

# INTRODUCTION

As a physiatrist or a specialist in physical medicine and rehabilitation (these terms are synonyms), I have the unique privilege to see people who are experiencing painful conditions. Patients arrive in my office experiencing pain in their neck, back, arms, legs, or knees, and sometimes the pain is from “my head to my toes.” They walk, limp, ride buses, cars, and wheelchairs. They have difficulty finding a parking spot on the crowded streets or hospital lot and may get lost in the health center corridors because of the difficult-to-read signs and arrows. Eventually they do make it to my office. They worry about what is going to happen within my four walls, about whether I’ll be helpful or whether their street-parked vehicle will have a parking ticket affixed to it when their appointment is over. They are often tired, as their previous night’s sleep, and their sleep the night before that, was poor. They wonder whether I’ll be kind or tough or judgmental. But one point is clear: they seek relief from their suffering.

My patients are referred by their family doctors or other medical specialists such as neurologists, orthopedic surgeons, anesthesiologists, rheumatologists, neurosurgeons, or internists. Sometimes the referral note is detailed, and on other occasions it says “chronic low back pain, please see.” I would like more information, but it doesn’t always arrive with the patient.

Most patients want to get better, some want validation of their pain, and others feel they can’t be helped but feel obligated to show up. They usually know they are coming to see a “specialist,” but they often have never heard of a *physiatrist*, and they couldn’t care less. They want relief, be it in the form of a pill, a salve, a solution, or an electrical device. Some are desperate, and some are calm. Some clutch papers provided to them by government agencies, insurance companies, workers’ compensation boards or their own notes (up to 100 pages long). Some have binders of information, and others have consulted multiple Web sites. Most try to remember their stories without any papers at all.

They come with their members of their family, former spouses, lovers, union representatives, translators, or friends, “so I won’t forget what you said,

Dr. Finestone. She always says I never tell her anything about what the doctor told me.” They slowly or briskly walk down the hall. They rub their necks and backs or remain perfectly still. Some are wearing long leg braces, remnants of a distant polio outbreak in the Philippines or Russia. Some limp in because one side of their body is partially paralyzed by the effects of a stroke. A cane or walker may be by their side or in front of them. There is no specific body build or feature that describes the person who is experiencing pain. My patients are all unique in their own physical, psychological, spiritual, and social ways. They are like snowflakes; no two are the same. That is what makes each day so interesting and sometimes so tough.

My patients usually arrive with hope, but sometimes they feel hopeless. Closer or farther away from their skin’s surface, an ache is waiting to be soothed, massaged, or expunged. They seek a solution, a plan of attack. They seek relief from episodic or unending pain. They may want to discuss a worn clipping from their hometown newspaper that details some new or old treatment. Ultimately, however, the person in pain suffers and wants to be heard.

The person in pain clutches his back and moans when sitting down or silently walks toward the examining table. Each person in pain tells a different story. He was fine until one day a chair broke or cabinets toppled onto his head. Or, she suffered for years, slowly noticing increasing low back pain, which changed from light fists tapping to daggers thrusting in and out of her flesh.

I listen to their stories. I probe. I ask questions that sometimes wander away from the description of the pain or how it happened. “Why do you need to know about my divorce?” they ask. “I’m here for my pain.” Sometimes I’m not exactly sure why I ask a particular question, but most of the time I’m trying to peer, bit by bit, into the soul of the problem. I’m trying to expose the festering wound of emotional and physical hurt. Pain doesn’t kill; it maims. Feelings seem to ignite it, and it seems to ignite feelings.

Sometimes it’s as easy as “move the mouse from your right hand to your left, slow down on the computer work, and your arm will get better.” Dr. Finestone has figured out the problem. But, most of the time, it just doesn’t work like that. There is no neat beginning, middle, or end. Many times, I see people after a crisis. Their car was hit from behind while they were driving to work. Their neck pain then escalated to a point where it became difficult to bear. They seek medical attention and somehow get to my office, frequently after a broken bone, torn nerve or ripped rotator cuff muscle has been “ruled out.” The terrain starts shifting. The family doctor is wondering, “is this real or . . . what? What is going on? If the problem remains or worsens, he or she will then contact me, asking for advice on how to manage the particular pain problem.

Psychology and sociology are always important in medicine, but retrieving or revealing their key components—those that are important to “figuring out” the person’s pain—is my holy grail. This is the “mind-body connection,” which must be discovered, mined, and nurtured. Under the right circumstances, much

success can be achieved when the mind and body are treated simultaneously, parts of a larger whole. This book tries to explain the complex relationships among mind, body, and pain, via the exploration of clinical journeys my patients and I have taken together.

I knew I had chosen the right title for this book when after about 20 minutes of struggling through a patient's set of painful circumstances—the hows, the whens, the timing, the severity, the burning, the job descriptions, and the mental states—my patient paused. “As a doctor, I guess you're like a detective, Dr. Finestone.” I believe she was beginning to understand that many clinical conditions are complicated and involved; the patient and doctor may have to retrieve clues and key bits of information to create a whole diagnostic picture. It's like a detective trying to crack a murder or arson case. It may require sifting through the dust, ashes, and remains of the physical body and the social and psychological mind; uncovering clues that can lead to a life of less pain, of greater fulfillment. Detectives don't solve every case they take on, and I certainly can't help every person who consults me. But I sure as hell try to.

*The Pain Detective.* As the title suggests, every ache and every person in pain does tell a story. These are the stories of the heroes, the heroines, the tragicomics, the wanderers, the confused, the person on the street and those crying into their beer, scotch, or wine. My patients and I stumble to find the meaning of their pain and what's behind their pain. I will tell you, the reader, what is going on in my head while many diagnoses are being considered and what medical science can offer. When my patients and I find medical clues, key pain-related factors or some small point initially thought to be mundane that helps propel us forward, we have a much better shot at solving the pain problem. It's tough, sometimes fatiguing work. My patients and I may end up in blind alleys, at forks in the road and situations where we both have to take that therapeutic leap into a place that may be initially uncomfortable. But the rewards are great, and the journeys are always worth taking.

The stories in this book are true, but they have been changed and modified so that my patients cannot be identified. Sometimes I have grouped various characteristics, behaviors, and outcomes of a number of patients in order to make a specific point. A few cases have also been melded into one to better illustrate a particular treatment or diagnostic principle.

This book is written for people who are currently experiencing some type of pain, those who have been in pain in the past, and all those who are curious about mind-body interactions and their roles in the experience of pain. The chapters also provide insight into the doctor-patient relationship, sometimes with an element of humor as usually, I'd rather laugh than cry. I want you to know how some doctors reason out a problem and what tools are often at their disposal. There are many ways to handle a particular medical problem, and, as I point out, it is often not easy being a patient. There are often so many opinions and so little time—four therapists, five treatment plans. That's just the way it is.

I believe that medical students and doctors, as well as my so important colleagues in physical therapy, occupational therapy, kinesiology, massage

therapy, chiropractic, orthotics and prosthetics, osteopathy, social work, and psychology will also benefit from the approaches my patients and I have taken together. Lawyers who deal in personal injury, vocational counselors, social security personnel, insurance adjusters, and those who work with people with disabilities will also likely enjoy the real interactions discussed. Security, police, and army-affiliated individuals will recognize relevant issues, as well. Pain crosses so many borders and boundaries. No one is immune from its reaches. Understanding it better can help us understand ourselves, or maybe it's the other way around.

These "pain stories" are sometimes disturbing, frequently exciting, and often uplifting. They will not lead the reader to the only true path to pain relief, because there never is one exclusive way. These chapters and the stories within them will, however, provide the reader with new ideas and connections. Readers may see pieces of themselves or others somewhere within a particular story and thus be able to help devise recovery plans for themselves, patients, friends, or clients. That is my goal. I hope that these stories will inspire some to take charge of their health and pain issues. Everyone knows that is not easy to do. But it is worth it and it can be done.

The next chapter describes some basic principles of pain, acute and chronic. Subsequently, I move on to chapters that focus on particular themes. Pain related to work, pain and abuse, pain and fatigue, pain and exercise, the risk factors for pain, pain and alcohol, pain and relationships, stress/anxiety and pain, pain and the active person, and pain and fibromyalgia syndrome are some of the subjects covered. Throughout I offer my sometimes tangential thoughts concerning clinical pet peeves, preferred treatments and medications, and the disappointing realities of the "pain industry." I often refer to an appended one-page sheet called the "pain explanation and treatment diagram." I use this tool in my medical practice, and my patients and I fill it out together. My hope is that, after reading this book, the person in pain will be able to complete the sheet with his or her doctor, thus gaining better insight and understanding into his or her own particular pain issues.

Let the stories begin.