You’re not alone if you suffer with chronic pain. As many as 40% of Americans are estimated to suffer with some kind of chronic pain. As many as 60% will suffer with a year or more of persistent low back or neck pain.

Science has made much progress in recent years to help us understand the nature of chronic pain as a disease. Suppose you bump your knee hard against a table leg. It hurts a lot for a few minutes, but then what happens? The pain goes away. Did the harm to your knee go away? No. Your brain and spinal cord simply adapted to the signal from your knee, and reset its self, deciding not to feel the pain anymore. This is the normal way we respond to pain. So how does pain become a persistent problem lasting months or years? The answer is that changes take place in the wiring of your spinal cord and brain such that normal pain signals do not shut off. Try thinking of pain like an alarm system that tells you when harm is happening somewhere in your body. What does it mean when the harm is gone, but pain persists? It means that the alarm system itself is broken.

How can we fix the broken alarm system of chronic pain? The first step is through accurate diagnosis. A skilled practitioner of Pain Medicine takes a broad approach to understanding your pain problem. Essential to this is the ‘full story’ of pain as it developed in your life. Sometimes it’s simple- you slipped and fell, hurting your back, and now you have treatable arthritis in some of your joints. For others, pain develops gradually, and it’s difficult to point to a single event to explain the pain. To accurately diagnose pain, your doctor must understand who you are, and how you live your life in order to zero in on the cause of your pain problem. Only then can effective treatment begin. Before your first appointment with a Pain Specialist, spend some time thinking about your life and work as it relates to your pain. It’s amazing how often just a few minutes spent on a careful history can solve what was previously an enduring mystery.

Once your doctor has a good idea what may be causing your pain, he or she may order certain tests, or even perform a procedure (usually a simple injection containing local anesthetic), to help confirm the diagnosis. The vast majority of pain problems have multiple treatment options. In fact, optimal treatment often involves attacking the pain problem in different ways. Do not be surprised if your doctor offers you a range of medication options, procedures, and referrals to other specialists as part of your pain care. Each of these represents an opportunity for you to take charge over your pain and minimize the role it plays in your life.

I often tell my patients, as in life, there are risks to doing anything to treat your pain- whether it’s a medication, procedure, physical, or psychological therapy, or implanted device. But there is also a risk to doing nothing at all, which includes taking only a half-hearted interest in your pain care. That risk is almost always far greater, because your pain will continue to control what you can and can’t do. Pain is not usually a life threatening disease, but it does threaten your quality of life. There are very few magic bullets in medicine that can fix you immediately, and without your active participation. It’s up to you to make the choice to get involved in your pain care, and take back your life. The road to conquering chronic pain is rough, but a great deal of help is available to you. A thoughtful, involved, and patient practitioner of Pain Medicine can be your guide and coach you along the way. Take the first step by talking with your primary doctor about whether consultation with a Pain Specialist is right for you.

About the Author
F. Craig Littlejohn, MD, joined Newbridge Spine & Pain Center in September 2009. He recently completed advanced training in pain medicine with one of the leading authorities in the field, Scott Fishman, MD, at the University of California, Davis Medical Center. Dr. Littlejohn brings a whole-person approach, and experience with cutting edge procedural and medicinal therapies to the Frederick community.