

REHAB REVIEW

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FIBROMYALGIA

Welcome to our new format for REHAB REVIEW

In our seventh year, we have redesigned our newsletter to provide an easier to read format with more colors and pictures. We are constantly trying to improve our presentation, and welcome any suggestions on future items of interest or layout suggestions.

We will continue to strive for excellence when it comes to non-surgical treatment for back pain and other orthopaedic injuries. Please visit our Patient Education Center and check out our web site.

<http://www.lowbackpain.com>

"Fibromyalgia" literally means "muscle/soft tissue pain." Patients usually complain of generalized pain described as stiffness or soreness. Other symptoms include fatigue and difficulty sleeping. The pain can migrate from one area of the body to another at different times. There is no particular pattern, which makes Fibromyalgia difficult to diagnose. In females, the pain can increase with the menstrual cycle. Fibromyalgia patients may be sensitive to sudden weather changes.

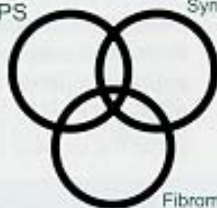
Fibromyalgia Syndrome affects as much as 5 % of the U.S. population. Females are affected twice as often as males. The average age at diagnosis is 40 years. Recent research has attempted to link Fibromyalgia with rheumatic or systemic illnesses like chronic fatigue syndrome.

Myofascial Pain Syndrome (MPS) is more common than Fibromyalgia Syndrome, and often the two are confused. Patients with MPS have more localized or regional pain (i.e., neck, shoulder.) Myofascial Pain is highly associated with local trauma, where Fibromyalgia's association with trauma is less clear. Unlike MPS, Fibromyalgia patients

usually have multiple systemic symptoms not related to muscular pain.

A key feature in the diagnosis of Fibromyalgia Syndrome is fatigue and sleep disorder; specifically, the inability to obtain restorative sleep. Recent studies have shown disrupted Stage 4 sleep in Fibromyalgia. Interestingly, pain improves with medicines that promote normal sleep patterns, such as Flexeril and Elavil.

MPS



Fibromyalgia patients frequently have many neurologic symptoms, including headaches, numbness, weakness, difficulty concentrating, and lightheadedness. Most of the time tests such as CT or MRI scans and Nerve Studies are normal. Also, blood testing is usually normal.

There are many other symptoms common in Fibromyalgia: "allergic" reactions to medications, hyper-

sensitivity, non-cardiac chest pain, and Irritable Bowel Syndrome. As many as 50% of patients have clinical depression in their lifetime.

Fibromyalgia Syndrome can be difficult to diagnose since X-rays, blood tests, and muscle biopsies are usually normal. Researchers have found a decreased level of the neurotransmitter serotonin in the central nervous system. It is believed that this decreased hormone level is at least partly responsible for the fatigue and pain in Fibromyalgia.

Once the diagnosis has been made, treatment can be just as difficult. Often specific medicines are prescribed in low doses at night, and long term use is necessary. Physical therapy is as important as medications. The most important aspect of therapy is regular low-impact cardiovascular exercise. In some cases, the muscle tender points are injected with local anesthetic and/or cortisone to treat an acute exacerbation of myofascial pain.

Fibromyalgia Syndrome is a lifelong illness, but with the current available treatments many patients can lead productive and satisfying lives.

Contents

<i>Fibromyalgia Syndrome</i>	1
<i>Epiduroscopy for Chronic Back Pain Procedures</i>	2
<i>Carpal Tunnel Syndrome</i>	3
<i>Insurance Plans</i>	3
<i>Did You Know . . .</i>	4

SPINAL ENDOSCOPY FOR CHRONIC BACK PAIN

Over two million people are treated for chronic low back pain annually. Chronic lumbar pain can be caused by scar tissue, adhesions, and inflammation that surrounds the spinal nerve roots. Lumbar nerve compression can cause sensory and motor abnormalities in the legs. Typically patients complain of sharp, burning, lancinating, or "electrical" type pain in the legs.

Current medical technology cannot prevent the postsurgical development of scar tissue. Therefore, physicians do not know which patients will develop scarring around nerve roots. Frequently, when a post lumbar surgery patient reports recurrent back or leg pain, a follow up CT or MRI scan may show "epidural or perineural scar tissue," or "fibrosis." These patients usually do not benefit from repeat surgery, and epidural steroid injections may not always alleviate pain.

Recent advances in fiberoptic technology allow the physician to enter the epidural space with a video guided catheter, called epiduroscopy, or spinal endoscopy. The concept has been around for over 50 years; however only in the past 5 years has the procedure gained attention...



Equipment by MYELOTEC

Spinal endoscopy is like a much smaller version of the knee or shoulder arthroscopy. The catheter is only 2 mm in diameter. The epiduroscope is inserted at the base of the spine near the tailbone. Once the camera is in the epidural

space, the physician can view the spinal nerve roots.

The epiduroscope has a probe that can decompress the entrapped nerve. A sterile saline solution is injected around the nerve root(s), and can decrease inflammation and subsequently decrease back and leg pain. Corticosteroid is placed at the painful site at the completion of the procedure.

Spinal endoscopy is performed as an outpatient procedure, much like lumbar epidural steroid injections. Depending on the case and the amount of scar tissue, the procedure can take from 1 to 2 hours to perform. Patients may immediately notice improvement in back and leg pain, although the maximum benefit may not be noticed for two or three weeks. Thanks to new advances in technology, physicians now have a promising treatment for a difficult problem.

PROCEDURES PERFORMED BY OUR PHYSICIANS

Electrodiagnostic testing
(EMG/NCS)

Cervical, Thoracic, and Lumbar
Epidural Steroid Injections

Transforaminal Selective Nerve
Root Injections

Lumbar and Thoracic Facet
Injections

Lumbar Sympathetic Nerve Block

Cervical, Thoracic, and Lumbar
Radiofrequency (RF) Lesioning



**LUMBAR Epidural
Steroid Injection**

Medical Acupuncture

Lumbar Spinal Endoscopy

Lumbar/Thoracic Discography

Joint and Trigger Point Injections

Independent Medical Evaluations

Ergonomic Assessments

Impairment and Disability
Evaluations

CARPAL TUNNEL SYNDROME

Carpal Tunnel Syndrome is one of the most common peripheral nerve disorders. The "carpal tunnel" is a small oblong pathway at the wrist through which the median nerve and several tendons pass. The median nerve connects to many of the muscles in the hand (especially those in the thumb), and it also provides sensation to the skin over the thumb, index, middle, and half of the ring finger. Carpal Tunnel Syndrome (CTS) is the result of median nerve compression at the wrist. It can be caused by many processes such as repetitive motion, tendinitis or arthritis of the wrist, thyroid disorders or pregnancy.

The most common symptoms of Carpal Tunnel Syndrome are numbness, tingling, or burning of the hand. Wrist and hand pain, clumsiness, and dropping objects are also common symptoms. Weakness and atrophy (wasting of hand muscles) are present usually in advanced stages of Carpal Tunnel Syndrome. Pain and numbness can radiate up toward

the elbow and even the shoulder. Pain and numbness at night and with overuse are common in Carpal Tunnel Syndrome.



Many conditions can be confused with CTS, especially when not all of the above symptoms and signs are present. Electrodiagnostic studies (EMG/NCS) are a valuable tool used by many physicians to establish the diagnosis and severity of carpal tunnel syndrome. Using a detailed analysis of many of the peripheral nerves in the arm,

the physician can determine if the median nerve function is abnormal at the wrist or elsewhere in the extremity.

The EMG/NCS is an important tool because it can differentiate carpal tunnel syndrome from a pinched nerve in the neck, shoulder, elbow or forearm. The EMG/NCS can determine the severity of carpal tunnel syndrome or "nerve damage." Since the intensity of symptoms does not always correlate with the severity of carpal tunnel syndrome, valuable information can be obtained to help determine the best course of treatment.

The treatment of Carpal Tunnel Syndrome usually consists of anti-inflammatory medications, wrist splints and exercise. In some cases the area around the median nerve is injected with cortisone to decrease swelling and nerve compression. In severe cases, immediate surgical release is recommended in order to prevent further nerve damage.

INSURANCE PLANS WE PARTICIPATE WITH

Aetna PPO/ HMO/ POS
 Affiliated Healthcare
 Affordable
 AHI Healthcare Systems
 America's Health Plan
 Americaid
 Beech Street of Florida
 (Mutual of Omaha
 Companies)
 BellSouth (FXB only)
 Blue Cross/Blue Shield
 Blue Choice PPO
 Preferred Care GA
 Federal Employees
 (all plans except Blue
 Choice HMO)
 Capp Care
 Champus

Cigna PPO
 HMO (out of network)
 Comp First
 Community Care
 Network
 Cor Care / Corvel
 Core Source
 Cost Care
 First Health
 (Healthcare Compare
 & Affordable)
 Focus Healthcare
 Fortis
 Georgia 1st
 Great West Life
 Guardian Life
 Health Advantage
 Network
 Healthsource HMO/
 PPO/POS

HealthStar Manged Care
 AffordaCare
 Humana Military
 John Hancock
 Kaiser
 Managed Care, Inc.
 Medicaid
 Medicare
 Medview
 Metrahealth
 Morgan Health Grp
 Multiplan
 Mutually Preferred
 One Health Plan
 PCA Health Plans
 Principal PPO
 Preferred Health
 Network
 Preferred Plan of
 Georgia

Private Healthcare
 (PHCS)
 Promina PPO
 Pronet (Provider
 Network)
 Provident Life &
 Accident
 Southcare
 Special Net
 State Merit
 Travelers
 Tricare Prime
 Unicare
 United Healthcare
 PPO/HMO/POS
 UHC For Srs.
 USA Managed Care
 US Healthcare
 Wellstar

If you do not see your plan, please ask one of our staff.

REHAB REVIEW

Non-Surgical Orthopaedic & Spine Center, P.C.
Arnold J. Weil, M.D. Anthony R. Grasso, M.D.
611 Campbell Hill Street, Suite 101
Marietta, Georgia 30060
(770) 421-1420 phone
(770) 421-8055 fax
<http://www.lowbackpain.com>

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DID YOU KNOW

- ◆ The new practice name is **NON-SURGICAL Orthopaedic and Spine Center, P.C.**
- ◆ We now have offices in:
Woodstock
Lawrenceville
Carrollton
Marietta
- ◆ Dr. Weil has completed his training in **Medical Acupuncture**, and is now accepting patients for acupuncture treatment.
- ◆ We will move into our new 20,000 sq. ft. office building in the spring of 2000.



Arnold J. Weil M.D.



Anthony R. Grasso M.D.

