

Comprehensive Pain Rehabilitation Center

P R O G R A M G U I D E



Introduction

The Mayo Comprehensive Pain Rehabilitation Center (PRC) was founded in 1974 to provide rehabilitation services to patients with chronic non-cancer pain. The PRC is a nationally/internationally recognized program of excellence with physician referrals, patient referrals, and visiting clinicians and health-care teams from around the US and the world. It was among the first pain rehabilitation programs established and is now one of the largest pain rehabilitation programs in the nation.

The PRC is an intensive 3-week outpatient program focused on providing multidisciplinary rehabilitative therapy to patients with chronic pain with the goal of improving quality of life and facilitating a return to regular daily activities.

The rehabilitation program is focused on functional restoration. A cognitive-behavioral model serves as the basis for treatment and incorporates physical reconditioning, biofeedback and relaxation training, stress management, chemical health education, activity moderation, and cognitive restructuring to decrease pain catastrophizing and pain anxiety. Throughout the three-week program, various types of treatment and therapies are presented to help each patient achieve individualized goals in returning to an active and fulfilling life.

The program essentially focuses on helping people learn aspects of their pain and life they can control when a cure for the pain is not possible. The concepts taught at PRC include learning to differentiate acute and chronic pain, minimization of pain behaviors, relaxation, minimizing and eliminating the use of analgesic pharmacotherapies (including narcotics as well as OTC drugs), daily exercise, moderation, stress management techniques and coping with the emotional aspects of chronic pain.

The core team of health-care professionals who care for patients in the PRC include physicians, psychologists, nurses, physical therapists, occupational therapists, chemical health counselors, biofeedback therapists and pharmacists.

Chronic Pain and Rehabilitation

Chronic pain refers to pain that does not improve with time. It may affect a specific part of the body, as in low back pain, headaches or facial pain. It can also involve many regions of the body at once, as in fibromyalgia, osteoarthritis, or peripheral neuropathies. No longer is the pain just a symptom of a disease, illness or injury; it becomes an illness unto itself. Regardless of the location or cause of chronic pain, many patients develop difficulty functioning in daily activities. Some also experience occupational disability, depression, drug-related complications and diminished quality of life.

All too often, specific forms of pain treatment, such as medications, injections or surgery, do little to relieve the chronic pain itself, or the long-term suffering and disability that can develop. Patients, their families and their doctors can become discouraged and frustrated. The PRC offers hope and specific assistance in reversing the downward course of this illness.

Common Conditions

At the PRC, patients often have a variety of chronic pain disorders. Chronic back pain is the most common diagnosis, occurring in 25% of the patients, but fibromyalgia is also quite common, accounting for 20% of the patients. Other frequent diagnoses are chronic headache/migraines (11%), generalized pain or pain in multiple sites (8%), abdominal pain (7%) and neck pain (7%). The remaining 23% of patients have various pain sites including upper or lower extremities (including Complex Regional Pain Syndrome), chestwall, jaw, pelvic area, shoulders, hands, joints, knees, mouth, foot and face pain, as well as post-mastectomy and neuropathic pain. Patients may also have pain resulting from a disease, such as peripheral neuropathy or endometriosis. Additionally, some patients have no identifiable cause for the pain they are experiencing, which can make the pain even more frustrating. The PRC staff work with all types of chronic pain problems, individualizing treatment to the specific needs of each patient.

Goals

The primary goal of the Pain Rehabilitation Center is to restore functioning and improve quality of life for persons suffering with chronic pain. The program emphasizes the discontinuation of opioids for the treatment of chronic benign pain and the return to a fulfilling lifestyle.

Other important goals include:

- Return to regular daily activities
- Increase physical strength, stamina and flexibility
- Reduce/eliminate use of pain medications
- Minimize pain behaviors
- Learn stress management techniques
- Return to gainful employment (if applicable)
- Resume leisure and recreational activities
- Improve interpersonal relationships
- Reduce reliance on health-care professionals, with improved ability to self-manage chronic pain

Treatment Disciplines

The Pain Rehabilitation Center provides many types of treatments and therapies in an integrated program to help each patient achieve individualized rehabilitation goals. The following are the core components of the multidisciplinary program:

Medication Management

The role of narcotic medications in treating chronic pain is complex and sometimes controversial. Often long-term use of narcotic medications does little to relieve chronic pain and may cause debilitating side effects that limit one's functioning and mobility even greater. When used appropriately, some medications can help to reduce pain with limited side effects for some people. Often other conditions can accompany chronic pain, such as depression and insomnia. Appropriate medication use can help manage these conditions.

The PRC has a conservative approach to the management of narcotic medications. The PRC team works with each patient individually to eliminate the use of pain medications as appropriate. Medications are gradually reduced through structured tapers tailored for individual patients. Factors such as medication efficacy, safety, drug interactions, and practical issues such as costs are taken into consideration when making medication adjustments. Elimination of narcotics medication has been found to be a successful component of the program. A recent study of patients attending PRC found that at discharge, 3.7% of patients were taking opioid medication, a significant decrease from admission data indicating 45% of patients using daily opioids. Immediately following completion of the PRC program, it was found that patients with severe and disabling pain at admission experienced significant improvement in physical and emotional functioning with decreased pain severity despite tapering these medications. We also find that patients who have tapered these medications experience the same improved functioning as patients who completed rehabilitation but did not take opioid analgesic medications.

Group classes equip patients with practical information on the benefits and risks associated with the various classes of medications used in chronic pain conditions. Patients are encouraged to make informed decisions on evidence based medication use for both prescription products and dietary and herbal remedies.

Chemical Health Education

Although the diagnosis of chemical dependency is low in chronic pain patients, the vulnerability to begin many different medications is a concern for most patients and their families.

The PRC offers groups on the following topics related to chemical health:

- Prescription medications and hidden addictions
- Medical aspects of chemical use
- Alternative and complementary medicine and chronic pain
- Pharmacologic interventions

In addition, information about the PRC philosophy on medications and basic wellness are also offered in a group format.

Complementary Therapies

The PRC recognizes that the use of complementary and alternative therapies for treatment of chronic anxiety, pain, and sleeping problems has become more popular in recent years. Those therapies that have been carefully researched and proven to be helpful, including biofeedback, meditation, and specific relaxation techniques, are an important part of the PRC program. Additional therapies are explained and discussed with an emphasis on the steps to consider in making safe and effective choices.

Education and Group Therapy

Group therapy is an integral part of the PRC program. When chronic pain intrudes on life, many find themselves overwhelmed by intense, often negative, emotions including panic, fear, grief and anger. Like the pain that causes them, these emotions affect the body, sapping energy and intensifying pain. As a result, more time may be spent alone and less time with friends and family.

The type of group therapy offered does not focus on the “why” of pain but instead focuses on the “how” to get back to a normal life. Group therapy sessions are designed to help patients recognize and deal with negative changes and emotions, improve relationships and become more effective at managing their pain. Group therapy is a combination of informal discussions about how lives have been affected by chronic pain and formal lectures on how to effectively deal with pain. Many people find talking with others whose lives and family have been negatively affected by chronic pain to be helpful – particularly when they also support making positive changes to lead a new life.

During group therapy sessions, we encourage patients to:

- Talk about how daily life has been affected by health concerns
- Avoid talking about symptoms
- Focus on present issues, not prior difficulties
- Identify specific problems and issues to resolve
- Be open to new ideas and alternatives
- Identify constructive ways to respond to pain and healthier ways to manage the cycle of pain
- Plan for ways to incorporate new skills into life at home

Group therapy sessions are structured and will focus on a particular theme, pattern of behavior, or area of learning, such as:

- Stress Management
- Anger Management
- Assertive Communication
- Perfectionism and Unrealistic Expectations
- Cycle of Chronic Pain
- Planning for Difficult Days
- Personal Responsibility
- Relationships and Chronic Pain

Stress Management and Relaxation

Stress and pain have a pronounced effect on each other. When a person is in pain, the typical stress of daily life can become much more difficult, often turning common hassles into major obstacles. Stress can also impact pain. The physical reactions to stress such as increased muscle tension can significantly intensify pain. In short, pain causes stress and stress intensifies pain.

Stress management training provided in the PRC program utilizes coping strategies to break the pain-stress cycle. Taking control of stressful situations can modify the body's 'fight or flight' response to stress. Coping strategies are numerous and the stress management classes provide a comprehensive overview of these strategies.

One of the most common coping strategies for managing stress is relaxation. Relaxation reduces muscle tension, reduces anxiety, increases self control and allows a person to feel refreshed and rejuvenated. The program presents a number of different forms of relaxation and encourages daily practice.

Physical Therapy

Physical therapy involves instructing patients in strengthening, stretching, and aerobic conditioning. The physical therapists also provide education on proper body mechanics, lifting techniques, proper posture, benefits of aerobic exercise and discussions of pain behaviors. While in the program, patients participate in range of motion exercises each morning to help them become more limber and prepare the body for the day. Additionally, patients join physical therapy staff later in the day for strength training, stretches and aerobic conditioning. The hour sessions begin with weights that are tolerable and gradually progresses, working up to specific goals with the intention of increasing function. This aspect of the program is based on the idea that as a person gets in better overall shape and learns more efficient ways of moving their bodies, their daily tasks will become easier and they will be able to do more despite the pain. Most people have had some physical therapy before coming to the PRC, usually focused on the site of pain. The PRC physical therapy focuses on increasing stamina and functioning to help do daily activities more easily. The exercises are designed to help decrease fear of movement that can be more debilitating than the pain itself.

Occupational Therapy

Occupational therapy focuses on what 'occupies' your time during the day. In the PRC program, the goal of occupational therapy is to create a balance between work, self-care, and leisure activities. For many patients, pain is controlling the choice of activities done during the day. Many have given up things they once enjoyed or changed daily routines due to the intense pain. In occupational therapy, the focus is on learning techniques that increase the control a person has over activities of daily living, as well as helping to increase independence when performing activities.

Occupational therapy will consist of a variety of program concepts. Briefly, some of the concepts include balance of daily activities, moderation (over-doing vs under-doing activities), duration and pacing in completion of tasks, time management, activity modification, body mechanics and computer ergonomics. Hands-on application of body mechanics, moderation, activity modification and time management is provided through activities addressing home management tasks, child-care activities, driving, shopping, yard work, garage activities, leisure activities and vocational involvement.

At times, it is helpful to have specific recommendations in creating a plan that will promote a successful return to work outside of the home. Occupational therapy staff are available to assist with return to work issues on an as needed, individual basis. Occupational therapy encourages incorporation of program concepts into daily activities following the 3-week program.

Biofeedback

Biofeedback is a treatment that provides information about how physiological processes in the body can be negatively affected by chronic pain. A computerized instrument is used to measure and increase a patient's awareness of predominantly involuntary physiologic processes such as breathing rate and muscle tension. Biofeedback then aids the patient in learning how to increase control over these processes and strengthens the ability to maintain control while engaged in daily activities. This is just one more tool to increase control over life and pain.

Sleep Hygiene

Chronic pain has a significant impact on sleep. According to a Gallop poll sponsored by the National Sleep Foundation, 62% of chronic pain patients report disrupted sleep. Because sleep plays an important role in how one manages daily activities, chronic pain and overall mood, the program emphasizes assessment and education of sleep hygiene techniques. Sometimes managing pain by spending time in bed or on the couch taking naps can lead to insomnia. Becoming stressed about having difficulty falling asleep or doing too much activity before bed can also make insomnia worse. Sleep hygiene sessions are designed to promote sleep efficiency, leading to a more restful night and an active day.

Lifestyle Management

The PRC strongly believes that decisions and habits related to one's lifestyle are key in managing chronic pain. Current information, assessment, and individual consultations with experts are offered to participants to promote healthy lifestyle changes in many areas, including nutrition, tobacco cessation, sleep, and chemical dependency. Additionally, pastoral care and vocational counseling can be arranged to further improve the overall quality of life and functioning.

Aftercare Planning

While PRC does not formally provide follow-up care, we coordinate with the patient's home care providers and provide necessary referrals. Our goal is for every patient to continue with the strategies learned in their home environment. A nurse care coordinator will assist the patient with an individual plan for aftercare, utilizing a local primary physician (general internist or family physician), local psychiatric/psychological care with a cognitive behavioral therapist, as well as review of the tools learned in the program. Occupational therapists will review recommendations for return to work or volunteer work. Physical therapists will help design an independent exercise program to use daily in the home environment.

Family Group

Chronic pain affects the whole family, not just the person who is in pain. Those affected might include a spouse, partner, sibling, parent, children or others involved in a caring relationship. Often activities of daily life may be altered for the person in pain, resulting in additional responsibilities for others. Problems can arise including increased financial strain, miscommunication, resentment, confusion and isolation. Often family and friends feel helpless about how to respond to their loved one with chronic pain. Participation in family group indicates a willingness to learn how to assist your a member or friend better manage their chronic symptoms.

The PRC offers programming for family or significant others to gain a better understanding of chronic pain and ways to respond in assisting loved ones in managing pain more effectively. Weekly group offerings include a one hour presentation of topics such as the difference between acute and chronic pain, the elimination of pain behaviors, the use of moderation, the importance of regular physical exercise, the minimal use of pain medications, stress management, relaxation, and effective communication. Also discussed is the benefit of using a neutral response to pain behaviors instead of an overly care-taking or punishing response.

Families and friends may also participate in a one hour process/support group that is offered to provide open discussion regarding any questions or concerns about PRC concepts, and how to apply these concepts to a home setting. Family and friends often feel very helpless and frustrated when up against chronic pain. During this group, families have an opportunity to look at better ways to respond to chronic pain as well as learning techniques to care for themselves. A positive outcome for family or loved ones would be to reclaim their life and minimize how pain may have controlled the entire family. At times, when family members or friends are unable to travel to attend the family group, the patient's nurse care coordinator can schedule phone conferences to further discuss how family or friends can support the patient's ongoing rehabilitation process. The patient must give permission for the nurse care coordinator to provide this service.

Expectations

The PRC program views participation as a partnership between the patient and the PRC treatment team. The team will work together with the patients toward meeting individual goals for rehabilitation. Staff are available to help whenever a patient needs assistance.

As a patient, the following expectations can be made of the treatment team:

- Patients will be treated with respect.
- Patients can expect that everything will be explained in a manner that he/she can understand.
- Every patient's personal health history and medications will be reviewed during the program.
- A nurse care coordinator will be assigned to work with each patient.
- Patients will receive education and training on skills to effectively manage chronic pain.
- Patient's family members and friends will be encouraged to participate in the family program to learn more about the patient's rehabilitation plan.
- Patients, after providing permission, can expect assistance with aftercare planning through collaboration with their local healthcare providers.
- Patients can expect to receive skilled and compassionate care from the many staff of the program.

The PRC treatment team expects the following of patients in the program:

- Patients will honor every person's right to confidentiality.
- Patients will treat staff and members of the group with respect.
- Patients are expected to participate every day, regardless of pain or other distress.
- If a patient is unable to attend, he/she will call the PRC program to discuss the situation with the nurse care coordinator. The length of participation in the program may need to be adjusted to accommodate such requests.
- Patients will be expected to establish specific and personal goals for rehabilitation and demonstrate efforts toward those goals each day, including attempts to increase overall level of functioning, such as decreasing habits previously used to cope with pain (called "pain behaviors").
- Patients should be willing to have the treatment team contact appropriate resources such as their local physician.
- Patients will be asked to comply with a medication plan, including taper off of pain medication, as applicable.
- Patients will refrain from using alcohol or recreational drugs while in the program.
- Patients are expected to provide urine or blood samples when requested.
- Patients will discuss any concerns regarding program policies and procedures with a member of the treatment team.
- As much as possible, patients are asked to refrain from seeking additional medical appointments while enrolled in the program so they are able to focus on pain rehabilitation.

Patient Descriptions

Patient Description

Approximately 400 patients are admitted to the Mayo Clinic Pain Rehabilitation Center (PRC) program every year. More females (73%) than males (27%) enter the program. The average patient age is 45 years, with the range being 12 years to 84 years (although no set age criteria exists for admission to the program).

Residence

Patients come from across the United States and the world. The majority (83%) of patients travel from Minnesota, Iowa and Wisconsin, with fewer than half (47%) living in Minnesota. Approximately 6% of the patients are from the Western United States, 6% from the South and 3% from the Northeastern states. International patients account for 2% of the patients admitted to PRC.

Duration of Pain

Typically, patients have suffered from pain for over 8 years, with a range from 1 month to 58 years. About half of patients have had pain for 5 years or more, 29% for 10 or more years and 11% have had pain for 20 years or more.

Previous Interventions

Prior to coming to PRC, most patients have participated in numerous pain interventions, medications and surgeries with little to no lasting benefit to their pain and/or functioning. For example, approximately 75% of patients have previously participated in physical therapy, which is usually focused on the site of pain rather than improving overall physical strength and endurance to regain function, which is the focus in the PRC program. Prior to admission to PRC, physical therapy has often been provided as a stand-alone treatment rather than part of a comprehensive program.

Completion Rate

The majority (84%) of patients admitted to PRC complete the program.

Pain Conditions

PRC is fairly unique in that patients who come to the program have many types of chronic pain. Chronic back pain is the most common diagnosis, occurring in 25% of the patients. Fibromyalgia is also quite common, accounting for 20% of patients. Other frequent diagnoses are chronic headache/migraines (11%), generalized pain or pain in multiple sites (8%), abdominal pain (7%) and neck pain (7%). The remaining 23% of patients have various pain sites including upper or lower extremities (including Complex Regional Pain Syndrome), chestwall, jaw, pelvic area, shoulders, hands, joints, knees, mouth, foot and face pain, as well as post-mastectomy and neuropathic pain. Nearly any site of chronic pain can be addressed in the program. Some patients with non-pain conditions that have experienced significant decline in functioning are also admitted to the program, including patients with chronic fatigue syndrome or postural tachycardia syndrome (POTS).

Chronic Pain Data

Medication Tapers

Before rehabilitation, patients generally have undergone multiple pharmacological trials, including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, and adjuvant medications, as well as extensive physical therapies, interventional pain treatments, and often surgery for painful conditions. Unfortunately, chronic use of opioid analgesics or other pain medications may actually do little to reduce discomfort and distress due to chronic conditions. Some types of analgesics can be habit-forming, and most types have a potential for causing harmful effects or long-term toxicity without significant improvement in functioning. The elimination of analgesic medication is one of the goals of the PRC.

Upon admission, 45% of patients were taking opioid medication, 46% of patients were taking non-steroidal anti-inflammatory drugs and 17% of patients were taking muscle relaxant medication. Upon completion from the program, the majority of patients have completely tapered off of opioid analgesics with significant reductions in use of NSAIDs and benzodiazepines. Despite completing these tapers, our research shows that patients demonstrate and report significant improvements in functioning and mood, as well as decreased pain severity.

Co-Morbid Psychological Conditions

Many patients who face chronic pain also have difficulties with depression. Using the Center for Epidemiology Study-Depression scale (CES-D)¹ to look at depressive symptoms, nearly 70% of the patients have some form of depressive symptoms when entering the program. Additionally, over 42% of patients at admission endorse symptoms indicating major depressive disorder (CESD>27). While depression may be a problem before the chronic pain condition developed, it is most often associated with the loss of functioning and sense of control patients experience with chronic pain.

Additionally, approximately 13% of patients meet criteria for an anxiety disorder. The most common anxiety disorders seen in PRC are panic disorder and post-traumatic stress disorder (PTSD). While the anxiety disorder may have been present prior to development of the pain condition, the anxiety and pain become intertwined such that increases in one may increase the other. PTSD is fairly common in patients with chronic pain, especially if the pain condition was caused by a traumatic event (e.g., motor vehicle accident, assault). In addition to assessing the presence of anxiety disorders, the PRC psychologists provide cognitive-behavior treatment for panic disorder and/or assist in identifying a therapist trained in cognitive-behavioral therapy close to the patient's home for ongoing assistance.

¹ Radloff, L. (1977). The CES-D scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401. Scale in public domain.

Treatment Outcomes

Patient Satisfaction

Upon completion of the program, information regarding the usefulness of the program is gathered directly from the patients. When asked if they would recommend the program to a friend, 94% indicated they “definitely would recommend” or “probably would recommend” PRC. The majority (91%) rated the care they received while in PRC as “Excellent” or “Very Good”. Additionally, the majority of patients (91%) indicated they “strongly agreed” or “agreed” with the statement that PRC was beneficial in helping the patient learn how to live well in spite of chronic pain. Ninety-five percent (95%) “strongly agreed” or “agreed” that physical therapy helped to increase their strength, endurance and flexibility.

Medication

Medication reduction and elimination was found to be a successful component of the program. At discharge, 4% of patients were taking opioid medication, a significant decrease from admission data indicating 45% of patients were using daily opioids. At admission, 46% of patients were taking non-steroidal anti-inflammatory drugs (NSAIDs), with only 23% taking these drugs at discharge. Finally, 17% of patients were taking muscles relaxants at admission and at discharge, only 3% of patients were taking these drugs. Patient-reported data indicate that immediately following completion of the PRC program, patients with severe and disabling pain at admission experience significant improvement in physical and emotional functioning with decreased pain severity despite tapering these medications. Patients who tapered these medications experience the same improved functioning as patients who completed rehabilitation but did not take opioid analgesic medication.

Depression

Looking at depression scores on the Center for Epidemiological Studies – Depression scale (CES-D)¹ at discharge, 35% of patients indicated depressive symptoms, a reduction from 70% at admission. Furthermore, only 11% of patients indicated major depression at discharge, down from 42% at admission. Overall, 79% of patients experienced a decrease in depressive symptoms upon completion of the program. This improvement in mood is often associated with patients’ increased perception of control over their lives and pain and improved quality of life.

Physical Therapy

In the physical therapy aspect of the program, patients are assessed on aerobic activity levels (activities such as walking or riding a bike) as well as strength training as they work toward goals to improve their overall physical strength and endurance. Based on differences between admission and discharge performance, 75% of patients completing the program had at least a 50% gain in aerobic activity levels. Furthermore, over 20% of patients had more than a 75% gain in activity level. Given the sedentary lifestyle many chronic pain patients had developed prior, to rehabilitation, this difference is significant and underscores why physical therapy is such an important part of patients’ progress when they return home.

¹ Radloff, L. (1977). The CES-D scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401. Scale in public domain.

Pain Severity

In rehabilitation, reduction in pain is not a program goal, and there are no medical or surgical procedures to specifically reduce or cure pain. Patients learn coping strategies for managing pain while improving their quality of life. Upon completion of the program, all of the patients may still have pain, but 73% of the patients report a reduction in pain severity.

Other Measures

The Multidimensional Pain Inventory (MPI)² is used to assess functioning before and after the program. Pain interference in daily life decreased for 87% of the patients, 78% of patients reported increases in general activity levels, and 84% of patients noted increased feelings of control over pain and life events.

Pain catastrophizing, an extreme negative way of thinking about actual or anticipated pain experiences, is often associated with disability, greater use of pain medication and greater use of health care services. At the completion of the program, pain catastrophizing decreased for 75% of patients, as measured by the Pain Catastrophizing Scale.³

Nearly 81% of the patients reported an increase in energy or vitality on the SF-36 Health Survey⁴ upon completion of the program. Additionally, 74% of patients reported an improvement in the perception of their overall health. Nearly 86% reported improved physical functioning.

² Kerns, R.D., Turk, D., & Rudy, T. (1985). The West Haven-Yale Multidimensional Pain Inventory (WHYMPI). *Pain*, 23, 345-356. Modified and reprinted by permission of Robert Kerns.

³ Sullivan, M.J.L., Bishop, S.R., & Pivik, J. (1995). The Pain Catastrophizing Scale: Development and Validation. *Psychological Assessment*, 7, 524-532. Modified and reprinted by permission of Michael J. L. Sullivan.

⁴ SF-36 Health Survey. © 1992. Medical Outcomes Trust. All rights reserved.

Making the Decision to Participate in the PRC Program

Pain rehabilitation is a challenging process which requires a serious commitment. As you consider admission to the Pain Rehabilitation Center, please ask yourself these questions:

- Is my life focused on pain and what I am not able to do, rather than what I am able to do in spite of the pain?
- Are my doctors telling me there is nothing further they can do to relieve the pain? Do they tell me that I need to get on with my life?
- Am I truly concerned about the long-term effects of taking pain medications?
- Is my family's well-being affected because of my chronic pain?
- Is my recovery from injury or illness taking much longer than my doctors or I expected?
- Am I not able to commit to social events with family or friends because my pain may be higher that day?

Answering 'yes' to any one of these questions, may indicate that pain rehabilitation is appropriate.

Criteria for Inclusion/Exclusion

The decision to participate in the rehabilitation center program is a complex one. The staff want all patients to have success in reaching their goals and experience increases in physical and emotional functioning. During an evaluation with the staff for participation in the program, aspects of physical, emotional and cognitive functioning will be assessed. The following are the criteria used to evaluate suitability for the rehabilitation program:

Inclusion Criteria

- Chronic pain of sufficient severity to bring about increased dysfunction in daily social, vocational, and/or interpersonal activities.
- Chronic pain duration of six months or more or clinical indication that pain of a shorter duration will likely manifest into a chronic condition.
- Adequate control over behavior and not judged to be imminently dangerous to self or others.
- Demonstration of adequate motivation to proceed with a rehabilitation approach to management of pain, which often implies awareness or some level of acceptance that medical or surgical treatments are not a present option.

Exclusion Criteria

- Unwillingness to discontinue narcotic medications, psychotropic medications (as recommended) or substances of abuse would preclude meaningful participation in the program.
- Insufficient motivation to address the necessary components which make up the general scope of pain rehabilitation. These include medication management, physical and occupational therapy, and group therapy.
- An acute physical condition or illness exists and is currently being treated in a manner which would preclude adequate participation in the program.

Information for Patients

Insurance

After completing the initial evaluation to determine if you are a candidate for the program, a representative from Mayo Clinic's Patient Financial Services will contact your insurance carrier, as many health insurance plans require approval prior to admission to the PRC. The typical wait for an insurance predetermination outcome can be up to 6 weeks. Upon receiving insurance approval, you will be contacted to assist in scheduling an admission date that works with your schedule and available openings in the program. Patient Financial Services will contact you if full approval for the program cannot be obtained. If the financial representatives are able to determine that insurance will not cover the program, a pre-service deposit will be required prior to entering the program. If you have questions about your benefits or the status of your approval, please contact the phone number on your insurance card. If you need further assistance, a financial representative is available to speak with you about insurance issues at (507) 284-3980.

Parking

A patient/visitor parking ramp is available on the Saint Marys Hospital campus adjacent to the Generose Building. The daily charge is modest, and weekly passes can be purchased at a discount from the parking attendant. Many hotels and motels provide shuttle bus service to Saint Marys Hospital.

Lodging

Patients make their own arrangements for lodging. A brochure is available at the Pain Rehabilitation Center front desk, or patients can visit the Mayo Clinic lodging website at <http://www.mayoclinic.org/travel-rst/lodging.html> for a list of options in the area. Mayo Clinic staff are available to assist with general questions about accommodations, but arrangements are the responsibility of the patient.

Meals

Meals are not provided as part of the program. Patients are responsible for bringing or purchasing lunch, and ample time will be provided for lunch each day. A hot, cold and vegetarian choice will be available for purchase or patients may also bring their own lunch (a full kitchen is available for use). The Saint Mary's Hospital patient cafeteria and the Generose Express also have many items available for purchase.

Dress

Clothing should be comfortable and casual, so that it can be worn for exercise and for the more active portions of the day. Due to variable Minnesota weather, many patients choose layered clothing for comfort. Tennis shoes or good walking shoes are recommended.

What to Bring

Patients are asked to bring a personal CD-player or cassette player for use in their hotel room in the evenings. Relaxation tapes/CDs will be provided to use in the evenings. Patients should also arrive at the PRC with all medications taken on a regular basis. A nurse case coordinator and pharmacist will review medications at this time and make a plan for continued use.

For More Information

Please visit our website at:

www.mayoclinic.org/pain-rehabilitation-center-rst/



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