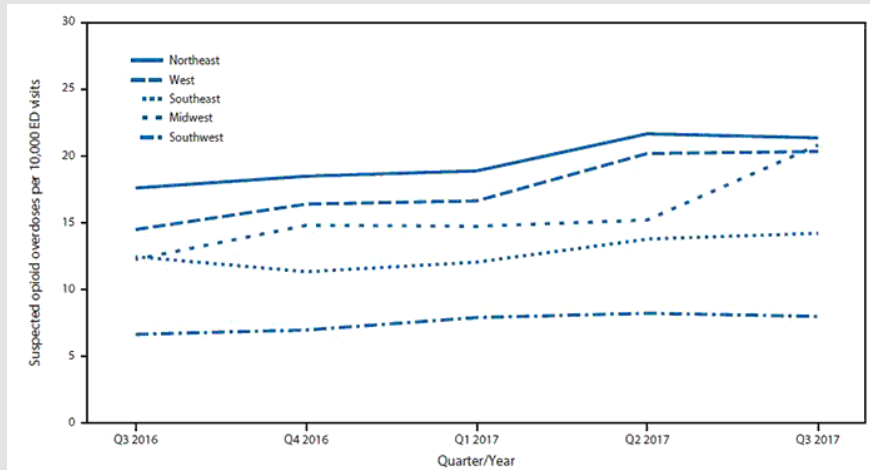


Pain Management Trends

Impact of the Opioid Crisis on Medical Practice Management

Americans are now more likely to die from accidental opioid overdoses than car accidents, according to the National Safety Council in a study released in January. The uptick in overdoses is so dramatic, that states are introducing legislature to restrict opioid prescriptions. In many specialties, drugs like hydrocodone and oxycodone are some of the most common tools for pain management.



Quarterly rate of suspected opioid overdose by US region. Credit: [National Institute on Drug Abuse](#)

21 to 29 percent
of patients prescribed
opioids for chronic pain
misuse them

30 percent increase
in opioid overdoses July 2016
through September 2017
in 45 states

8 to 12 percent
develop an opioid
use disorder

As healthcare providers struggle to keep pace with changing regulations, and seek new protocols to combat this growing issue, providers have an ethical and legal obligation to consider approaches to reduce or manage opioid prescriptions.

While the landscape is increasing in complexity, real change will require the cooperation of legislation, healthcare providers and healthcare consumers, toward a new:

- **Transparency:** Initiatives like state prescription drug monitoring programs will increase visibility of existing prescriptions. Open discussion about family history can also help physicians to identify high-risk patients.
- **Mindset:** Through the 90s, medical schools taught to prescribe opioids as standard practice to keep patients out of pain, as they were “non-addictive” and low cost. Our mindset around pain and pain management has changed dramatically, and our protocols must as well.
- **Alternative treatment:** There are emerging techniques and technologies to minimize pain post-surgery, and to address chronic pain.

The opioid epidemic and ensuing regulatory changes, offer both threat and opportunity for your practice. We'll explore changing best practices in your field, resources for ensuring compliance to rapidly changing regulations, and the emergence of laser therapy as an important alternative for alleviating acute and chronic pain.

While many of the available resources are targeted to primary care physicians, the fields of orthopedics and podiatry are significantly impacted by the opioid epidemic. This represents both a risk and an opportunity to healthcare providers who are early to adopt new techniques to pain management.

The first step to making changes for the benefit of your practice and patients is to understand the existing and rapidly emerging regulations.

Compliance Resources

Healthcare providers must comply with both federal and state regulations. Be mindful of emerging state regulations, like Ohio and Florida, many of which are restricting the length and dosage of opioids. There are many resources available, but first check both the DEA and your state's regulations:

DEA's Practitioner's Manual:
deadiversion.usdoj.gov/pubs/manuals/pract/

The CDC has identified 12 guidelines for prescribing opioids. While these are primarily designed for primary care physicians, these can be helpful in re-evaluating your protocols.

CDC Guidelines for Prescribing Opioids for Chronic Pain:
cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

Be sure to check your state's website for the latest in legislature. The following summary chart can provide an at-a-glance introduction.

State-by-state guidelines:
ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx





Orthopedic

Challenge

Thirty-five percent of all opioid prescriptions are for orthopedic patients—and the protocols vary widely, with prescriptions ranging from 10-210 oxycodone pills. As 21-29% of orthopedic patients prescribed opioids for chronic pain misuse them, the risk to your practice is substantial.

State by state, new legislature is restricting opioid prescriptions, causing a need to seek alternatives for pain relief for both acute and chronic pain. Florida's new legislature limiting opioid prescriptions to three days for acute pain is the first of many states' laws controlling opioid prescriptions. This presents a significant challenge to post-surgical pain management.

Orthopedic practices must set new protocols in keeping with changing regulations, and address patient needs in new ways to reduce the risk and reliance on opioids for pain relief and management.

Orthopedic surgeons have always seen a high percentage of incidents which are non-surgical, chronic, and for which no traditional protocols offer sufficient relief. The move away from pharmacological treatment can open new opportunity for these practices as it's estimated that 80% of the patients seen are non-surgical.

Changing Best Practices

Professional organizations like AAOS provide practical guidance on changing the protocols in your practice. After researching both federal and state regulations, consider:

- Formally reviewing and standardizing current practices in compliance with state and federal standards
- Publishing your practice's opioid prescribing policy
- Training staff in handling interactions with patients with prescription requests
- Evaluating patients to screen for history of drug abuse, addiction or comorbid psychiatric conditions
- Updating protocols for long-acting opioids

The AAOS offers a library of resources on best practices for opioid prescription protocols: aaos.org/AAOSNow/2018/May/YourAAOS/youraaos01/?ssopc=1

Early advocates for changes to pain management protocols like orthopedic surgeon Dr. Sigman and other peers offer practical guidance in a range of mediums, including webinars and podcasts.

Proper patient screening and tighter controls on opioid prescriptions will help to minimize the risk to your practice, but orthopedic surgeons are still faced with the challenge of patient care. Viable treatment strategies for both chronic and acute pain relief are critical to patient satisfaction and practice health. Technologies such as laser therapy can help to alleviate pain and inflammation.

Viability of Laser Therapy for Relief of Acute and Chronic Pain in Orthopedics

MLS Laser Therapy is an FDA-cleared technology with an 85-95% efficacy rate relieving pain and inflammation for common indications such as:

- Osteoarthritis of the knee
- Rotary tears
- Tendon and ligament injuries
- Sciatica
- Back and joint pain
- Post-surgical swelling
- Epiduralitis

Outcomes: In one study of 235 orthopedic patients who received MLS laser treatments, patients reported on improvement in pain on a VAS score. Patients receiving treatment after total knee replacement or total hip replacement reported a 57% decrease in pain at or after 3 treatments.

	Overall patient satisfaction (Average %)	Overall doctor-reported improvement (Average %)
Post-operative TKR/THR	86% satisfied or better	86% good or better
Knee arthritis	86% satisfied or better	86% good or better
Lumbar	71% satisfied or better	64% good or better
Tendonitis	77% satisfied or better	71% good or better
Post fracture	70% satisfied or better	66% good or better

Across the conditions measured in this study, patients reported a significant decrease in pain. Full study findings are available at: celasers.com/knowledge-center/orthopedic-retrospective-case-study-on-effects-of-mls-laser-therapy/



Podiatry

Challenge

Opioid therapy has long been the mainstay of pharmacological management of acute, chronic and post-operative lower-extremity pain, but with changing legislature and rising opioid abuse, podiatrists are challenged to rethink their existing protocols. One recent study, published in *Foot and Ankle International*, reviewed opioid usage of 988 patients who had outpatient foot and ankle surgeries. Patients took a median of 20 opioid pills, when median number of prescribed was 40, opening up risk of drug diversion. The study also showed that prescribing protocols varied widely in the podiatry community.

Beyond the risk of opioid abuse, there's cause for concern over its efficacy in chronic pain management. One study showed opioid analgesics only improved chronic back pain by 8-12 points on a 100 point scale.

Increased concern and study over opioid usage could expand involvement in podiatric services: one recent New York State Podiatric Medical Association study found that expanding podiatry's role in health care can reduce opioid prescription.

In rethinking your practice's protocols, explore new ways to meet patient needs and reduce the risk and reliance on opioids for pain relief and management.

Changing Best Practices

Professional organizations and publications like *Podiatry Today* provide practical guidance on changing the protocols in your practice. After researching both federal and state regulations, consider actions taken in practices like yours:

- Evaluate patients to screen for history of drug abuse, addiction or comorbid psychiatric conditions
- Rethink and standardize protocols. One podiatrist reduced prescriptions to 20 pills, and the concern that this would increase in phone calls and refills proved unfounded. Another restricts to 3 days, and refers patients to chronic pain management if treatment selection did not meet patient expectations.
- Educate patients on drug take-back programs for unused medications
- Consider local pharmacological therapies and peripheral regional anesthesia
- Look at multimodal therapy incorporating non-pharmacological therapies

Check emerging research studies and resources for regulatory and practice guidance, such as:

Podiatry Today:

podiatrytoday.com/opioid-epidemic-keys-navigating-pain-management
podiatrytoday.com/are-foot-and-ankle-surgeons-prescribing-too-many-opioids

Lower Extremity Review:

lermagazine.com/market-mechanics/podiatry-care-may-lead-to-reduced-hospitalizations-and-opioid-prescription-study-shows

Tighter controls and reduced reliance on opioid prescriptions will help to minimize the risk to your practice, but podiatrists must offer new treatment strategies for both chronic and acute pain relief to maintain patient satisfaction and practice health. Technologies such as laser therapy can help to alleviate pain and inflammation.

Viability of Laser Therapy for Relief of Acute and Chronic Pain in Podiatry

MLS Laser Therapy is an FDA-cleared technology with an 80% - 90% efficacy rate relieving pain and inflammation for common indications such as:

- Plantar fasciitis
- Lower back pain
- Tendonitis
- Diabetic neuropathy

"In the 20 months since I integrated the M6 into my practice, I have seen the laser perform with an 85-90% efficacy rate in terms of improving patients' conditions."

Read Dr. Geldwert's full story: [The Effect of a Class IV Multiwave Locked System Laser on Plantar Fasciitis](#)

Laser therapy uses light to favor and accelerate the body's natural healing processes. The laser beam is moved over the skin so that the light energy (photons) penetrates the tissue where it interacts with various molecules (chromophores) that cause different biological effects. It produces a photochemical, photothermal and photomechanical effect.

Laser therapy has grown in popularity since its introduction in orthopedics and podiatry almost 20 years ago. Patients typically experience positive results in 1 to 3 treatments, with the average length of treatment being 6 to 10 sessions. For post-operative pain management, laser therapy is proving effective in many practices when used in conjunction with non-opioid pain killers.

To explore the viability of introducing laser therapy in your practice, consider tracking the number of incidents per week to understand the scope of opportunity with the incident checklist. review study data at the Cutting Edge knowledge center (celasers.com/medical/knowledge-center), and request a demonstration.

Considering laser therapy for improved outcomes and revenue stream?

Request a demo

800.889.4184 | celasers.com/med/learnmore