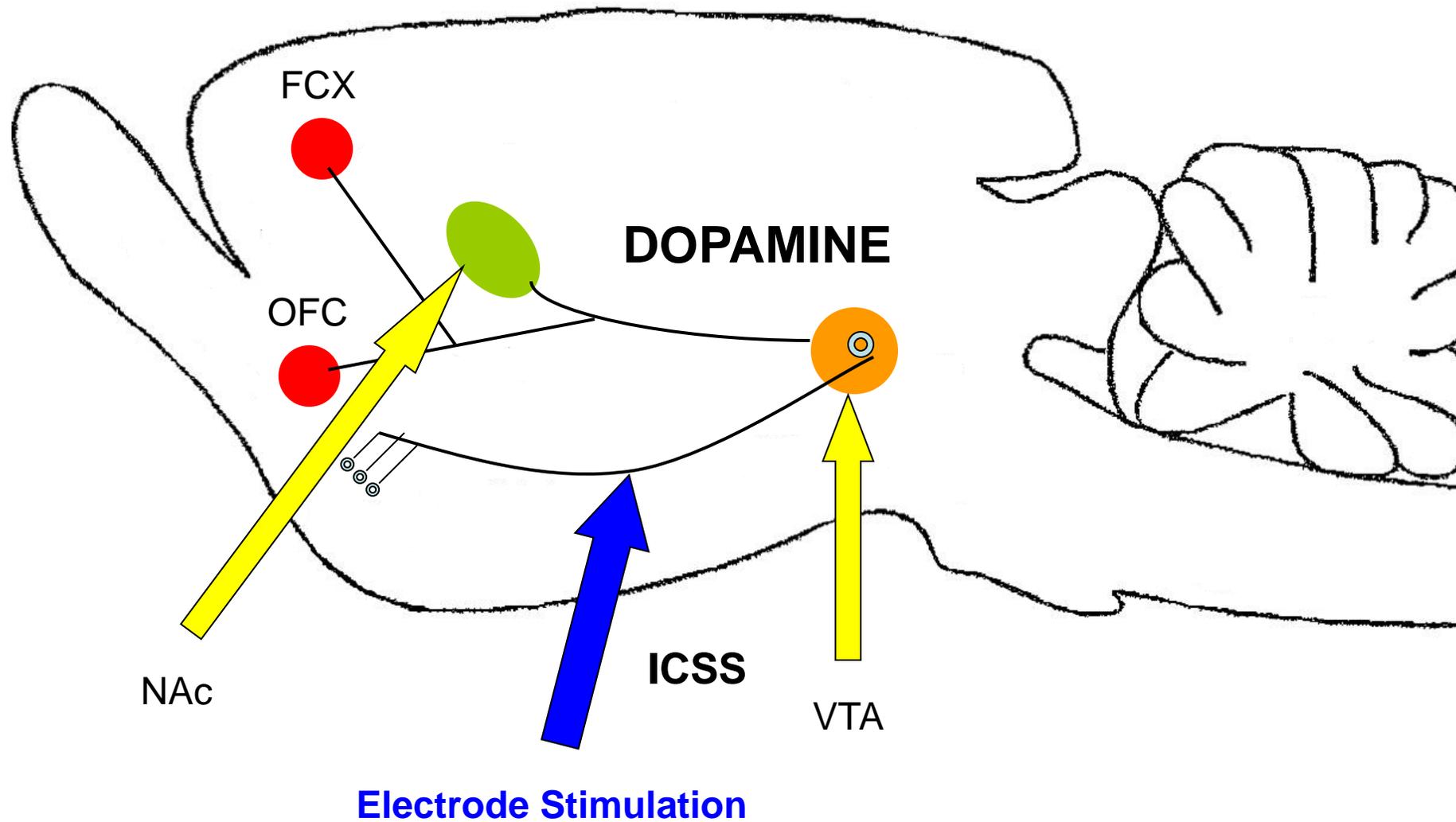


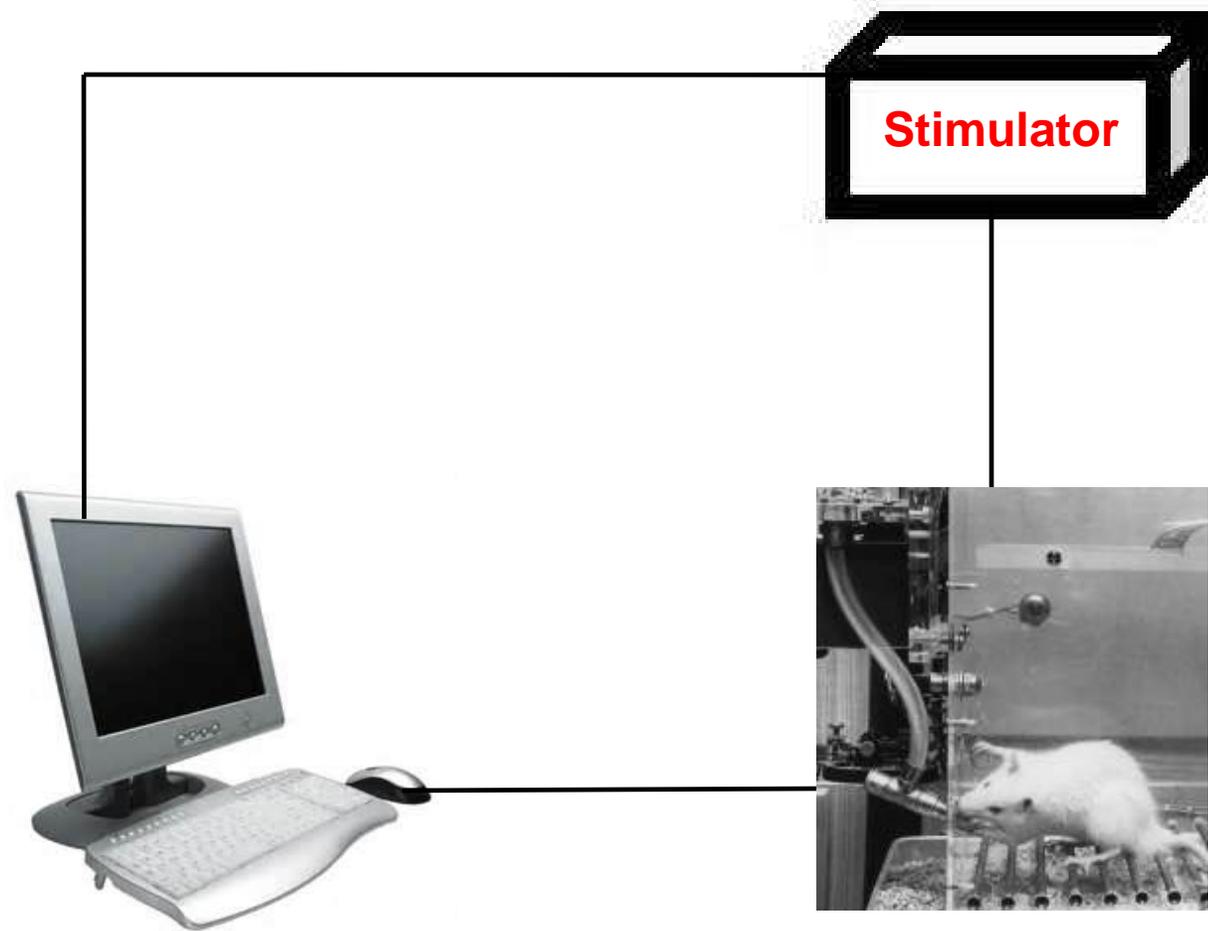
Gardner E. Brain Reward Mechanisms. In Lowinson et al; *Substance Abuse: A Comprehensive Textbook*. Lippincott; 1997: 51-58

Opiates
Ethanol
Barbiturates
Benzodiazepines
Nicotine
Cannabinoids

Progressive Ratio Self-Administration

- ▶ Designed to progressively increase the workload on the experimental animal i.e. first push yields injection, then requires 2 pushes for injection, then 4, 8, 16, 32
 - ▶ Break point is defined as the ratio when the animal will abruptly STOP pushing to get injection
- 





Reward Pathway

Most drugs of abuse have a relationship to the limbic system

Addictions alter neurochemistry in the limbic system

Drug seeking is driven by **emotion, not logic**

KIRK IS A CRACK HEAD

EXPECT THEM TO SCREW UP

EXPECT RELAPSE



DISCHARGE IS A POOR OPTION

PAIN

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WHY NOBODY LIKES TO TREAT PAIN RISK

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WHAT'S THE EVIDENCE

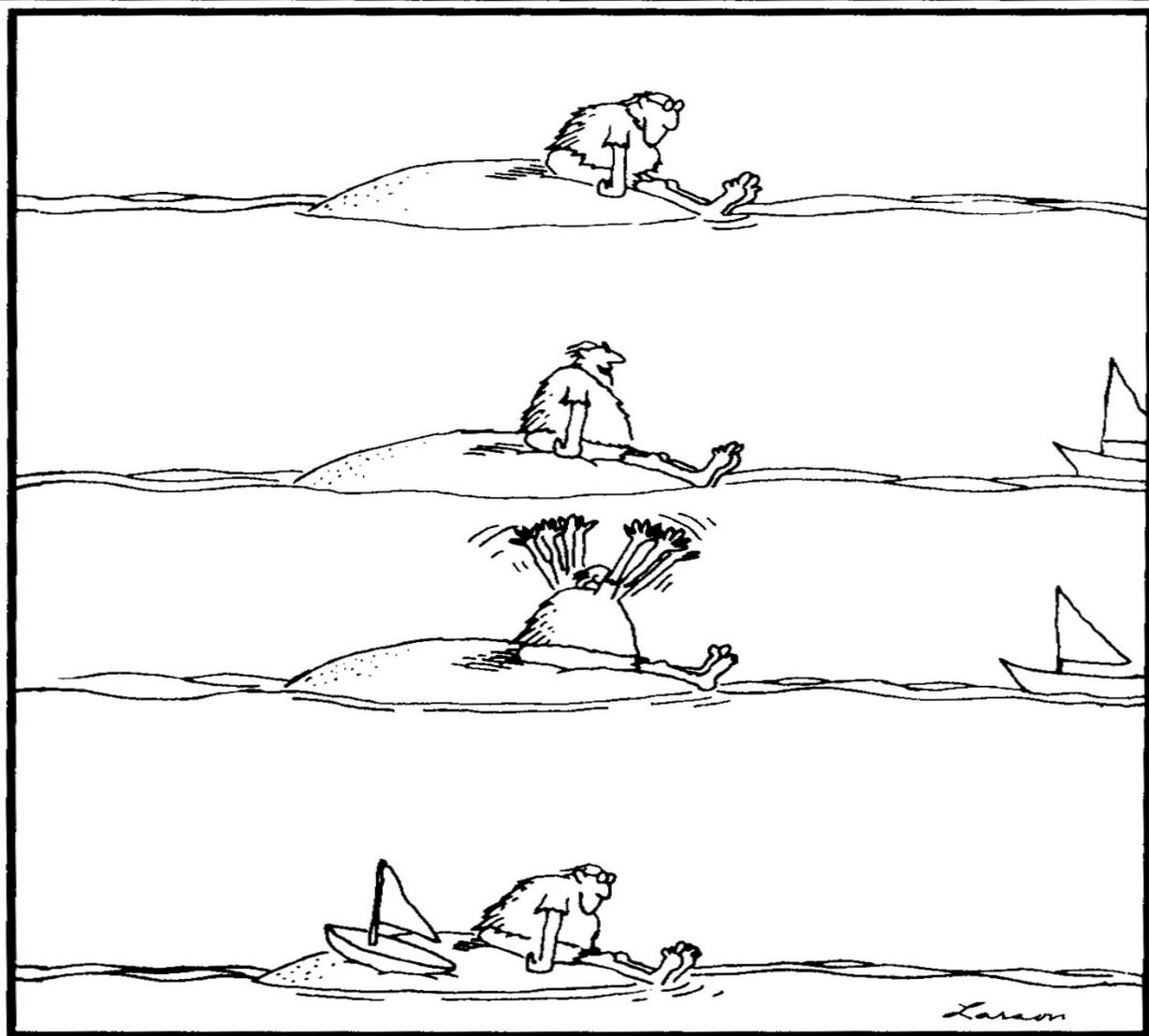
DRUGS, DRUGS, DRUGS

PUT IT TOGETHER -- TREATING PEOPLE

WATME



**CAN BELIEVE ANYTHING IF YOU
CHOOSE TO IGNORE THE FACTS**

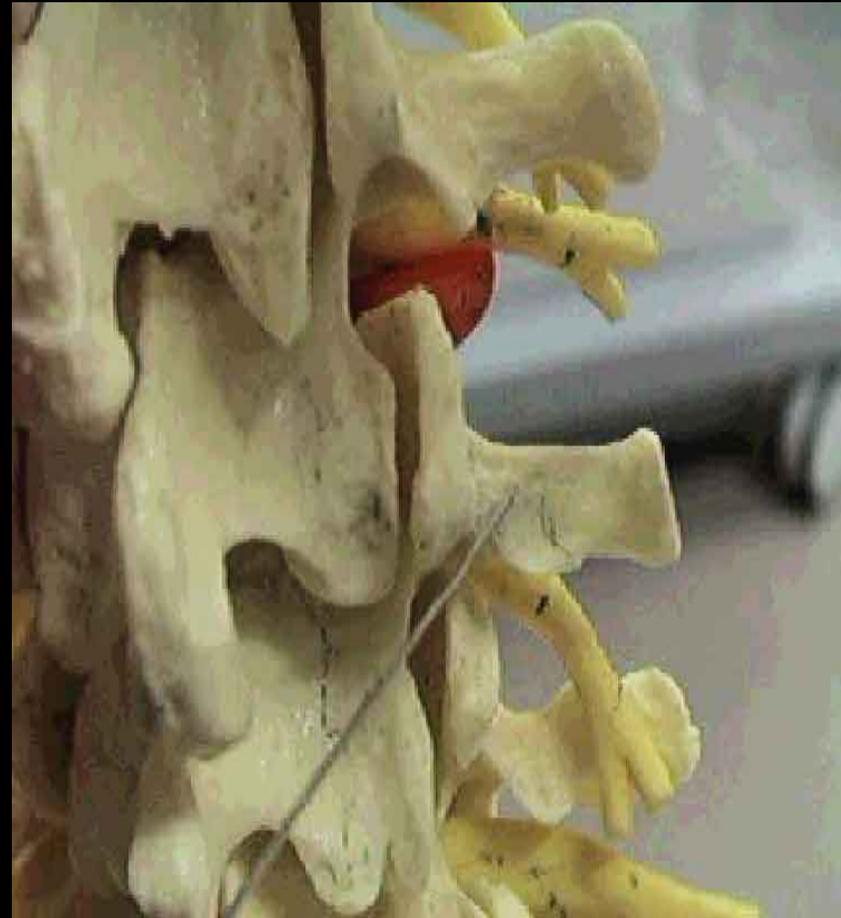




Only The Dog Knows For Sure

WHAT ROUTE

EBM



EVIDENCE BASED

WHAT WORKS

WHAT'S JUNK



42.7% OF ALL STATISTICS
ARE MADE UP ON THE SPOT

Physician concept of EBM

◆ Clinical Experience

Making the same mistake with increasing confidence for an impressive number of years

Vs

◆ Evidence-Based Medicine

Perpetuating other peoples' mistakes instead of your own

GUIDELINES

Evidence based medicine is defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.

ASIPP.ORG

PAIN PHYSICIAN JOURNAL

Opioid Dependence and Chronic Pain

- There is limited evidence of usefulness of long term or high dose (>100 mg morphine equivalents/day) opioid therapy for chronic, non-malignant pain
 - Treatment Agreement/Informed Consent (documentation of risk/benefit) advised
 - Treatment Agreement should stipulate:
 - Opioid treatment is trial and will be continued if there is benefit/tapered and discontinued if there is no apparent benefit
 - One physician/one pharmacy/State Prescription Drug Monitoring Program will be checked
 - UDS when requested/medication level if requested

Opioids

Use requires intensive monitoring

Very little evidence that they promote enhanced functional lifestyle, return to work capacity, or other measurable functional enhancements

GENETICS

“MY HYDRO DON’T WORK”

PERSONALIZED MEDICINE



I HATE SUBOXONE !!!!!



I Hate Suboxone



- It is substituting one drug for another
- Filthy side effects
- More work

Opioid Abuse: Epidemiology

- **Prevalence: Heroin**
- **2009: 178,000 new users**
- **620,000 current users**
- **“Addiction” est. at 426,000 (increase from 214,000 in 2010)**
 - **NSDUH, 2011**
- **0.7-0.9% (125,000) 8th, 10th, 12th graders endorse trying heroin at least once in the year prior to interview (2005-2009)**
 - **Monitoring the Future, 2010**

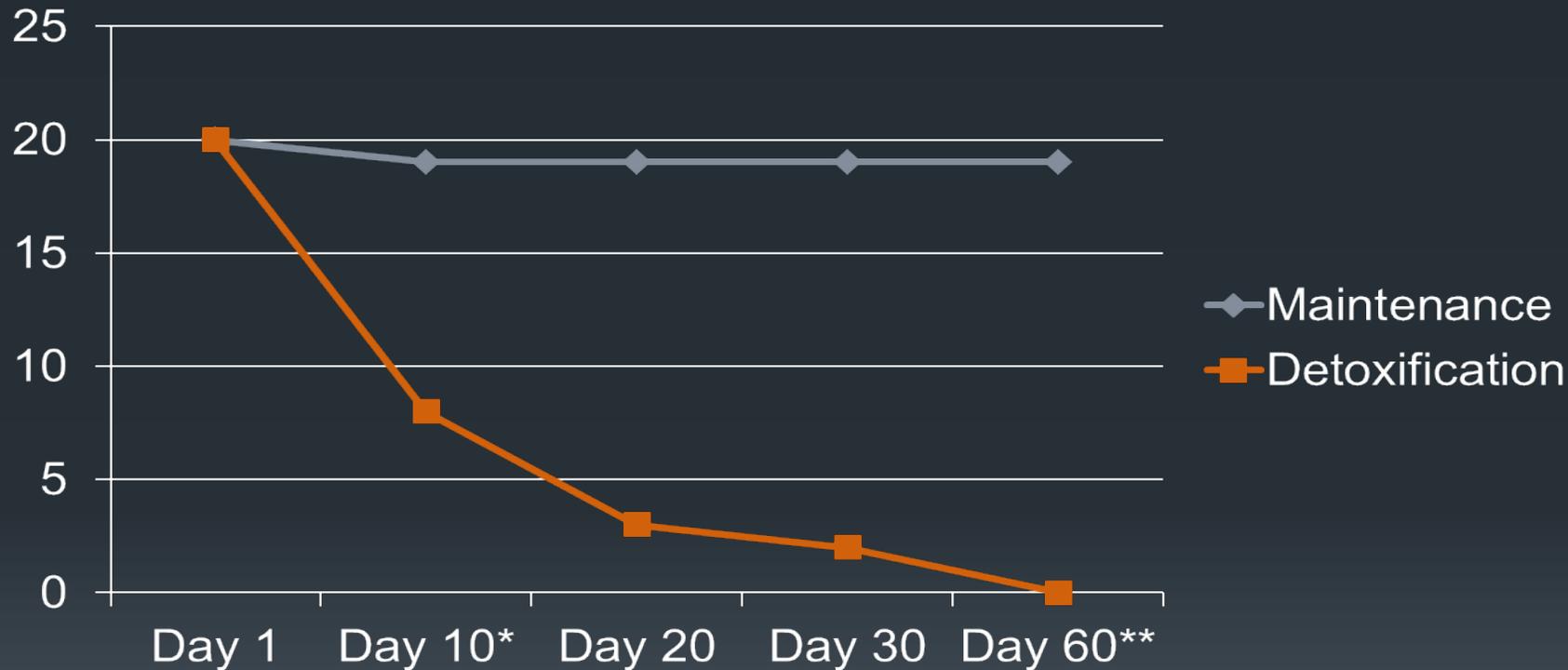
Buprenorphine vs. Withdrawal and Drug-Free Treatment for Heroin Dependencies

Treatment Duration (Days)	Remaining in Maintenance Treatment	Remaining in Detoxification Treatment
First day	20 patients	20 patients
10 days*	19 patients	8 patients
20 days	19 patients	3 patients
30 days	19 patients	2 patients
60 days**	19 patients	0 patients

*At 10 days, four subjects in the control group died

**Even with enriched psychosocial services, all participants in the detoxification group dropped out of the study by 60 days, but 80% of the maintenance group were retained in treatment.

Buprenorphine vs. Withdrawal and Drug-Free Treatment for Heroin Dependencies



*At 10 days, four subjects in the control group died

**Even with enriched psychosocial services, all participants in the detoxification group dropped out of the study by 60 days, but 80% of the maintenance group were retained in treatment.

Pregnancy



- **The use of illicit opioids during pregnancy, with associated risk of infection and overdose, is life-threatening to both the pregnant addict and the fetus.**
- **Several studies have been completed with compare methadone and buprenorphine, showing both medications to be safe and effective**
- **Studies suggest that pregnant, opioid-addicted women can be successfully treated with buprenorphine with minimum effects on the fetus (Fischer et al., 1998, 1999)**

Opioid Replacement Therapy In Pregnancy and In the Neonatal Period

- Methadone maintenance has been considered the gold standard; BUP shown to be effective as well in a comparison of the two drugs in pregnant, opioid-dependent women (MOTHER study) (Jones et al. 2010)
- Opioid Therapy:
 - Removes mother from drug-using environment
 - Women are more likely to get obstetrical care
 - Reduces obstetrical complications
 - Improves maternal/fetal nutrition
 - Increases birth weight
- Pregnant opioid addicted women benefit from structure and psychosocial support of treatment
- Opioids not teratogenic

HIV and Opioid Dependence

- Opioid replacement therapy associated with:
 - Reduced high risk behaviors: reduced needle use, less chaotic lifestyle
- Treatment of HIV-associated pain may become issue: e.g.: neuropathy may be treated with an anticonvulsant, avoid CBZ because it can induce methadone or buprenorphine metabolism
- Can use methadone or buprenorphine/naloxone for opioid dependence; naltrexone in selected cases
- Few clinically significant drug interactions between buprenorphine and antiretroviral medications

See www.PCSSB.org Guideline on Opioid Therapies, HIV disease, and Drug Interactions by McCance-Katz

Adolescents

- **The rate of opioid abuse and dependence in adolescents has been increasing in recent years, principally due to a surge in abuse of prescription opioid (pain) medications by adolescents.**
 - **Prescription opioid abuse prevalence in youth**
 - **12th graders:**
 - **1992: 3.3%**
 - **2007: 9.2%**
 - **179% increase over 15 years**

Adolescents

■ OxyContin

- 8th 1.8%
- 10th 3.9%
- 12th 5.2%

■ Vicodin

- 8th 2.7%
- 10th 7.2%
- 12th 9.6%

- **Source:** Monitoring the Future, 2007
- **Pharming:** parties where young people mix prescription medications and ingest some or all at once, unaware of potentially severe drug interactions
- **Some of these adolescents may become addicted to opioids**



PAIN

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WHY NOBODY LIKES TO TREAT PAIN RISK

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PUT IT TOGETHER -- TREATING PEOPLE

WE'VE GOT AN EPIDEMIC HERE.....



IT'S LEGAL!

AMERICAN SOCIETY OF ADDICTION MEDICINE 2014

“THERE IS NO PLACE FOR **XANAX**
IN CONTEMPORARY MEDICINE”



“**STRONGLY OPPOSE MARIJUANA**”

“**SOMA? WHAT FOR**”--- **WATME**



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LIVE: White House Egg Roll

10:30 a.m. ET: President Barack Obama and first lady Michelle annual White House Easter Egg Roll. More

Police Arrest 'Easter Bunny' On Drug Charges

Danville PD: Pills Seized From Man In Easter Bunny Costume

Email Print

comments

POSTED: 10:11 pm EDT April 7, 2012
UPDATED: 10:42 pm EDT April 7, 2012

SHARE

DANVILLE, Va. -- A man who was working as the Easter Bunny at Danville's Piedmont Mall was arrested Friday after police said he was caught with pills without a valid prescription.

According to the Danville Police Department, 24-year-old Joshua Lee Bolling was charged with illegally possessing prescription narcotics.



Joshua Bolling

The investigation began after police said they received complaints from mall businesses and management of behavior suggestive of possible criminal drug activity involving the man working as the Easter Bunny.

Police said that Bolling was a contract worker for an outside company providing the Easter activities and was not employed by Piedmont Mall.

Bolling was asked to accompany officers away from the public area where he was working and he was escorted to a private changing area where he removed his costume and was arrested, officers said.

See Breaking News? Upload Pictures, Video | ulocal@wxii12.com

GRAND OPENING | **OPEN MON-FRI**
SAT & SUN BY APPOINTMENT ONLY

STOP THE PAIN

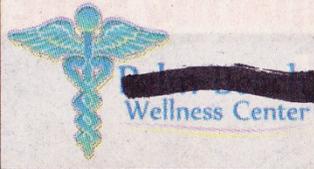


CARING & CONFIDENTIAL TREATMENT
ON-SITE DISPENSING
28 DAY FOLLOW-UPS • WALK-INS WELCOME
10% OFF MEDS WITH APPOINTMENT

* **\$50^{OFF} INITIAL VISIT**

3000 S. HALLANDALE BEACH BLVD. #3009
Conveniently located on Hallandale Beach Blvd. 1 block west of US1
* WITH RX DISPENSING & COPY OF THE AD

WELCOME TO SUNNY FLA!



New Patient Special \$25

PAIN MANAGEMENT SPECIALIST

- Chronic Pain
- Fibromyalgia
- Anxiety
- Appetite Suppressant/Weight Loss
- Depression
- Nerve Blocks / Injections

\$25
Initial Visit
 (must bring in ad)

Dispensing On-Site!
Detox Now Available

WALK-INS WELCOME
ALL MEDS IN STOCK!!

LAKE WORTH
 WELLNESS CENTER, LLC
 PAIN MANAGEMENT SPECIALIST
 7130 S. Military Trail, Lake Worth, FL 33466

541-422-3976



Our policy is the patient & any other person responsible for payments has the right to refuse to pay, cancel payment, or be reimbursed for any other service, examination or treatment which is performed as a result of & within 72 hours of responding to the ad for free, discounted fee or reduced fee service, exam or treatment. Chiropractic owned.

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PAIN MANAGEMENT
[REDACTED]

33127



[REDACTED]
INITIAL CONSULTATION
50% OFF

Save time & money
by dispensing with us!

ON-SITE
DISPENSARY
FAST & FRIENDLY
SERVICE

RIGHT OFF OF 
CORNER OF 38TH & N.MIAMI AVE.

NO APPOINTMENT NEEDED
WE'RE HERE FOR YOU!
877.6MIDTOWN

*Chronic nonmalignant pain
patients RX with
narcotics, and other
controlled substances...*

*some of the most
challenging*

Why?.....

Drug seekers are clever,
manipulative, and often
successful time-robbers of
the physician.

TRAINING

MONITORING

IDENTIFYING AND RESPONDING

Major racial/ethnic groups:

- American Indians/Alaskan Natives...12%
- Bi-racial...12%
- Hawaiians & Pacific Islanders...11%
- Blacks...8.7%
- Whites...8.3%
- Hispanics...8%
- Asians ...3.8%

EDUCATIONAL LEVEL INFLUENCES DRUG USE

- ⑩ Adults who have completed **4 YEARS OF COLLEGE** are ***MORE LIKELY*** to experience an illicit drug than those who didn't complete high school

51.1% vs. 38%

75% of illicit drug users

EMPLOYED

FULL OR PART TIME

Beware of the

“OXYGENARIAN”

“Young man, my nephew gives me enough money for those extra Oxycontin® pills to help pay for my heart medication and utilities”.



The New York Times

The Washington Post

Read your Newspapers

courier-journal.com
The Courier-Journal Louisville, Kentucky

ONLINE EDITION
The Paducah Sun

LEXINGTON
HERALD-LEADER

Published Tuesday, December 13, 2005

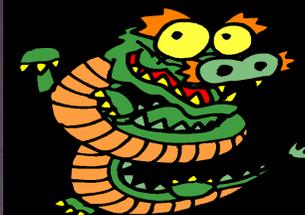
Police: For Cash Fix, Elderly Sell Drugs

By **ROGER ALFORD**
The Associated Press

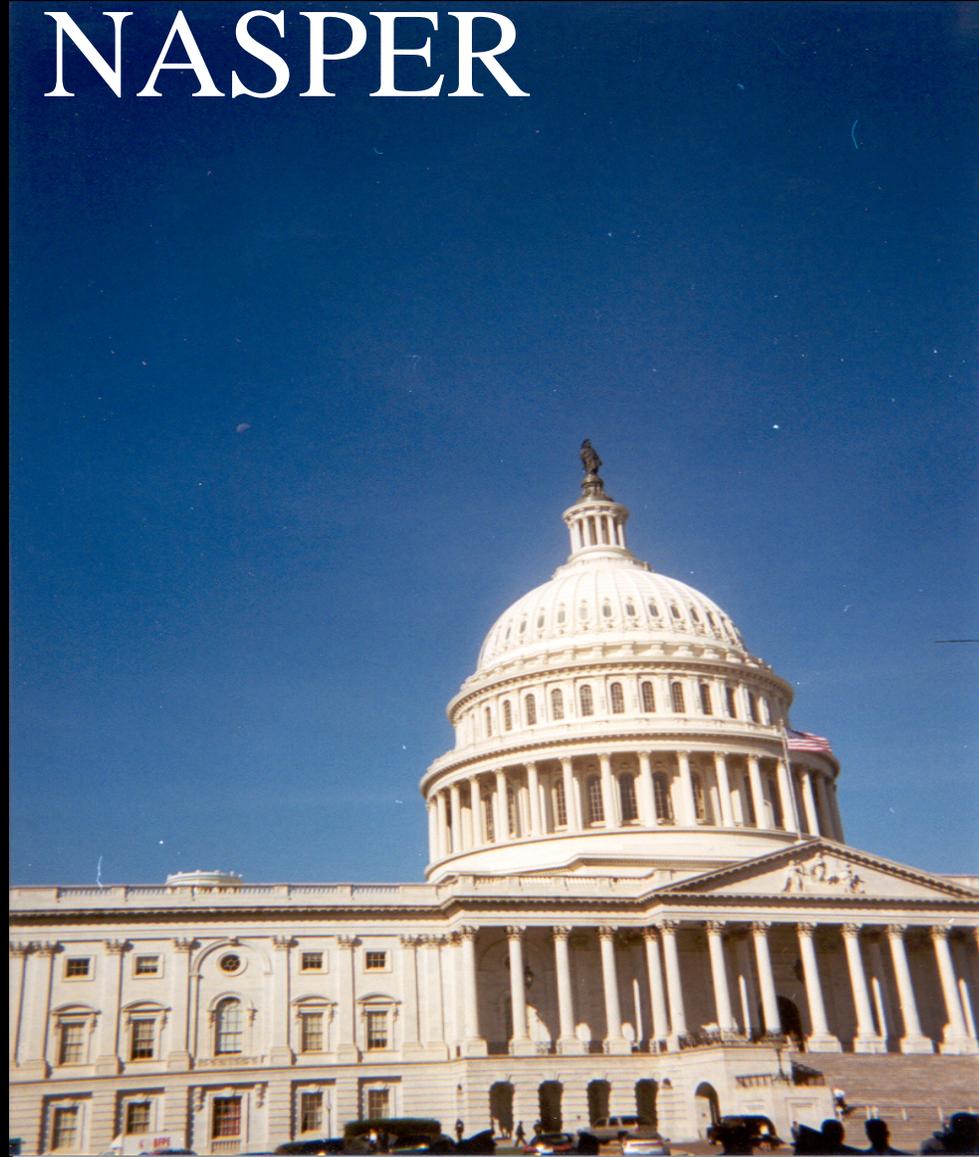
PRESTONSBURG, Ky. -Dottie Neeley, 87, was fingerprinted, photographed and thrown in jail, imprisoned as much by the tubing from her oxygen tank as by the concrete and steel around her.

The woman -- who spent two days in jail after her arrest last December -- is among a growing number of Kentucky senior citizens charged in a crackdown on a crime authorities say is rampant in

OXYGENARIAN



NASPER



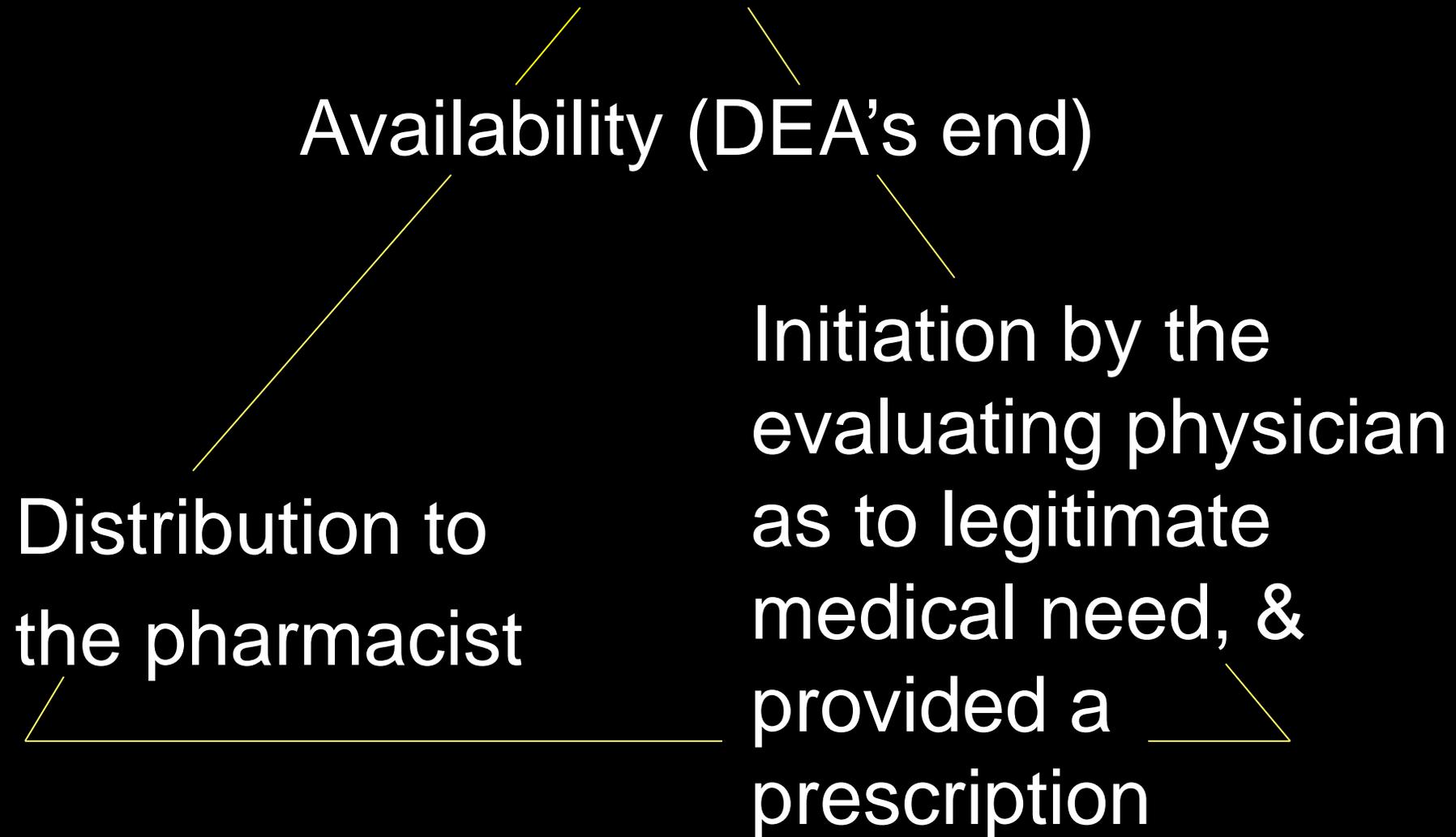
Federal & State Prescribing Requirements for *Controlled Substances*

To comply with federal and state laws, a prescription for a controlled substance must be issued:

- *for a legitimate medical purpose*
- *by an individual practitioner*
- *acting in the usual course of professional practice*

Source: Controlled Substances Act [21 USC 829; 21 C.F.R. 1306.04(a)]

triangle of delivery



LEGITIMATE MEDICAL NEED

(purpose)

REQUIRES:

Supportive Assessment & Documentation

***Determined by Community
Standard***

NO CLONES

DOCUMENT , DOCUMENT, DOCUMENT

URINE DRUG TESTS



ORIGINAL
The WHIZZINATOR

"Economy Model"



Accept no substitute

All orders are billed & Shipped in plain & discreet packaging. Our order page is secure and encrypted

HOME

PRODUCTS

VALUE PACKS

DETECTION TIMES

ABOUT DRUG TESTING

FALSE POSITIVES

DISCUSSION FORUM

FREE ONLINE DRUG TEST

200% GUARANTEE

ORDER BY MAIL

FAQ'S

TESTIMONIALS

LINKS

CONTACT US

Pass a Drug Test - Beat THC Drug Tests - Pass Drug Testing - Marijuana

Pass Drug Test - Hair Follicle Test - Pass Drug Testing

"Your LIFESTYLE Your PRIVACY Its Your RIGHT"

Pass USA Believes What You Do After Work Is Your Business Keeping That Way Is Our Business. Are You Subject To [Random Drug Testing](#), Are You An Athlete, Starting A New Job, Or On Parole? Here At Pass USA It's One Stop Shopping For All Of Your Detoxifying Needs. We Have All The Products You Need To [Pass A Urine Drug Test](#) Or [Hair Follicle Test](#). We Even Sell [Drug Tests](#) So You Can Test Yourself For As Little As \$5.95 Each. Order By 4 pm Today East Coast Time Receive Tomorrow From Fed-X By 10:30 Am, Most Areas.

FREE Overnight Shipping with \$135.00 Purchase. A \$24.95 Savings.

Check Out Our Informative Links Below Drug Detect Times And False Positives Page **Also Ask Questions On Our Drug Testing [Pass Drug Testing Discussion Forum](#)**

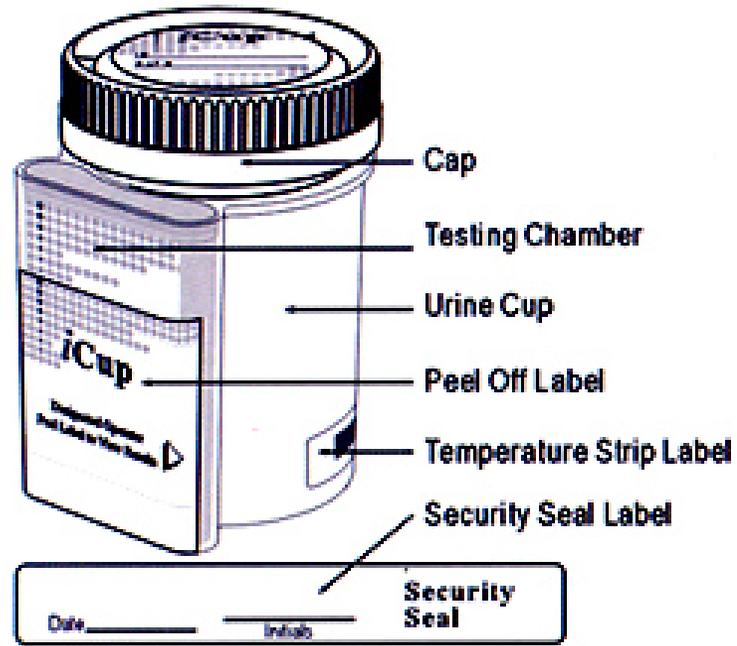
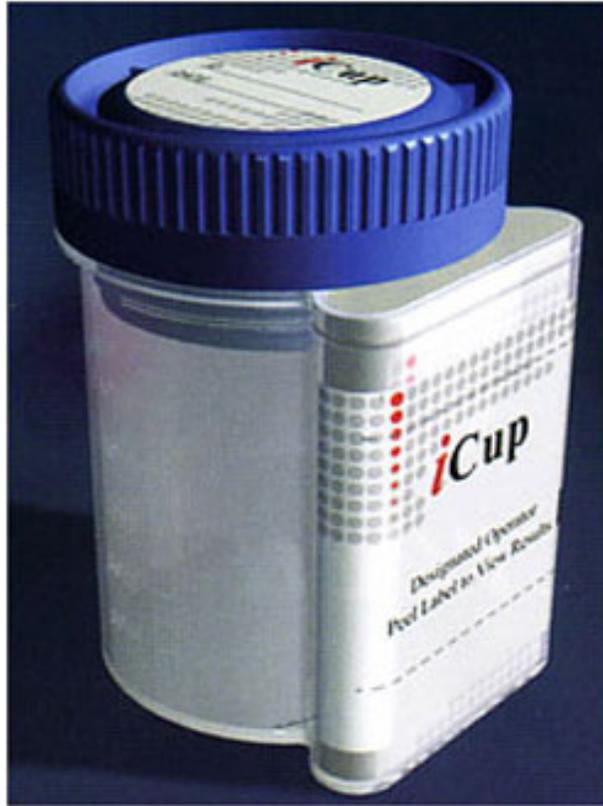
CLICK ON PRODUCT NAME BELLOW FOR MORE INFORMATION AND TO BUY ONLINE

- [De-Tox Drinks](#)
- [The Butt Wedge](#)
- [Drug Test Panels](#)
- [Pre-Tox Capsules](#)
- [Quick Flush Capsules](#)
- [Quick Fix Synthetic Urine](#)
- [Urine Luck Additive](#)
- [Hair Follicle Shampoo](#)
- [Ultra Saliva Wash](#)
- [Zip N Flip](#)

FREE
Overnight
Delivery
with \$135.00
Purchase
Save \$24.95

PRODUCT LINKS

- [Ultra Klean XL Drink](#)
- [Synthetic Urine](#)
- [Urine Luck](#)
- [Drug Test Panels](#)
- [Pass Hair Follicle Test](#)
- [Urine Luck Pre-Tox Capsules](#)
- [Ultra Saliva Wash](#)
- [Quick Flush Capsules](#)
- [Zip N Flip Detox Bag](#)



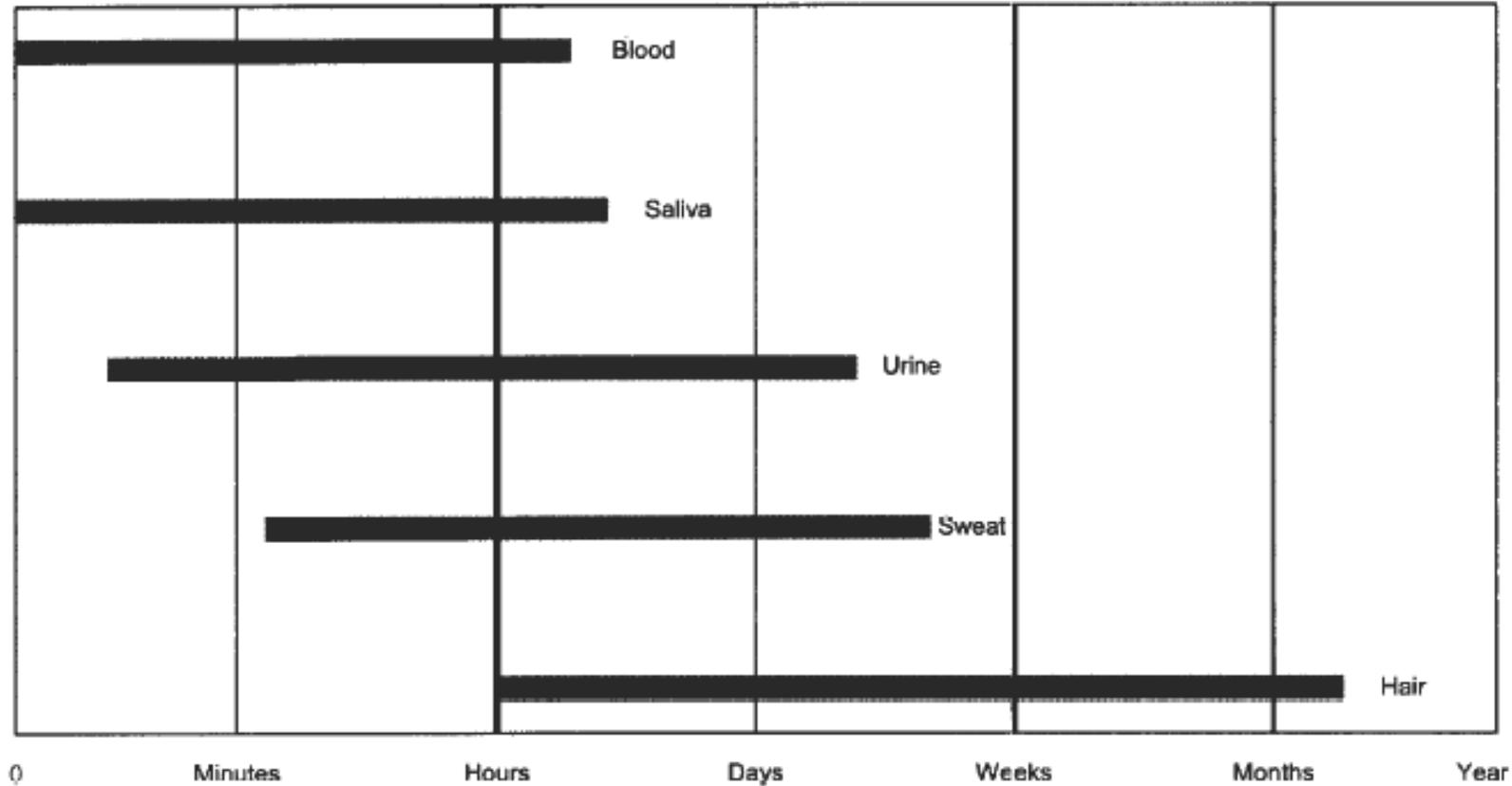
**9 Panel One Step iCup -
(COC,THC,OPI,AMP,METH,PCP,BZO,BAR,MTD)**

The iCup Drug Screen Cup is the simplest, self-contained on-step drug test. Results are visible within minutes. A positive result is indicated with one line and a negative result with two. An additional bonus with the iCup is that you may photocopy the results allowing you to maintain a visual record of the test. iCup offers a completely closed system for total urine specimen integrity and easy collection. The clear construction gives optimum observation of urine specimen. The iCup drug screen kit is a single unit with no dipping or pouring. Test results develop quickly in the sealed unit. The system remains closed until disposal of the device. The iCup drug screen is zero exposure, leak-proof and tamper-proof. FDA Approved, 99% Accurate, Set to the SAMSHA Cut-off levels, Results are Ready in Minutes Have an 18 month shelf-life

Finnigan MAT LCQ MS



Drug Detection Periods in Various Matrices



Source: E.J. Cone, Addiction Research Center

DURATION FOR A POSITIVE SCREEN

- AMPHETAMINE 2-4 DAYS
 - METHAMPHETAMINE 2-4 DAYS
 - BARBITURATE 2- 30 DAYS
 - BENZODIAZEPINE UP TO 30 DAYS
 - COCAINE 1-3 DAYS
 - HEROIN/MORPHINE 1-3 DAYS
 - MARIJUANA CHRONIC - 30- 70 DAYS
OCCASIONAL- 1-3 DAYS
 - METHADONE A LONG TIME 2-4 DAYS,
MAYBE LONGER (150 HOURS)
 - PCP 2-7 DAYS OCCASIONAL USE
CHRONIC UP TO 30 DAYS
-
-



PAIN

WHAT IS PAIN

WHY NOBODY LIKES TO TREAT PAIN RISK

SCIENCE OF PAIN

WHAT'S THE EVIDENCE

DRUGS, DRUGS, DRUGS

***PUT IT TOGETHER --
TREATING PEOPLE***



YOUR WAITING ROOM

3 p.m. Friday afternoon....



Ginger



Mary Ann

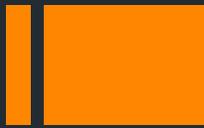
**PHARMACEUTICAL
REPRESENTATIVES**

What A Real Clinic Has

- **First – Credentials**
 - 4 years medical school
 - 4 years residency
 - Usually fellowship

THE FOREVER SCOPE OF CARE ISSUE

What A Real Clinic Has



- **Second – Boards**
 - **Primary Specialty**
 - **AAPM**
 - **APS**
 - **FIPP**
 - **ASIPP**
 - **ABMS**

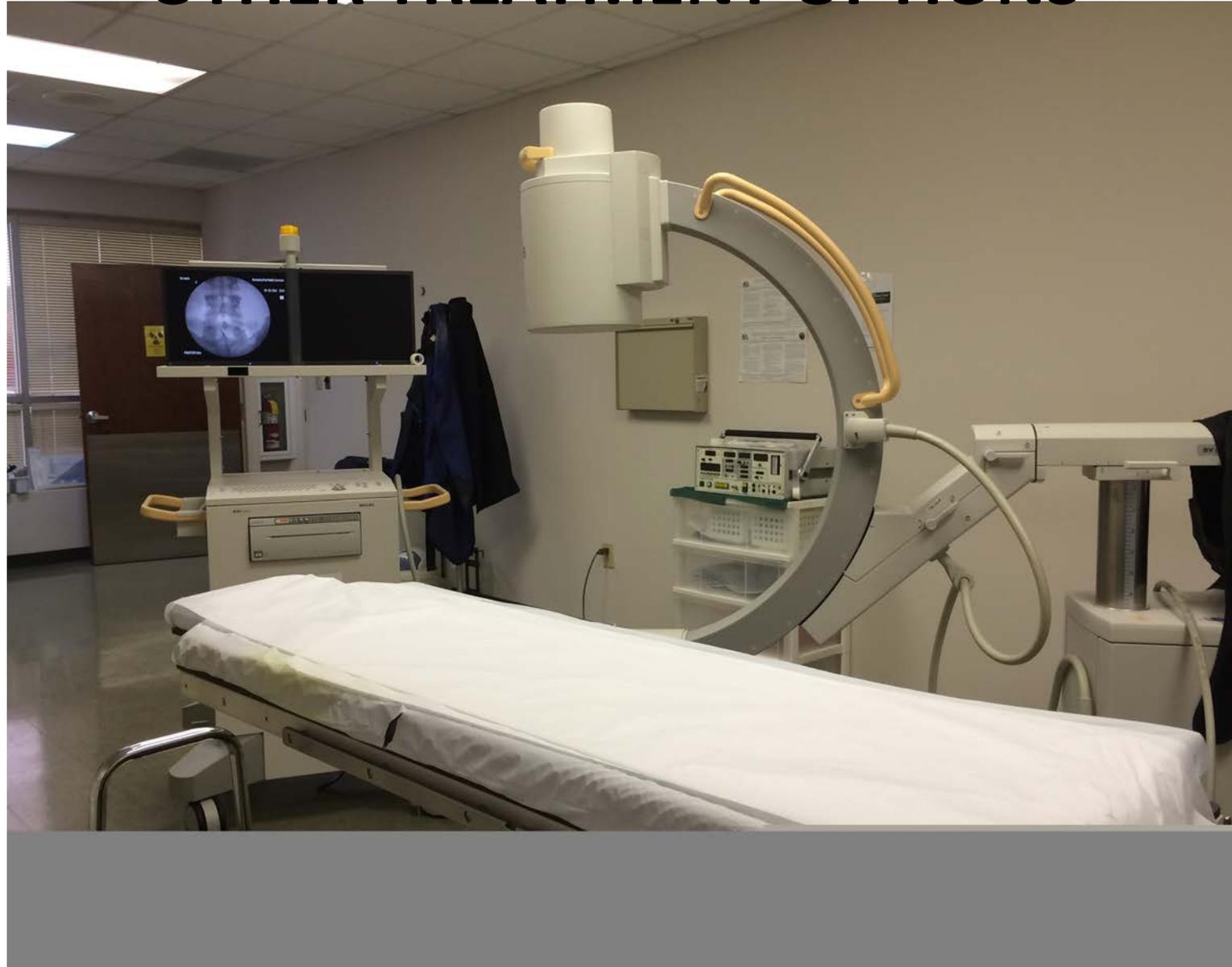
What A Real Clinic Has

- **Third – A Real Facility**
 - **The Duck**
 - **Operational Boundaries**

DOES NOT ALWAYS LOOK ROSEY

MONITOR AND RESPOND

OTHER TREATMENT OPTIONS



Just prior to the kickoff of Superbowl XLIII, on field reporters from NBC credited Hines Ward's rapid recovery with a knee sprain (MCL) to Platelet Rich Plasma therapy.



PRP in the Sports News



Takashi Saito, a star pitcher for the LA Dodgers suffered a tear of his ulnar collateral ligament.

AND WE DO EXAMINE PEOPLE



What A Real Clinic Has

- **Fourth – Staff**
 - How long have they been there?
 - Are they happy?
 - Are they over paid?
 - Timing of raises
 - Desperation Index (location)

What A Real Clinic Has

- **Fifth – Location,
Location, Location**

GOOD MORNING!



What A Real Clinic Has

- **And Finally**

- **Is it cash?**

- **Do they take Medicare and Medicaid**

**From a compassionate standpoint
I want to relieve pain ...**

**From a realistic standpoint I must
improve function**

DO NOT CHASE PAIN!

Give 'em what they need...

Not what they want



The Flawed Fibro Construct

Cannot separate art from science. We can heal, but not always cure, and vice versa.

Treatment Failure should be expected when a “disease” is really a *syndrome*

MOST IMPORTANT RULE OF ALL....



LOVE THEM WHERE

THEY'RE AT



***YOU CAN'T CURE
EVERYONE!***

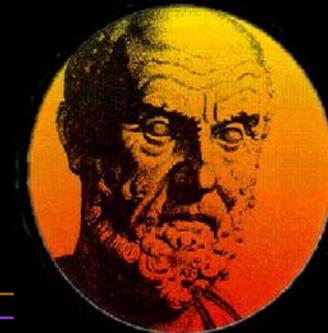




BLESS HER HEART SYNDROME

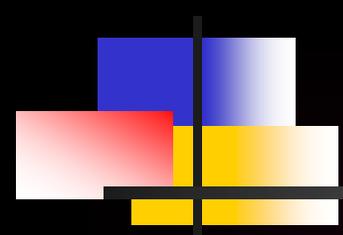
*AN INTERVENTIONALIST
APPROACH*

Hans C. Hansen, MD



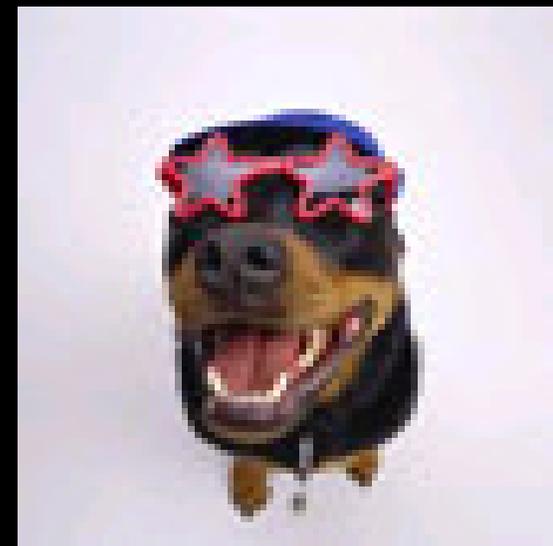




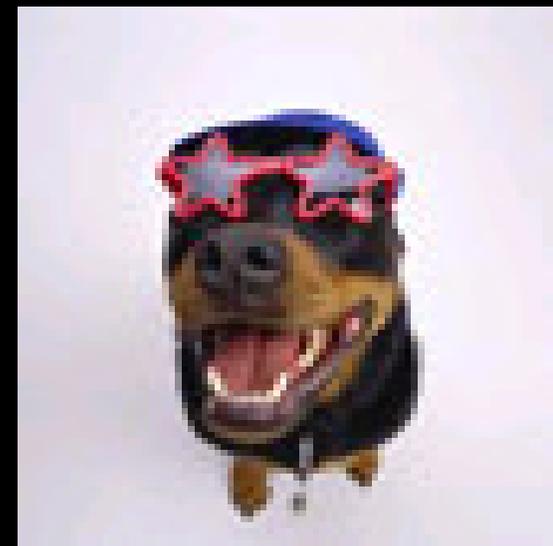


**An optimist laughs to
forget, a pessimist
forgets to laugh**

A man takes his Rottweiler to the vet and says, "My dog's cross-eyed, is there anything you can do for him?"

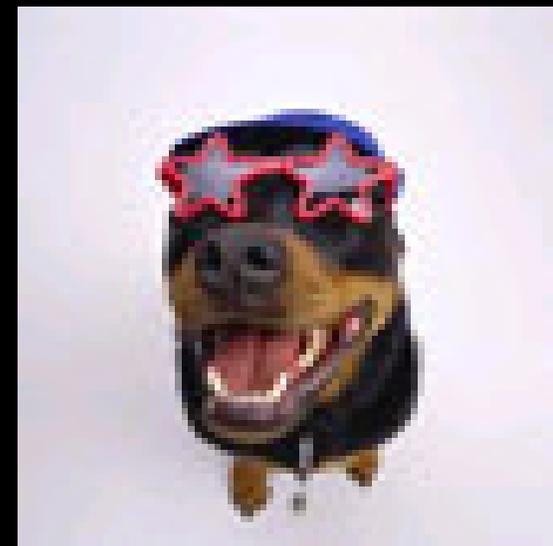


"Well," says the vet, "let's have a look at him" So he picks the dog up and examines his eyes, then checks his teeth.



Finally, he says "I'm going to have to put him down."

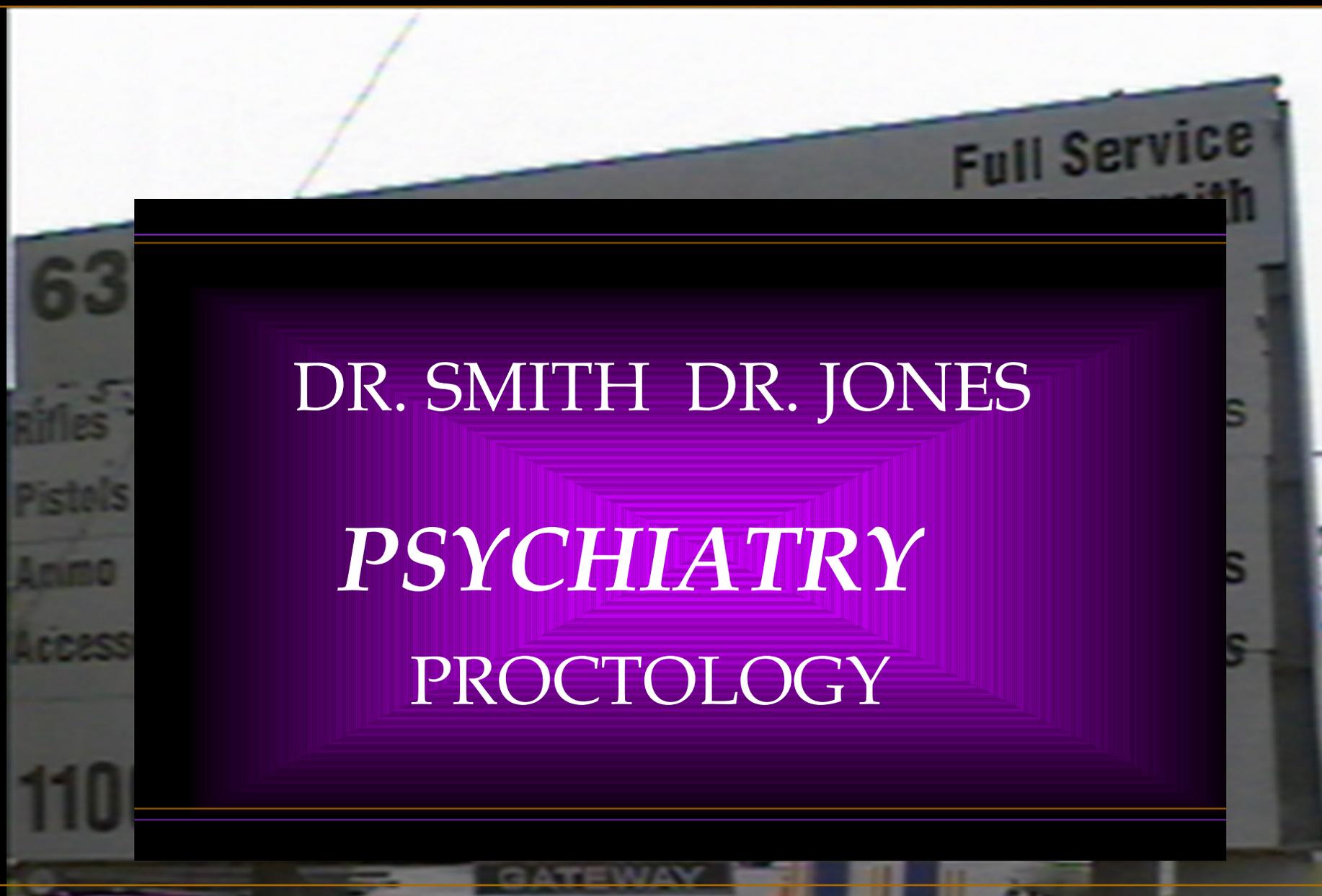
"What?, Because he's cross-eyed?"



"No, because he's really heavy"



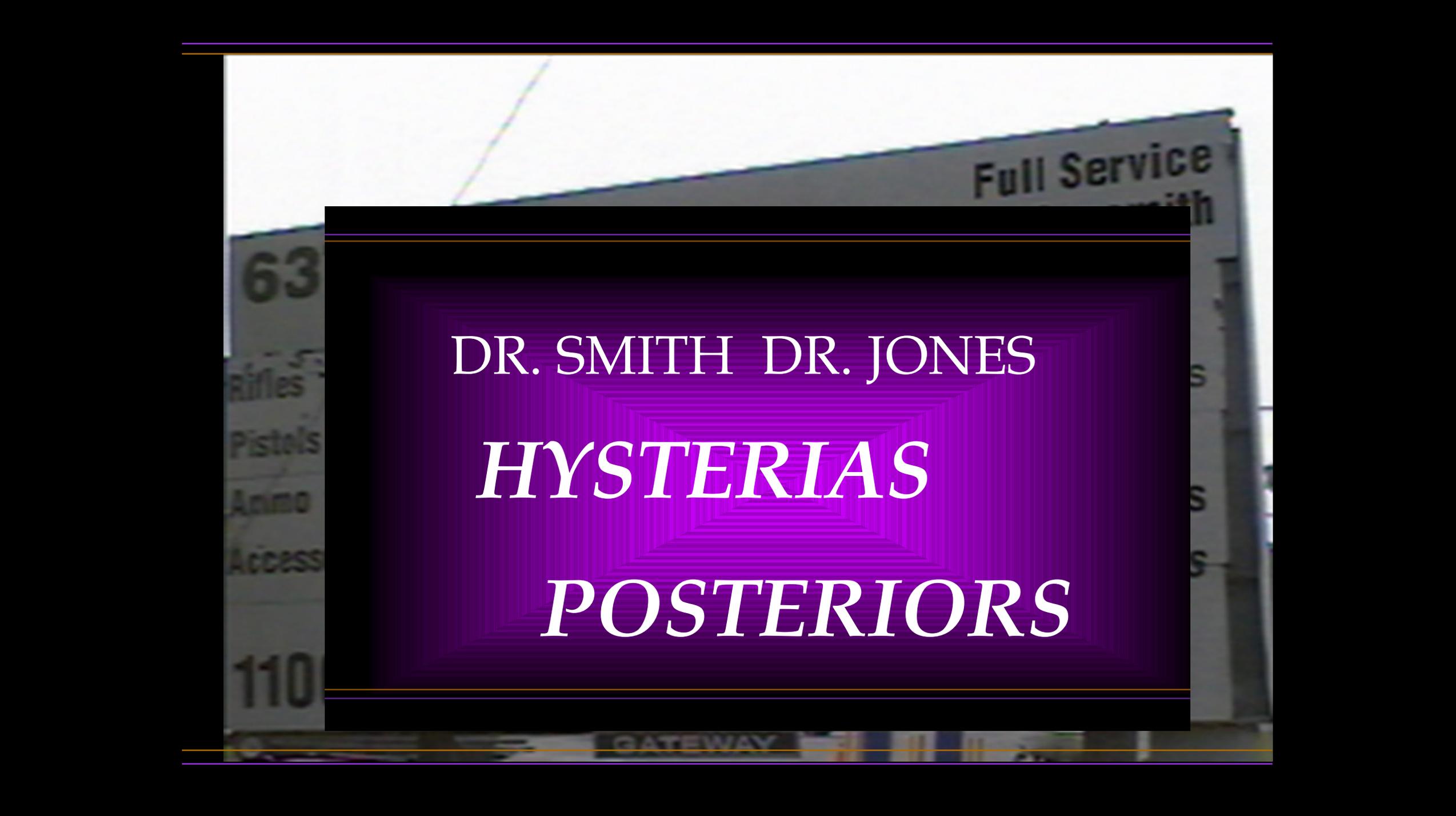
Thank You



DR. SMITH DR. JONES

PSYCHIATRY

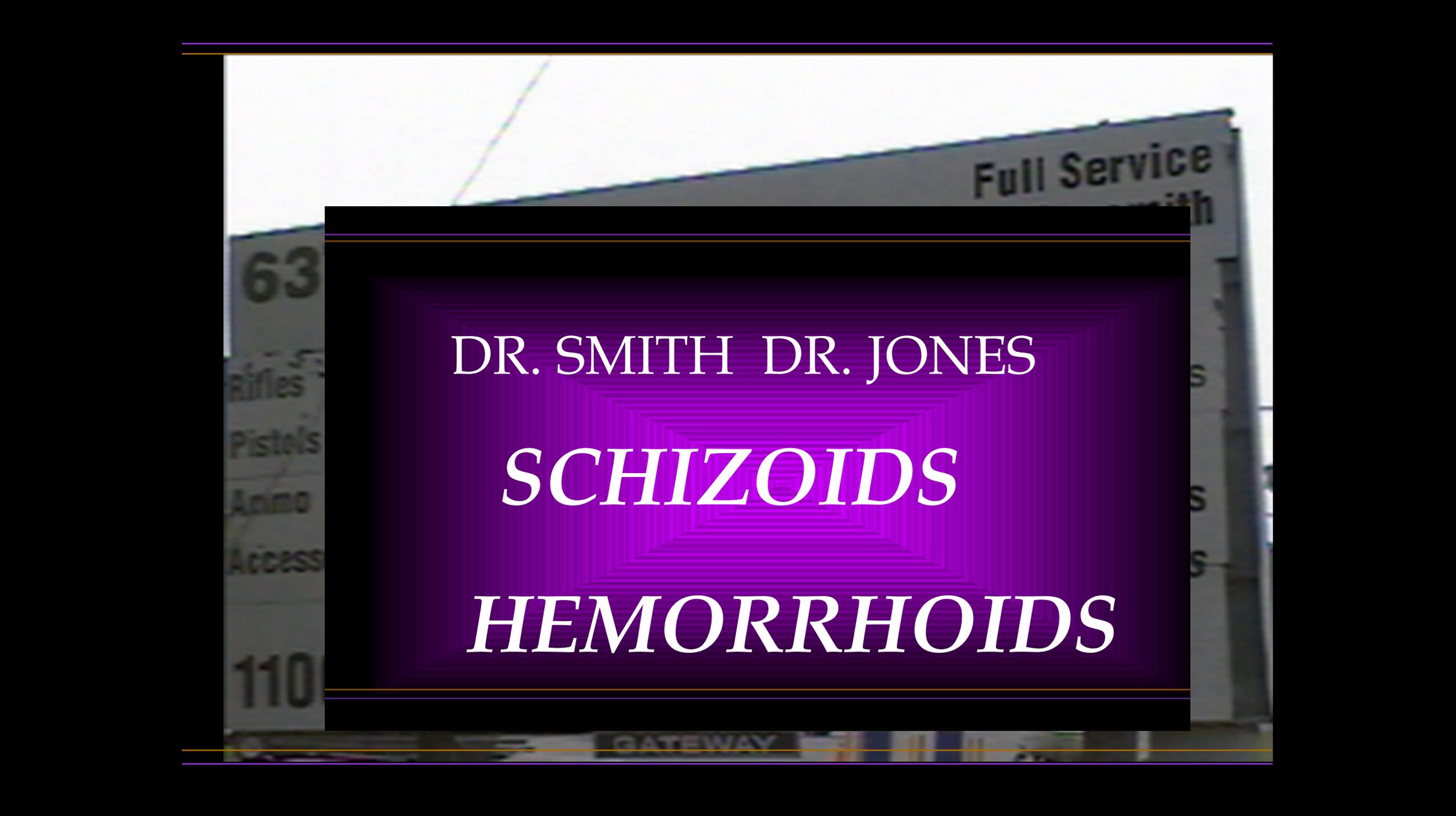
PROCTOLOGY



DR. SMITH DR. JONES

HYSTERIAS

POSTERIORIS

The background features a blurred store sign with the text 'Full Service' and 'Smith'. On the left, there are signs for '63', 'Rifles', 'Pistols', 'Ammo', 'Access', and '110'. At the bottom, a sign for 'GATEWAY' is visible. A purple tunnel graphic with a perspective effect is centered over the image.

DR. SMITH DR. JONES

SCHIZOIDS

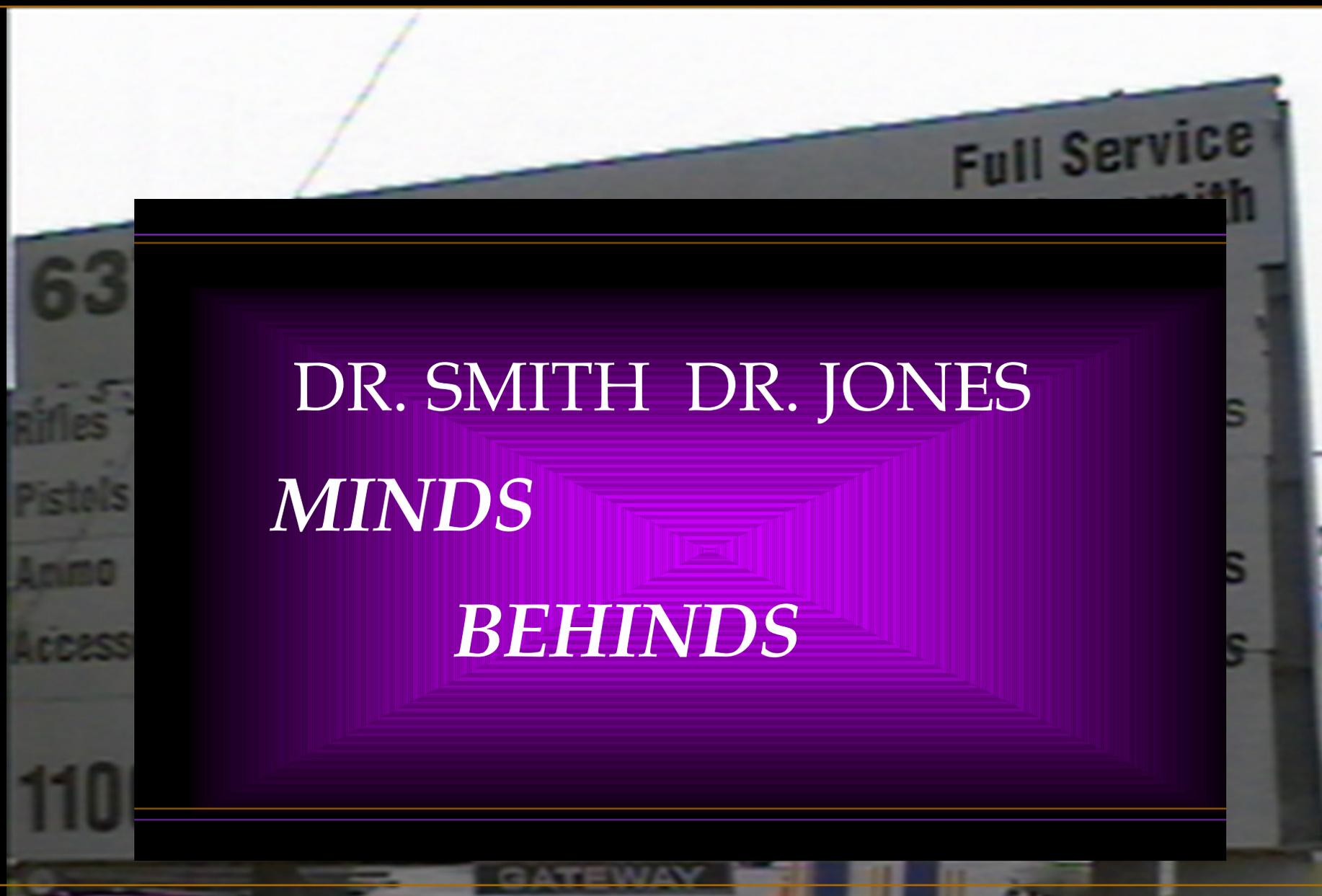
HEMORRHOIDS



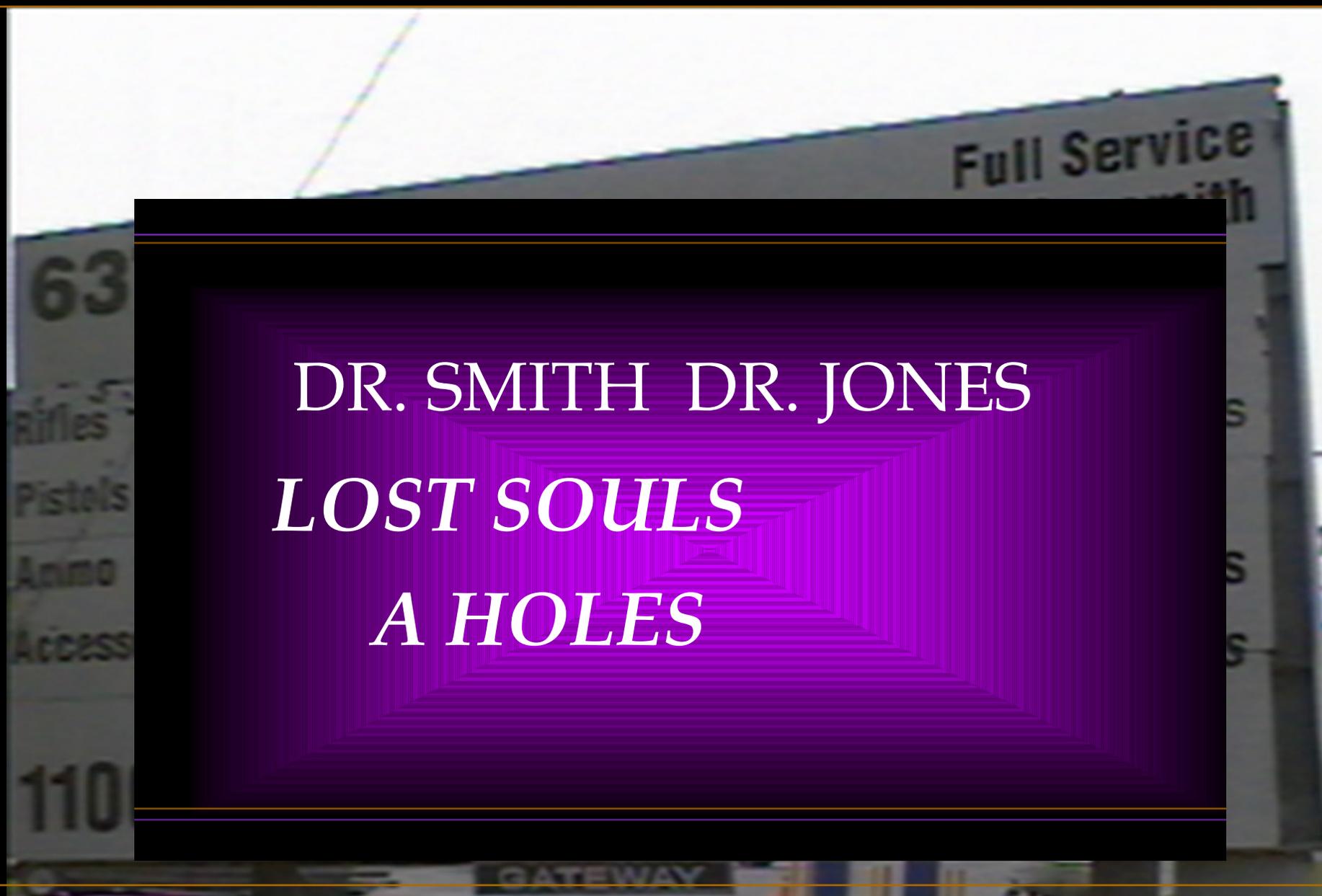
DR. SMITH DR. JONES
CATATONICS
HIGH COLONICS



DR. SMITH DR. JONES
MANIC DEPRESSIVES
ANAL-RETENTIVES



DR. SMITH DR. JONES
MINDS
BEHINDS



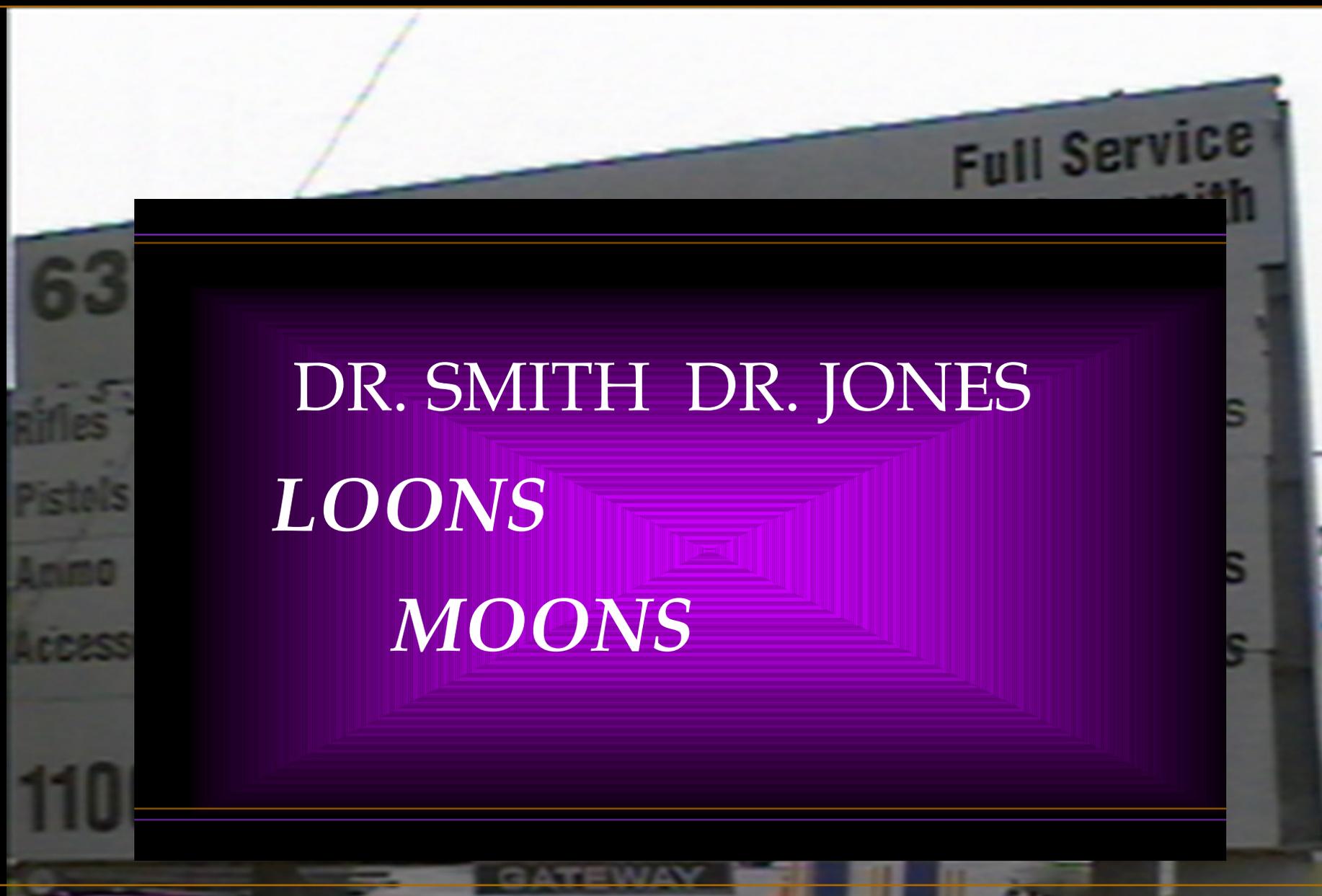
DR. SMITH DR. JONES
LOST SOULS
A HOLES



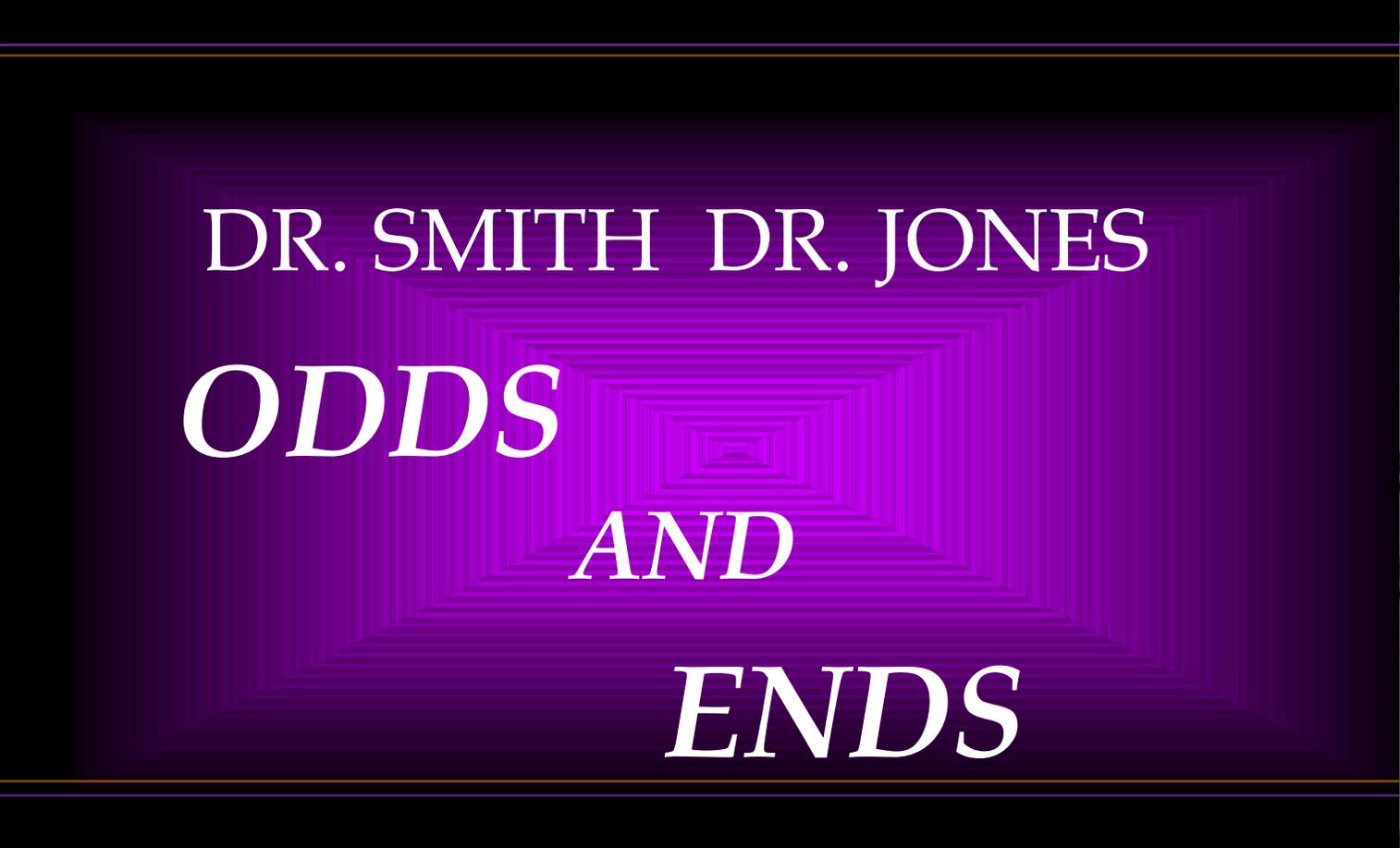
DR. SMITH DR. JONES
ANALYSIS

ANAL CYSTS

DR. SMITH DR. JONES
NUTS AND BUTTS
FREAKS AND CHEEKS



DR. SMITH DR. JONES
LOONS
MOONS



DR. SMITH DR. JONES
ODDS
AND
ENDS

Full Service

63

Rifles

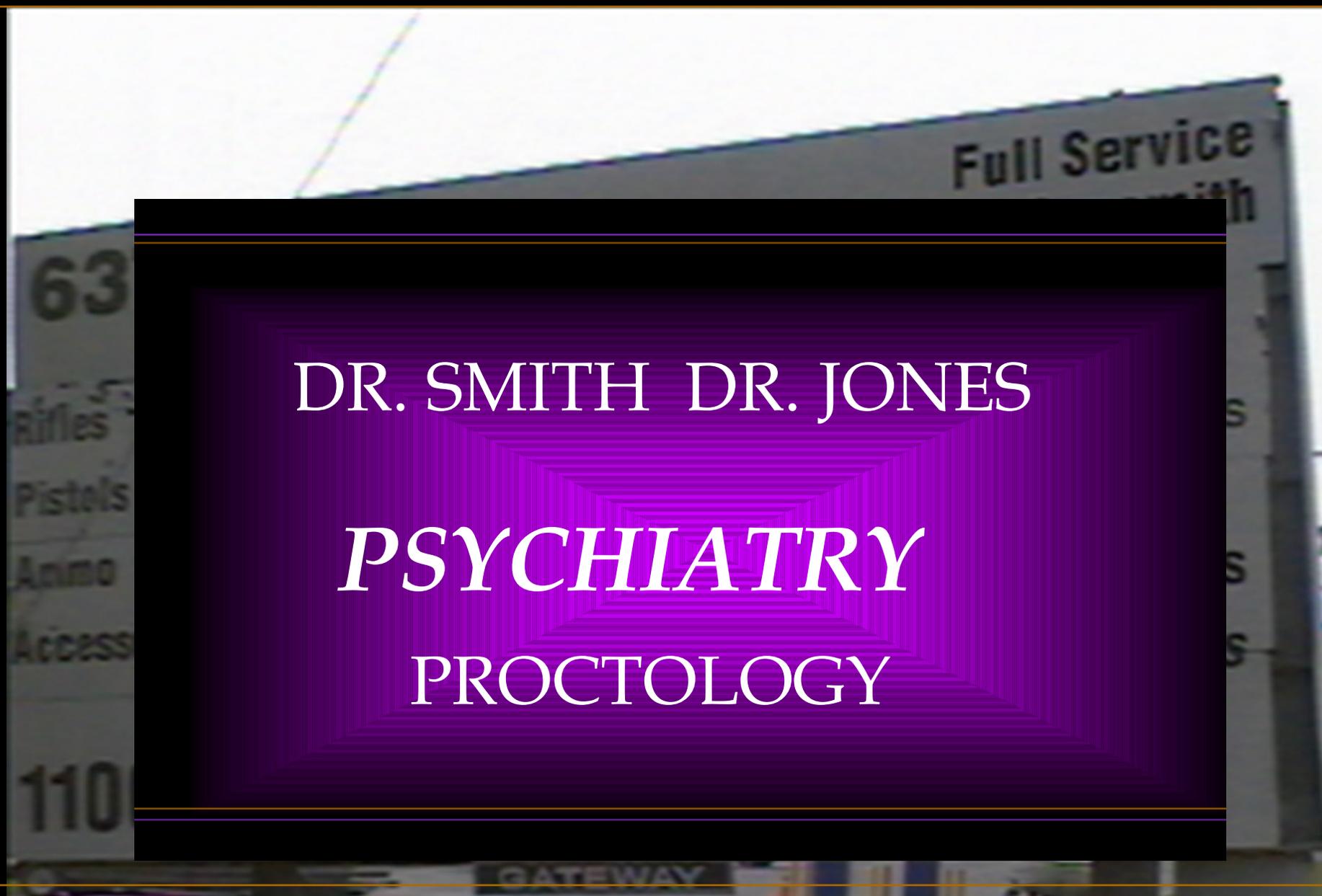
Pistols

Arms

Access

110

GATEWAY



DR. SMITH DR. JONES

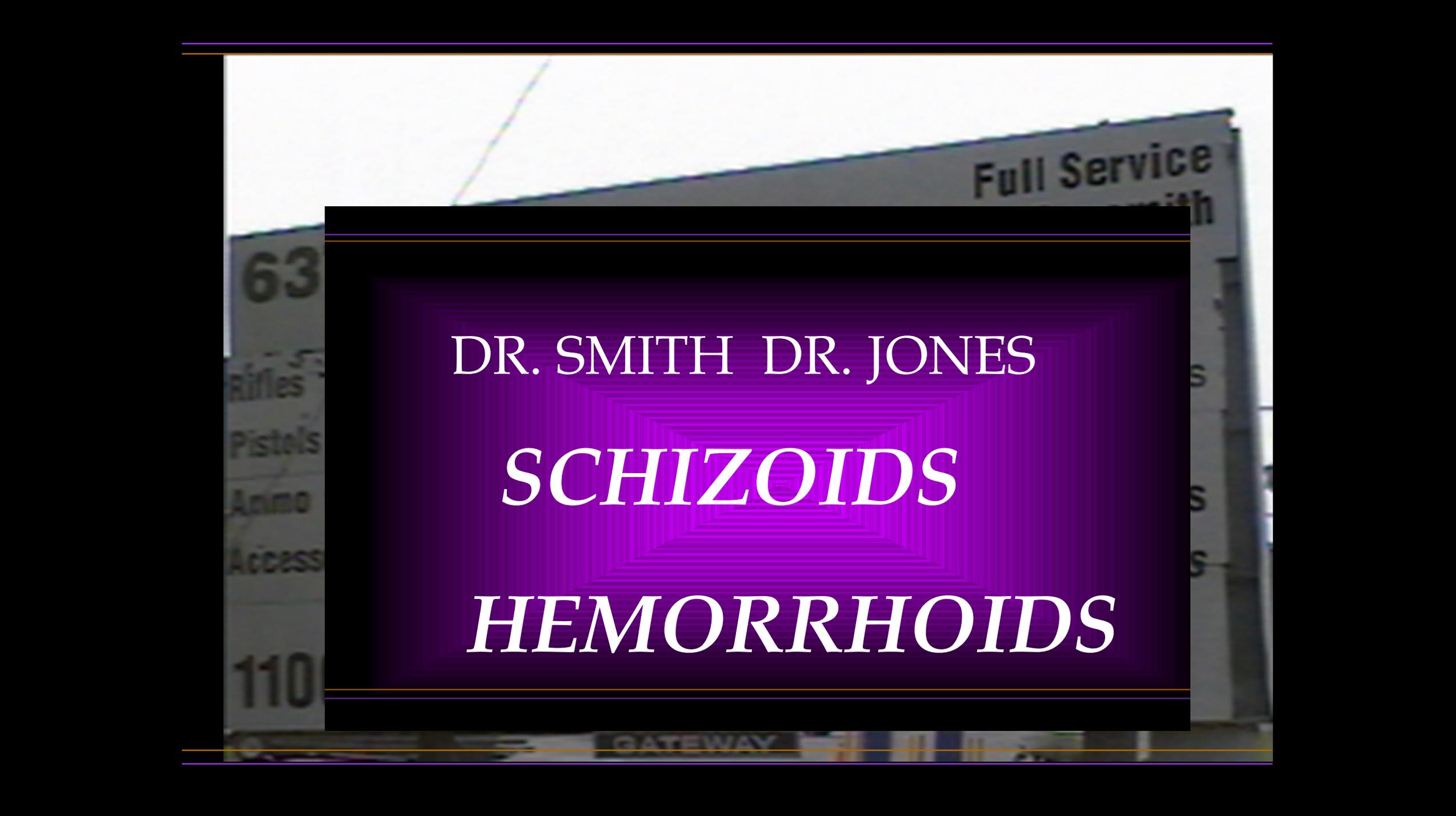
PSYCHIATRY

PROCTOLOGY

DR. SMITH DR. JONES

HYSTERIAS

POSTERIORIS

The background features a blurred photograph of a store sign. The sign has the text 'Full Service' at the top, '63' on the left, and 'Rifles', 'Pistols', 'Ammo', and 'Access' listed vertically. At the bottom of the sign, the word 'GATEWAY' is visible. A purple, multi-layered tunnel graphic is centered over the sign, creating a perspective effect that draws the eye towards the center.

DR. SMITH DR. JONES

SCHIZOIDS

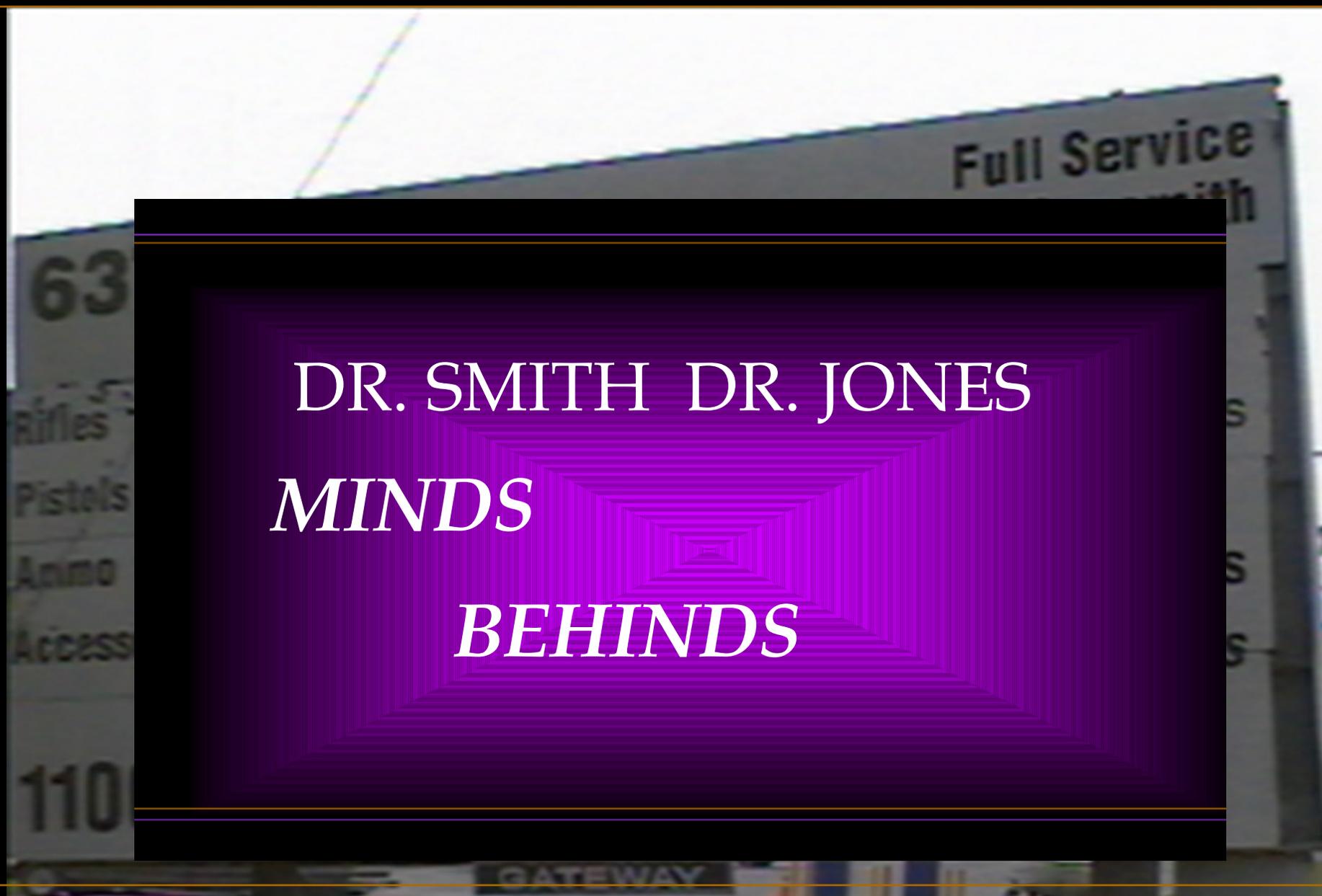
HEMORRHOIDS



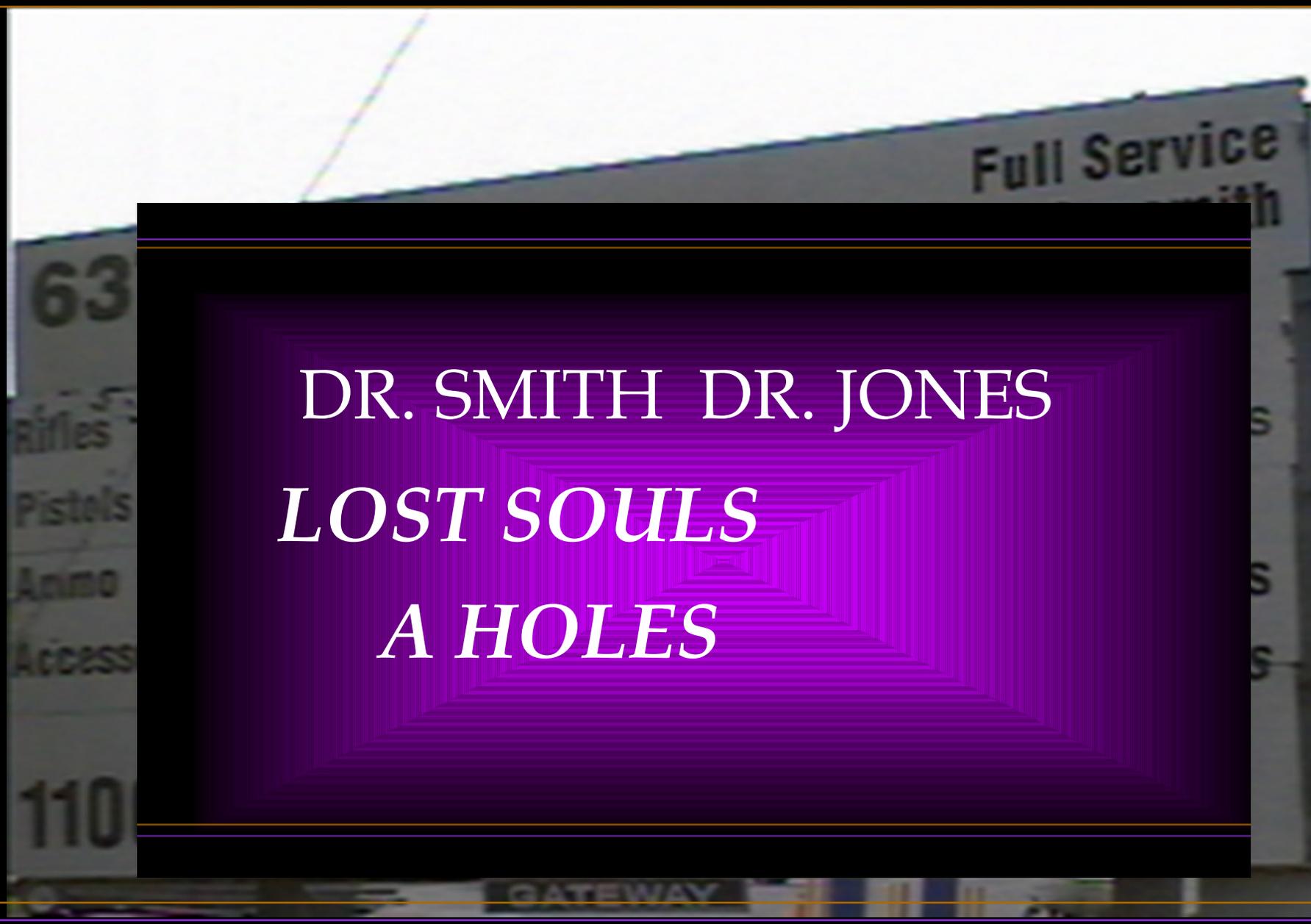
DR. SMITH DR. JONES
CATATONICS
HIGH COLONICS

The background features a blurred photograph of a store sign. The sign is white with black text and lists various items: '63', 'Rifles', 'Pistols', 'Ammo', 'Access', and '110'. To the right, the words 'Full Service' are visible. A purple, multi-layered tunnel graphic is centered on the page, creating a sense of depth and perspective.

DR. SMITH DR. JONES
MANIC DEPRESSIVES
ANAL-RETENTIVES



DR. SMITH DR. JONES
MINDS
BEHINDS

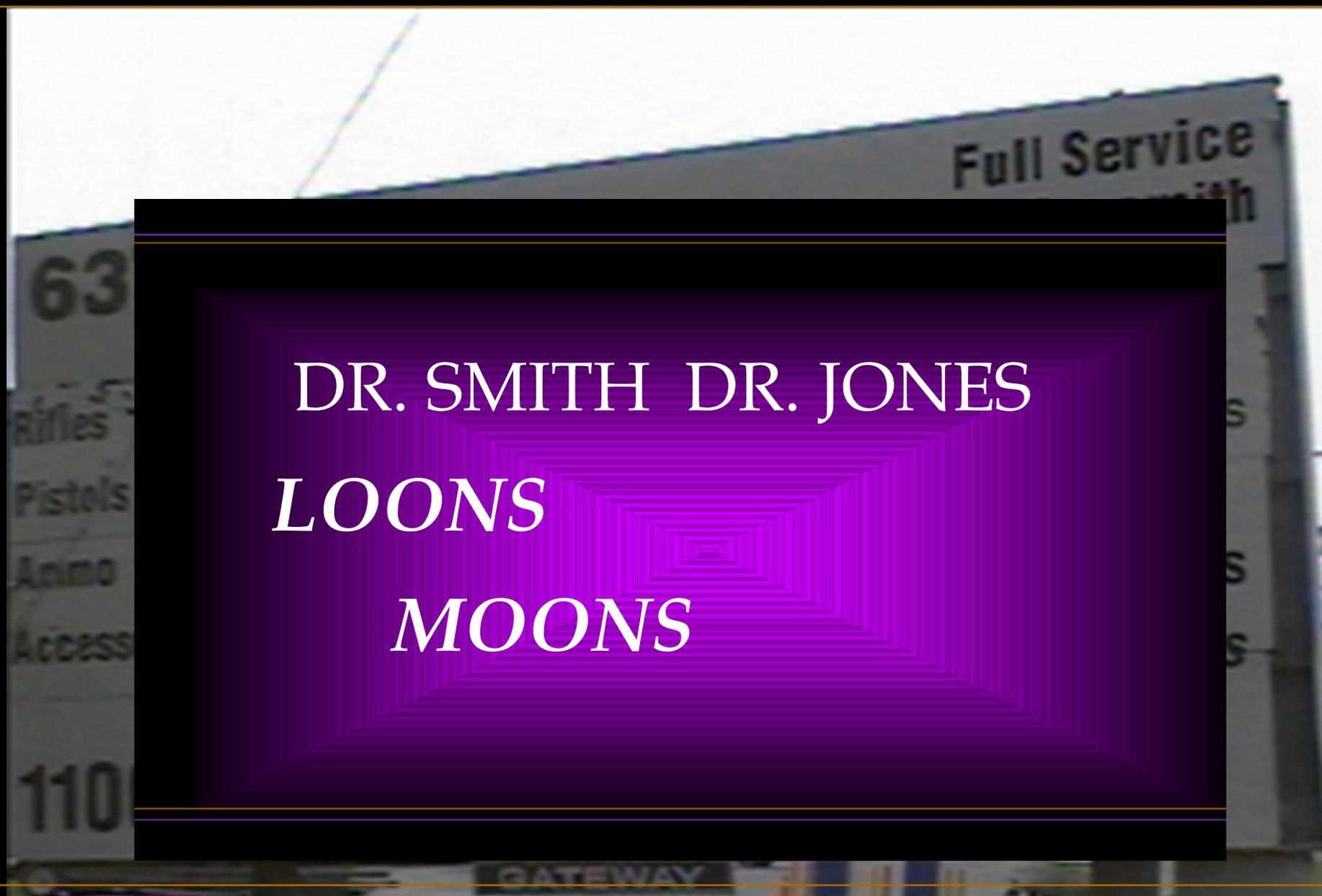


DR. SMITH DR. JONES
LOST SOULS
A HOLES



DR. SMITH DR. JONES
ANALYSIS
ANAL CYSTS

DR. SMITH DR. JONES
NUTS AND BUTTS
FREAKS AND CHEEKS



Full Service
with
Smith

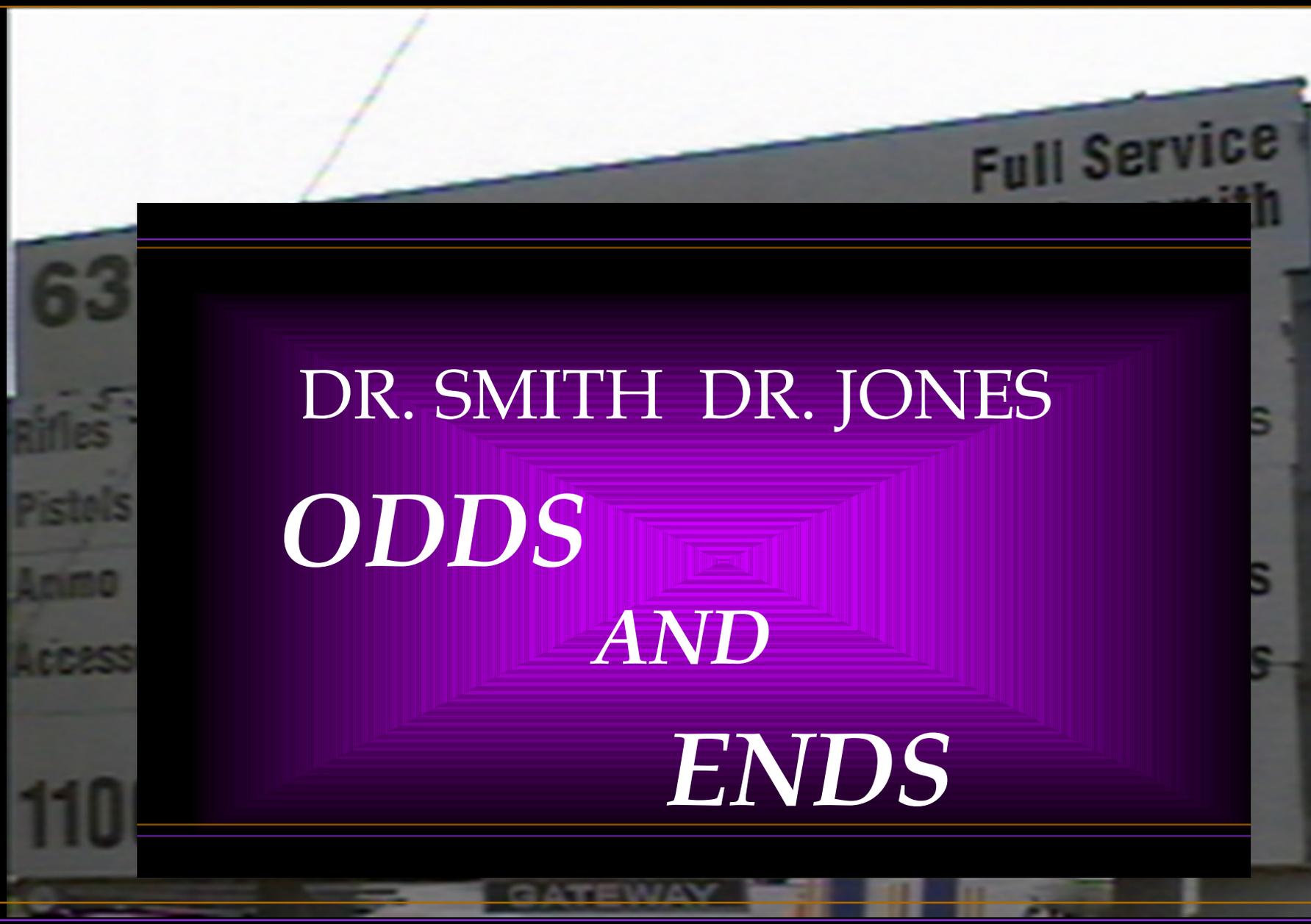
63

Rifles
Pistols
Ammo
Access

110

GATEWAY

DR. SMITH DR. JONES
LOONS
MOONS

The background is a photograph of a store sign for a gun shop. The sign is white with black text. On the left, it lists '63 Rifles', 'Pistols', 'Ammo', and 'Access'. On the right, it says 'Full Service' and 'Smith'. At the bottom, there is a 'GATEWAY' logo. Overlaid on this is a purple tunnel graphic made of many thin, parallel lines that create a perspective effect, leading towards a vanishing point in the center. The text 'DR. SMITH DR. JONES', 'ODDS', 'AND', and 'ENDS' is written in white, serif, all-caps font, centered within the tunnel.

DR. SMITH DR. JONES
ODDS
AND
ENDS