

Pain is the PITS® Program-All Pain-Worksheets

Patient Information and Medical History Sheet

Name: _____ **Phone#:** _____ **E-Mail:** _____

All Medications: Herbal drugs/supplements:	Pain Problem List: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1.</td> <td style="width: 50%;">4.</td> </tr> <tr> <td>2.</td> <td>5.</td> </tr> <tr> <td>3.</td> <td>6.</td> </tr> </table>	1.	4.	2.	5.	3.	6.
1.	4.						
2.	5.						
3.	6.						

Allergies: Contrast Antibiotics Latex	Pain Specialists (Anesthesiology-Physical Medicine & Rehabilitation-Neurology-other): Primary-Family Physician: _____ Surgeons (orthopedic spine, neurosurgery spine): _____ Medical Specialists (neurologist, rheumatologist, other): _____
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Medical Issues: Diabetes Blood thinners: Coumadin-warfarin, Pradaxa, Plavix, Effient, Xarelto, Lovenox, Ticlid, high-dose Aspirin usage, other _____. Bleeding disorder Heart attack-stents Hypertension Emphysema-asthma Sleep apnea Kidney Thyroid Liver-Hepatitis Stomach ulcer-gastritis Abdominal: gallbladder, pancreatitis Infections Rashes	Medical Issues (continued): Cancer Stroke-TIA Seizures Autoimmune disease: Rheumatoid arthritis, lupus, multiple sclerosis, other _____. Osteoarthritis Migraines, Cluster, Tension-type headaches TMJ (jaw) pain Trigeminal neuralgia (face nerve pain) Depression-anxiety-PTSD-ADD-Bipolar Other medical issue(s): _____ _____ _____ _____	Past Surgeries: Head Neck Shoulder Chest Back Abdomen-Groin Hips Knees Arms Legs Hands Feet	Social History/ Lifestyle Issues: Smoking Alcohol Recreational Drugs: marijuana, cocaine, other _____. Opioid Abuse? Car accidents? Diet Exercise Weight Issues Sleep Issues Stress Issues Pregnant?
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• P-I-T-S Protocol Assessment Section (See Page 2) •

PITS Program Motto: Feel Better and Live Your Life, Because Pain is the PITS!

Peter A Kechejian, MD, CPE Pain Management Specialist and Certified Pain Educator painisthepits.com

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Pain and Quality-of-Life Score = Your “PITS Score”

A Multidimensional Integrative P-I-T-S ASSESSMENT Tool

Directions: For each category question, indicate how much you **Agree or Disagree** (in general, or on average, **in the last week**), by circling a number from 0 to 10, where 0 is totally Disagree and 10 is totally Agree.

<u>Sections:</u>	<u>Category Questions:</u>			<u>SubTotals:</u>
	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	_____
P	You are able to	You are able	You are able	
Physical Function	work or take care of home and children?	to do some Exercise?	to do activities of daily of living?	
	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	_____
I	Your pain	Your duration	Your treatment	
Intensity of Pain	score levels are acceptable?	of pain relief is adequate?	side effects are tolerable?	
	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	_____
T	Anxiety and	You are getting	Your overall	
Thoughts and Behaviors	depression are controlled?	restful sleep?	energy level is OK?	
	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	_____
S	You are getting	You are able	You have enough	
Social Interactions	out with friends and family?	to travel or do a hobby?	money and insurance for your pain care?	
	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	Disagree 0 1 2 3 4 5 6 7 8 9 10 Agree	_____
				<u>Total Score:</u>

Scoring: Add up all the Category questions and the SubTotals. The maximum total score is 120.

The higher your score, the better your pain control and quality-of-life.

Your overall goal is to get your “PITS Score” above 100!

Excellent: 101-120 **Very Good:** 81-100 **Good:** 61-81 **Fair:** 41-60 **Poor:** 21-40 **Very Poor:** 0-20

• **P-I-T-S Protocol Treatment Options (See Page 3)** •

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P-I-T-S Sections	A Multidimensional Integrative P-I-T-S <u>TREATMENT</u> Protocol
1. P=<u>Pills</u> (Medications)	<p>Anti-inflammatory: NSAIDs (nonsteroidal anti-inflammatory drugs) = Motrin + Advil (ibuprofen), Aleve (naproxen), Celebrex (Celecoxib), Mobic (meloxicam), Voltaren (diclofenac), Analgesic creams + Steroids = Prednisone, Medrol dospak (methylprednisolone), other _____; Tylenol (acetaminophen); Immunosuppressants=Remicade, other _____.</p> <p>Muscle Relaxants: Flexeril (cyclobenzaprine), Skelaxin (metaxalone), Robaxin (methocarbamol), Zanaflex (tizanidine), Baclofen (lioresal), Lorzone (chlorzoxazone), other _____.</p> <p>Nerve Pain Agents: Neurontin (gabapentin), Lyrica (pregabalin), Cymbalta (duloxetine), Elavil (amitriptyline), Pamelor (nortriptyline), Topamax (topiramate), Tegretol (carbamazepine), other _____.</p> <p>Opioid Narcotics: Short-acting: Hydrocodone (Vicodin, Norco), Oxycodone (Percocet), Morphine (MSIR), Hydromorphone (Dilaudid), Tapentadol (Nucynta), Belbucca (buprenorphine), Ultram (tramadol), other _____.</p> <p style="padding-left: 40px;">Long-acting: MS Contin-Embeda-Kadian-Arymo ER-MorphaBond ER (morphine), Oxycontin (oxycodone), Hysingla ER + Zohydro (hydrocodone), Exalgo (dilaudid), Nucynta ER (tapentadol), Duragesic patch (fentanyl), Butrans patch (buprenorphine), Methadone, Ultram ER (tramadol), other _____.</p>
2. I=<u>Injections</u>	<p>Epidural Steroid injections (ESIs): Cervical-Thoracic-Lumbar (midline), Caudal (lumbosacral), Transforaminal (neural foramen side approach).</p> <p>Joints: Spine joints (facet and sacroiliac), Major joints (shoulder-hip-knees-ankles), other _____.</p> <p>Minimally Invasive: Trigger point muscle injections (TPIs), nerve blocks, tendon + bursa injections, other _____.</p> <p>Neuroablative: Radiofrequency (RF) burning of nerves (spine, sacroiliac joint, knee nerves), Cryoablation freezing of nerves</p> <p>Diagnostic injections: Lumbar + cervical discography for the spine; Prophylactic injections: Botox for migraines</p>
3. T=<u>Therapy</u>	<p>A. Physical Care: Chiropractic-Traction: DRX-SRS machines, inversion table, cervical inflatable cuff traction</p> <p style="padding-left: 40px;">Physical Therapy (PT): Flexibility, Strength, Endurance, Posture, Biomechanics</p> <p style="padding-left: 40px;">Home Exercise Program (HEP)-Gym: Independent self-management focus!</p> <p style="padding-left: 40px;">Physician care: Physical Medicine and Rehabilitation (PM&R-physiatry), Neuromuscular Medicine-Osteopathic (DO)</p> <p>B. Psychological Care: Anxiety: Xanax (alprazolam), Klonopin (clonazepam), Talk therapy, other _____.</p> <p style="padding-left: 40px;">Depression: Effexor (venlafaxine), Cymbalta (duloxetine), Elavil (amitriptyline), Talk therapy, other _____.</p> <p style="padding-left: 40px;">Cognitive-Behavioral therapy (CBT): Changing thought and behavior patterns (distraction, relaxation)-self-management coping focus</p> <p>C. Sleep Care Strategies: Lifestyle changes: quiet, dark, cool bedroom, no caffeine at night, other _____.</p> <p style="padding-left: 40px;">Supplements: Chamomile tea, Melatonin, Valerian root, Kava, other _____.</p> <p style="padding-left: 40px;">Prescription medication: Ambien (zolpidem) + Lunesta (eszopiclone), Klonopin (clonazepam), Trazadone (desyrel), Elavil (amitriptyline), Pamelor (nortriptyline), Sinequan (doxepin), Flexeril (cyclobenzaprine), Baclofen (lioresal), other _____.</p> <p>D. Complementary Care Techniques: Acupuncture, Massage, Yoga/Pilates, Biofeedback, Hypnosis, Guided Imagery, Herbal therapy, Probiotics, Supplements/vitamins/minerals, Low laser light therapy (LLLT), Magnets, Reiki, other _____.</p>
4. S=<u>Surgery</u>	<p>Minimally invasive: Spine (laser), Joints (arthroscopy), Abdomen (laparoscopy), Face (trigeminal ablation), Foot, other _____.</p> <p>Decompressions: Spine laminectomy (removing bone) and discectomy (removing disc material), Shoulder, other _____.</p> <p>More Invasive: Lumbar and Cervical fusions (with hardware placement), Joint replacement, Hysterectomy, other _____.</p> <p>Implantable devices: Spinal Cord Stimulation (SCS), Intrathecal infusion device-IID (spinal narcotic pump)</p>
<p>Goals: Staying Functional: Work, homemaker, taking care of children, exercising, and activities of daily living</p> <p style="padding-left: 40px;">Improving Comfort: Better day-to-day pain scores and duration of comfort, and minimizing side effects of treatment</p> <p style="padding-left: 40px;">Mood/Sleep: Control of anxiety and depression, improved sleep patterns, and keeping energy levels up</p> <p style="padding-left: 40px;">Socialization: Friends and family, hobbies and travel, and day-to-day money and insurance for pain care</p> <p style="text-align: center;"><i>The Key is a Pain and Quality-of-Life Focus...</i></p> <p style="text-align: center;"><i>The Higher your "PITS Score", the Better your Pain Control and Life!</i></p>	
<p>PITS Program Motto: Feel Better and Live Your Life, Because Pain is the PITS!</p>	
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Pain is the PITS® Program Treatment Timeline

“PITS Acute” Pain Care Transition to “PITS Chronic” Pain Care

<u>Weeks:</u>	1	2	3	4	5	6	7	8	9	10	11	12
Rest, Ice/Heat, Pain Rubs, OTCs		√										
Primary Physician: Prescriptions, PT, Chiropractic, CBT, Complementary care		√	√	√	√	√	√	√	√	√	√	√
Interventional Pain Injections								√	√	√	√	√
Surgical Evaluation and Operation												√

Note: The first 12 weeks above represent “PITS Acute” care, and then over the next 12 weeks (considered the Sub-Acute pain period) patients transition to “PITS Chronic” care (which is any treatment beyond the 6-month period in the Pain is the PITS® Program). The timeline is designed to move patients through a continuum of care from Medical pain management options (rest-medications-therapy), to Interventional pain management options (injections), and then to Surgical pain management (operation) options, if needed. Notice that conservative treatment is maintained as more aggressive options are added along the timeline of recovery. Depending on the severity of pain, patients may need to start Interventional pain management or seek a Surgical pain management consult earlier in the timeline.

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NOTES or REMINDERS:

QUESTIONS or CONCERNS?

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