

# Foreword

Through our work at the Rehabilitation Institute of Chicago (RIC), we have come in contact with many clinicians from around the world. We are constantly impressed with what these people represent. They are active, hardworking, competent, and caring people dedicated to making a difference. These clinicians consistently tell us of the tremendous struggles they face daily while trying to serve people who suffer from pain.

Why is pain at epidemic proportions? Why is pain becoming the leading disabling condition of mankind? For years we have been given methods, pharmacy techniques, tools, and information on how to manage and control pain. We have been told that if we use this medication, do this procedure, keep working harder, ignore the pain, or use some new device in a particular way, then we will be able to cure pain. So as clinicians, we read a new book, go to a new course, learn a new technique, get a new degree, get a new certification. We learn it, apply it, try harder. And what happens? For most of the people we meet, the result for both the patient and the provider is increased frustration, failure, and guilt. Traditional pain treatments suggest that by focusing on the body, you eventually will gain control of pain and cure it. We disagree. Pain is not a simple experience with simple connections.

Basing pain treatments only on the body is futile. Universal principles exist that allow us to understand the pain system. We cannot control how our patients think and the choices they make, but we can commit to better education and understanding of the principles or lessons pain has taught us. Our experience, which is supported by numerous scientific studies, has taught us four lessons regarding musculoskeletal pain: (1) ignore at your own peril; (2) misinterpret pain and live a life of disability; (3) understand directional preference pain and create miracles; (4) create pain and get your life back.

In this book, we present a different approach to pain. This is a principle-centered approach. It transcends the traditional prescription for pain of pharmacy, procedure, and manual therapy. Rather than offering another technique, this approach provides you with principles carried forward and supported by research in how to educate and guide exercise for your patient who suffers from musculoskeletal pain. In one sense, this approach is new; in another, it's very old. It is deeply rooted in classic, timeless principles that represent a distinct contrast to the quick-fix approach to pain promoted by our modern society. This is not a short cut, but there is a path. The path is based on principles of subgrouping. If there is one message to glean from this wisdom, it is that when you give a man a fish, you feed him for a day; when you teach a man to fish, you feed him for life.

This book presents an interpretation of the nature of musculoskeletal pain, allowing the classification of the dominant pain mechanism to guide patient education and active therapy interventions. Although this book does not advocate passive modalities, medications, and procedures, it does describe a classification system for assessment and treatment of musculoskeletal pain with emphasis on patient education and active exercise. This approach to musculoskeletal pain has grown out of theoretical considerations supported by different levels of research and based on clinical observations at RIC's outpatient facilities for the last 16 years. We synthesized contributions from expert clinicians and present a pain mechanism classification system (PMCS) created for clinical use by Butler and Gifford in collaboration

with the McKenzie Method of Mechanical Diagnosis & Therapy as an effectively efficient method with which to subgroup musculoskeletal pain patients. This book brings forward these principles for the purpose of classifying the dominant pain mechanism and discusses their application to patients with musculoskeletal pain and disability along the entire pain continuum. The PMCS offers the evidence-based biopsychosocial approach to musculoskeletal pain and allows better understanding of the dominating mechanism and patient results.

This approach can apply to all who suffer from musculoskeletal pain—from young to old, from disabled to high performance, from women to men. This PMCS is not only invaluable to patient care but also to clinicians. The PMCS is an organized synthesis of clinical reasoning for acute, subacute, and chronic pain patients. It represents all dimensions of pain from chemical, mechanical, structural, to psychological. This book attempts to close the gap between clinicians and patients regarding pain education. By giving patients more detailed information about their pain mechanism, clinicians can help them better understand their pain responses and the path to their healing.

We gratefully acknowledge and express deep appreciation to the many wonderful people who have made this project possible:

- To those RIC Physical and Occupational Therapists from 1998 to present, taking the challenge posed by research, humbling their knowledge and approaches, implementing PMCS into practice, and ultimately proving its effectiveness and changing the standard of practice for musculoskeletal pain at RIC for all patients. Part of the proceeds for this book will go to the Mike Hage Fund, a RIC clinical education philanthropy fund that sparked this clinical innovation for a standard of care for musculoskeletal pain.
- To those RIC patients who accepted the challenge with the clinicians, allowing their beliefs about pain to change and bravely exploring innovative directions.
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—Melissa C. Kolski and Annie O'Connor