

Innovation in Pain Management Delivery as a Response to Opioid Misuse and Overdose and COVID-19: Reflections from Different Perspectives of Leadership Executing Major Changes in West Virginia's Largest Health System



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Rick Vaglianti, MD, MBA
Director
WVU Center for Integrative
Pain Management



Introduction to the WVU Medicine Center for Integrative Pain Medicine

Rick Vaglianti MD,MBA

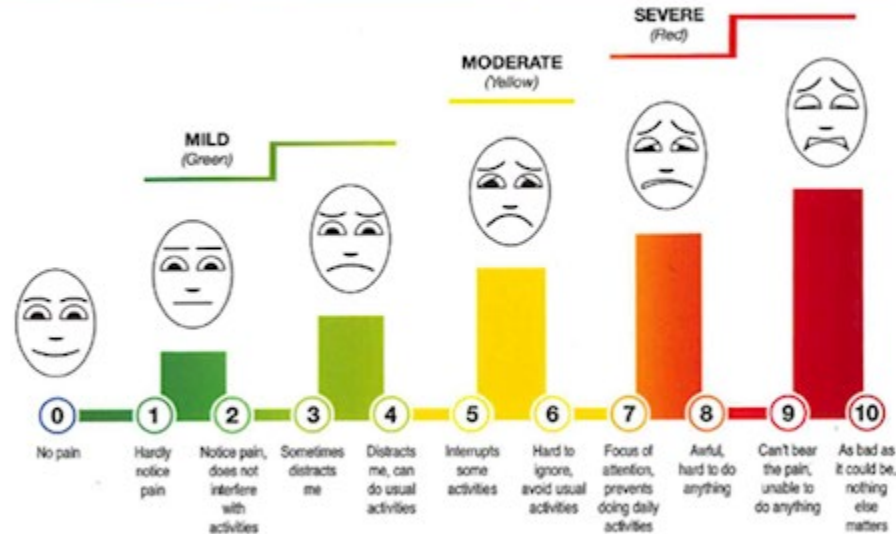
Medical Director

Associate Professor Anesthesiology, Behavioral Medicine
and Psychiatry and Neurosciences

Program Director WVU Pain Fellowship

Opened May 2017

- Response to the opioid crisis
- Providing alternative treatment to decrease or eliminate opioid use as well as conventional pain treatment
- Partnership with DoD sharing material and ideas
- Leading edge regionally for integrated care
- Innovation in treatment and research/teaching (i.e. Fast Track Spine Care, Pain Fellowship, Telemedicine)
- DVPRS

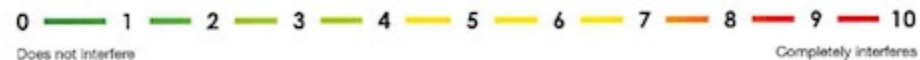


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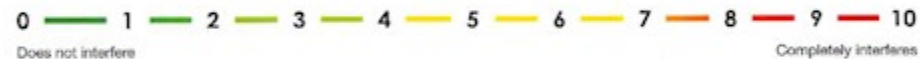
Supplemental Questions

For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **ACTIVITY**:



2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:



3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:



4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:



Specialties Involved

- Pain Medicine Physicians
- Advanced Practice Providers
- Radiology Technicians
- Nurses
- Medical Assistants
- Chiropractors/Acupuncture (BFA)
- Exercise Physiologists
- Psychologists/Social workers
- Addiction Psychiatrist
- Massage Therapy
- Dietitian
- Case Managers/Insurance Specialists
- Support Staff





TRUNK STABILITY PUSH-UP

MOVEMENT PREPARATION

BASIC MOTOR CONTROL STRATEGIES

ADVANCED MOTOR CONTROL STRATEGIES

ROTARY STABILITY

MOVEMENT PREPARATION

BASIC MOTOR CONTROL STRATEGIES

ADVANCED MOTOR CONTROL STRATEGIES









COFFEE MAKES ME FEEL LESS MURDERED

August 2019

WVU

2019



CENTER FOR INTEGRATIVE
PAIN MANAGEMENT

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**Julianne Speeney, MS,
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Exercise Physiologist
WVU Center for Integrative
Pain Management



Movement Therapy:

The important use of
active and functional care

Julianne Speeney

M.S., NASM-CES, NASE-CSS

Exercise Physiologist of
Rehabilitation Sciences

WVU Medicine

Center for Integrative
Pain Management

Overview

Work for Function

The use of Functional Rehabilitation for the Chronic Pain Patient

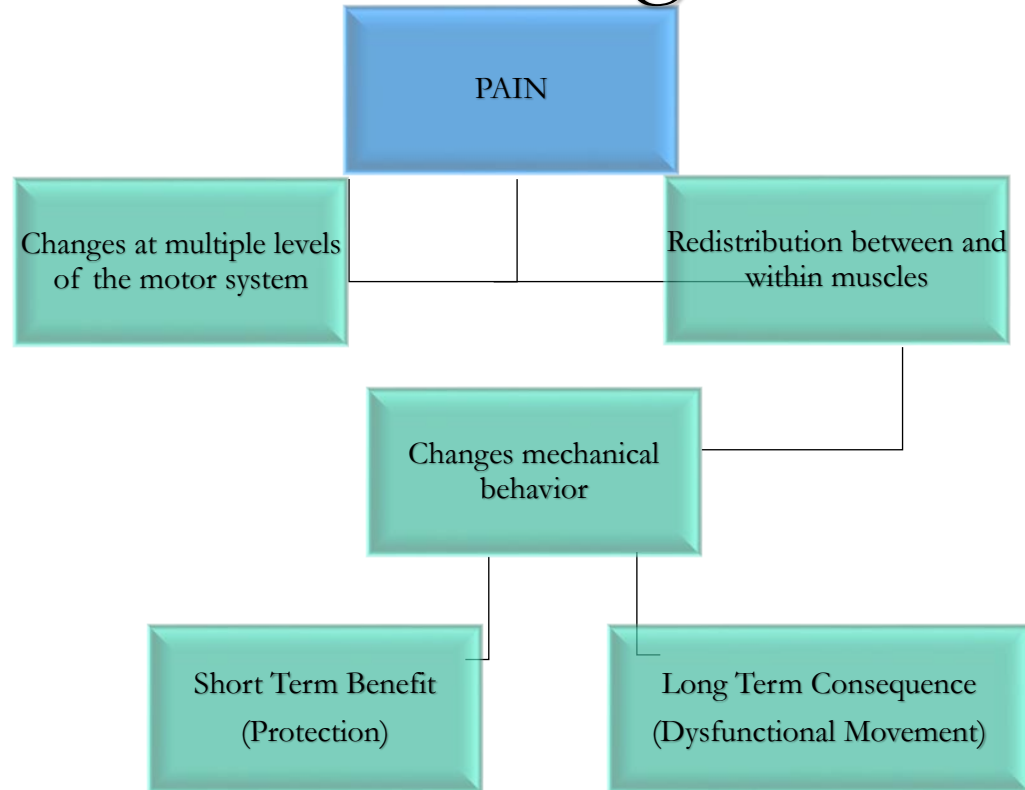
Raise the Bar

The use of Telemedicine during the COVID-19 Pandemic

Call to Action

The use of Movement Therapy and other neuromuscular services for Physical Stress Reduction for Frontline Health Care Providers

Mechanical Changes of Pain



The use of Functional Rehabilitation for the Chronic Pain Patient

Focuses on:

1. Physical Fitness
2. Functionality
 - Principles
 - Identify
 - Create
 - Correct
 - Achieve
 - Phases
 - Functional Movement
 - 2 stages
 - Functional Performance
 - Functional Skill

Phase 1 Stage 1 - Mobility and Stability

Improved:

- *Posture
- *Joint stability and mobility
- *Core Stability
- *Muscular imbalances
- *Initial psychological adaptation to exercise

Phase 1 Stage 2 - Movement

Develop:

- *5 Primary Movements
- *Dynamic balance
- *Mobile Stability & Stable Mobility

Phase 2 Performance/Load

Train:

- * Movement with external loads
- *Muscular force production
- *Maintain dynamic warm-up

Phase 3 Skill

Accent:

- *Activity/ event specific training
- *Velocity of force production
- *Speed-agility-quickness-reactivity

Exercise Progression

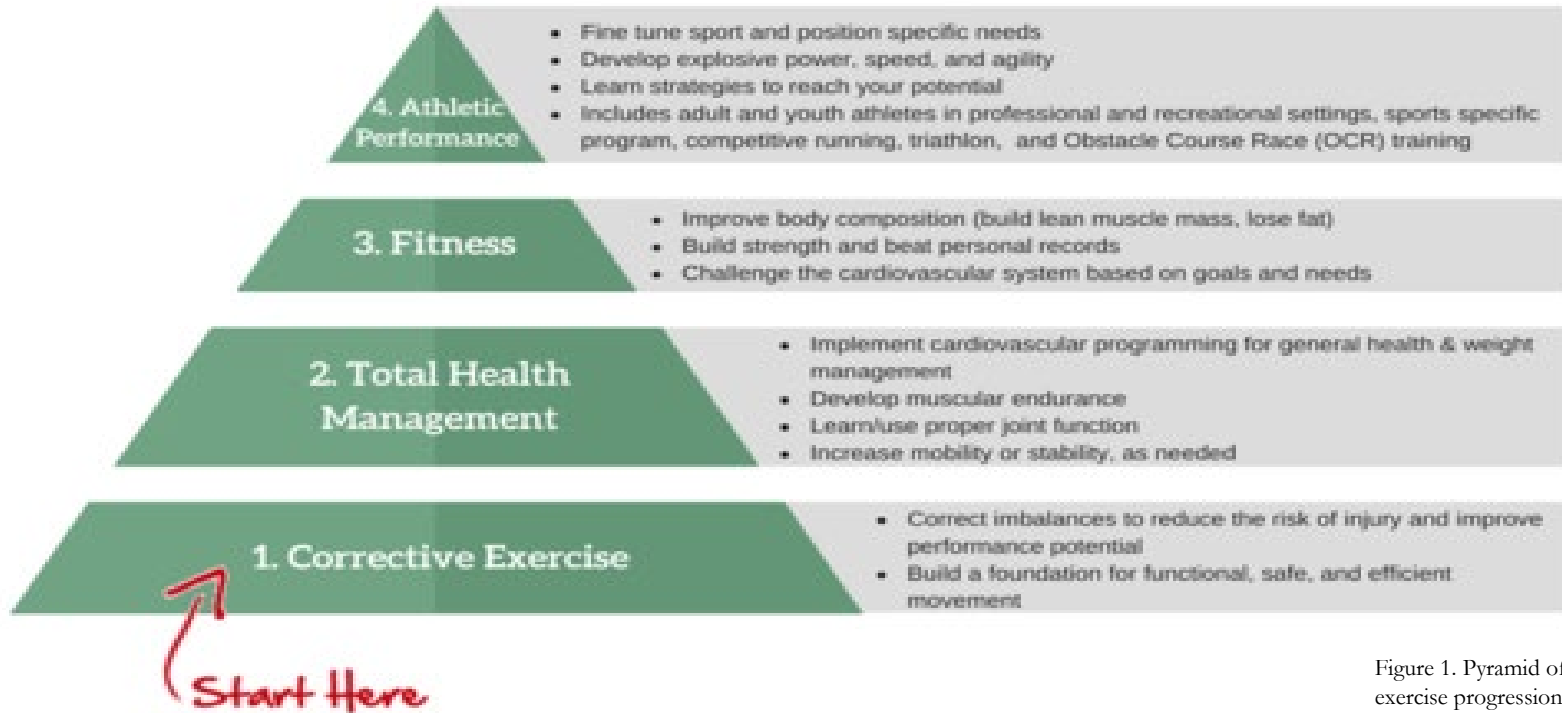


Figure 1. Pyramid of exercise progression and use of Corrective Exercise

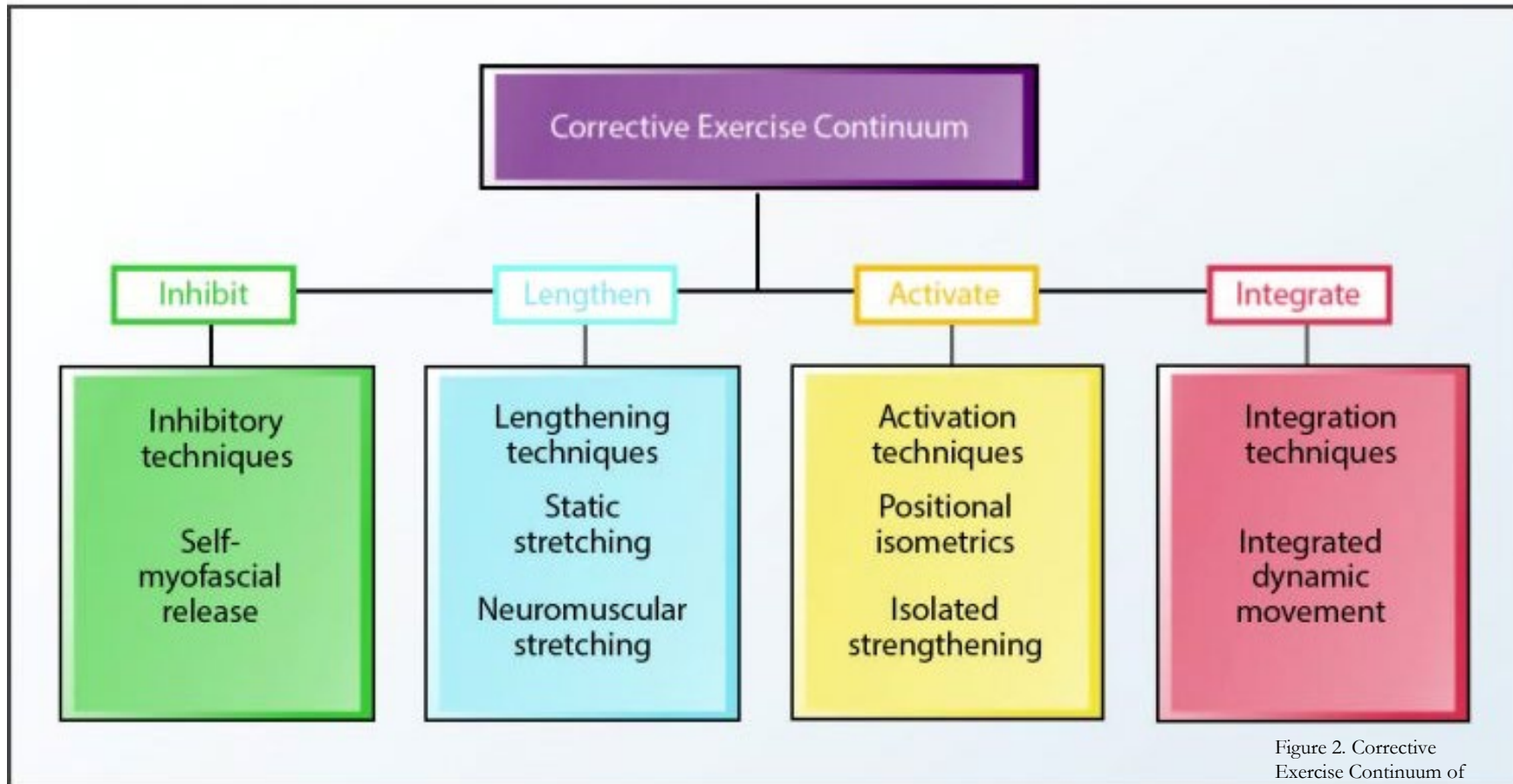


Figure 2. Corrective Exercise Continuum of Care

Why is Corrective Exercise Important?

NASM Corrective Exercise Values and Uses

1. Offers a recovery “workout”
 - Movement pattern correction, Recovery and Self-Care (adaptations)
2. Restores and encourages proper movement
 - Technique and longevity improvement, ”wear/tear” and injury reduction
 - “Return to Play” (specificity and rebalance)
3. Prepares the body for High-Low Volume to Intensity Changes
 - Performance Enhancement – (Movement Preparation)
 - Moving dynamically, walking up steps, etc.

Raise the Bar

The use of Telemedicine during COVID-19

STEP 1



Patient books a telemedicine appointment

Fig. 3

STEP 2



Evaluation and POC
30 minute appointment

Fig. 4

STEP 3



Therapeutic exercise program created and monitored by a specialist

Fig. 5

STEP 4



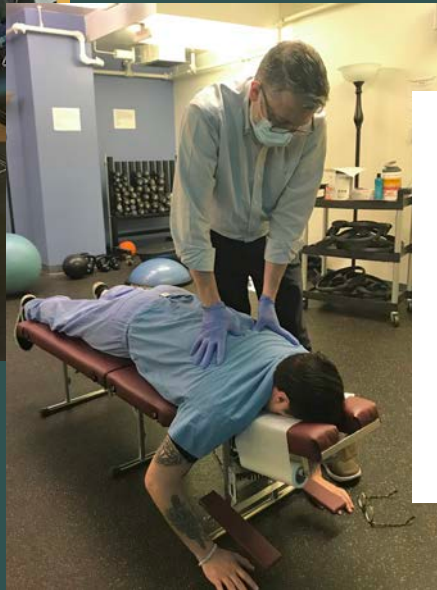
Therapeutic exercise program, Self-service, and 1-on-1 check-ins

Fig. 6

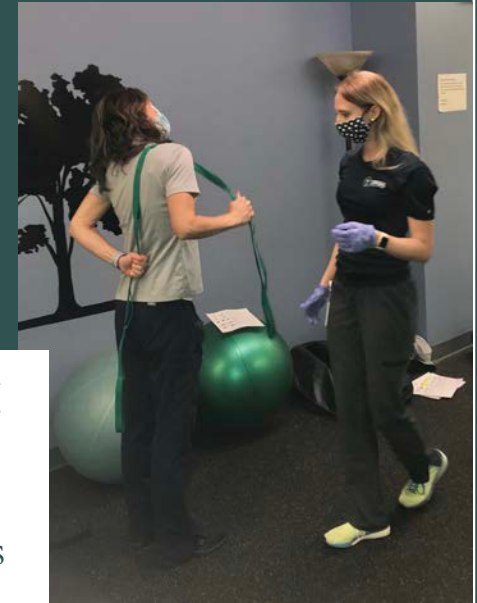
Figures 3-6.
Demonstration
of Telehealth

Call to Action

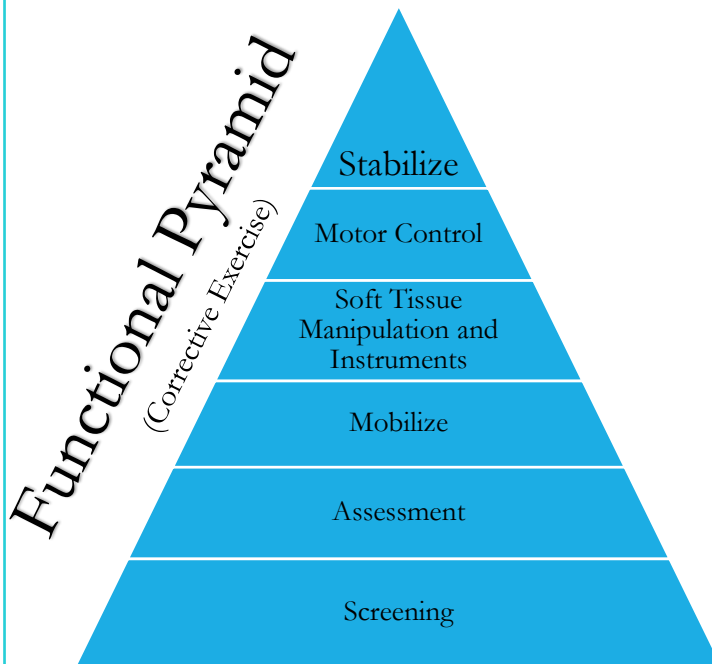
Physical Stress Reduction Services
during COVID-19



WVU Medicine - CIPM
Specialists offering
chiropractic services,
massage therapy, and
exercise therapy services
to WVU Medicine
employees on the front
lines of the COVID-19
pandemic.



Key Takeaways



ONE:
Work for **FUNCTION**
through the principles
of Identify, Create,
Correct, & Achieve

TWO:
Start low and slow,
then gradually grow

THREE:
Encourage proper
movement patterns to
minimize dysfunctions

FOUR:
Utilize all resources to
reach patients for in-
person or telemedicine
visits

FIVE:
Help the patient to
adapt, specify and
rebalance, and prepare
for movement.

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Thank You



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