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Returning Employees To Work

*City of St. Paul, Minnesota
Undertakes Management Study*

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First Aid:
MORE THAN A
BAND-AID EXPLANATION
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WHEN DRUGS, SURGERY AND REHAB FAIL

Relieving Pain, Reducing Costs and Returning Employees to Work

By Dr. Raymond J. Petras and Roger Schwagmeyer

Purpose

The purpose of this article is to briefly report on a safe, cost-effective, drugless, noninvasive method called PsychoNeuro Pain Response™ (PNPR™)¹ that has reduced and sometimes completely eliminated pain when drugs, surgery, and rehabilitation have failed to attain the desired effect.

The authors invite the Workers' Compensation Community to take a bold, revolutionary step to seek out and embrace innovative methods to help injured employees. Despite what literature and some in the medical community would have you believe, there are methods, such as PNPR™, that improve the quality of life of injured employees and reduce costs.

City of St. Paul, Minnesota Undertakes Management Study

In 1993, a scientific study was commissioned by the City of St. Paul's Risk Management Division to determine if PNPR™ could reduce or eliminate pain, improve daily functioning, and speed the healing of injuries covered by Workers' Compensation.

Study Parameters

The study consisted of eleven employees with multiple problems and was conducted for five sessions over a period of three weeks. Follow-up data was collected approximately a year later.

The employees were taught PNPR™ and administered a two-part Health & Disease Questionnaire (HDQ) to measure outcomes. Section 1, Health Status (HS), of the HDQ² measured eight categories for Disease Impact (SF-36)³ and Section 2, Life Management Skills (LMS), measured four categories for Health Skills⁴.

Summary of Results

Eighty-eight percent (88%) of the employees receiving workers' compensation benefits had statistically significant

improvement in HS, which includes the categories of pain and functionality.

Seventy-three percent (73%) of participating employees had statistically significant improvement in HS.

Forty-six percent (46%) of participating employees had statistically significant improvement in LMS; a section that measures life choices that affects health.

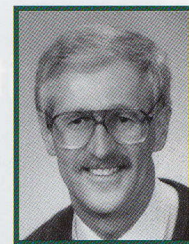
Forty-six percent (46%) of the participating employees were totally pain free after the first session and remained this way for varying lengths of time. Throughout the study, these five employees experienced multiple sessions and intervals of being totally pain free. Some employees report that one or more formerly painful areas are not totally free of pain.

Follow-up after one year:

Seventy-five percent (75%) of the

employees receiving workers' compensation benefits had statistically significant (lasting) improvement in HS.

Sixty-four percent (64%) of participating employees had statistically significant (lasting) improvement in HS.



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Sixty-four percent (64%) of participating employees had statistically significant (lasting) improvement in LMS.

Cost Benefits

PNPR™ was a part of St. Paul's cost-benefit evaluation of various workers' compensation initiatives implemented in 1998. As a whole (no breakdown available), these initiatives saved the City of St. Paul over \$1,000,000.00.

Injury costs per employee were reduced from \$1,553.00 in 1997 to \$660.00 in 1998.

Introduction

Recent studies (Pomeranz 1998)⁵ indicated that in 1994 there were 106,000 drug-related hospital deaths, the fourth-leading cause of death in the U.S., and 2.2 million nonfatal adverse drug reactions. Because of these drug side effects and the inherent dangers with surgery, there is a need for a noninvasive, cost-effective technique to eliminate or reduce chronic pain with minimal to no side effects. Some treatment methods for chronic pain are effective (Flor, et al., 1992)⁶, but complete, lasting, elimination of pain is thought to be rarely, if ever, achieved (Turk, 1990)⁷. However, an unpublished doctoral dissertation seems to indicate that there is a non-invasive, safe, effective method called PsychoNeuro Pain Response (PNPR™) with the ability to reduce and sometimes totally and permanently eliminate chronic or acute pain (Petras, 1994)⁸.

It is obvious from new mind-body research, and articles and books written by practitioners of the healing arts, that the mind is a powerful and underutilized resource.

In her book, Molecules of Emotion: Why You Feel The Way You Feel, Dr. Candace Pert, a respected researcher, states that:

...the body and the mind are not separate, and we cannot treat one without the other.

My research has shown me that the body can and must be healed through the mind, and the mind can and must be healed through the body. (Page 274)⁹

The injury management program called PNPR™ is an introduction of the mind-body component into the employee health equation.

What is PNPR™?

PNPR™ is a combination of safe, well-known mental interventions such as cognitive restructuring (restructuring thoughts), neurolinguistic programming (changing feeling, seeing or hearing modes of receiving information and systematic desensitization (replaying a scene in the mind until it no longer causes stress) that are taught to the subject.

When used in conjunction with standard medical and physical therapy procedures, PNPR™ has:

- Quickly and substantially reduced to totally eliminated chronic and

acute pain;

- Improved range-of-motion (ROM);
- Returned people to more normal functioning than would be expected.

Some of the types of injuries PNPR™ has helped are:

- Soft tissue;
- Injuries to joints;
- Bone breaks;
- Numbness due to trauma;
- Some minor ailments, i.e., stomach flu.

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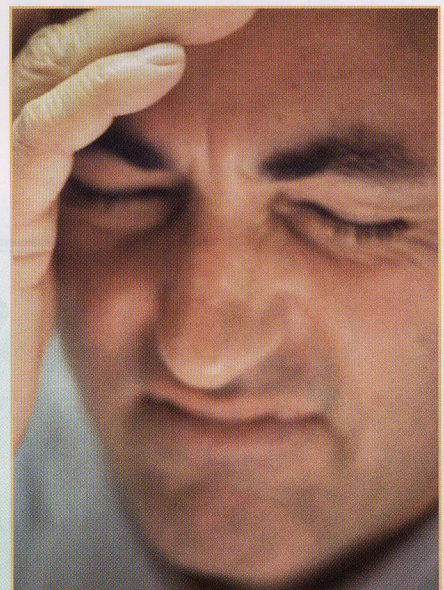
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Proper Medical Attention

The PNPR™ is not meant to, nor will it ever, supplant the use of the proper medical and procedures. It is only used after the subject has seen his physician, trainer, and/or chiropractor. Physicians, trainers and/or chiropractors will always be needed to monitor the healing and rehabilitation of the subject.

PNPR™ has been found to aid the physician, trainer, and/or chiropractor in that it:

- Deals with psychological hindrances that may cause the subject to take up an excessive amount of the physician's trainer's and/or chiropractor's time;
- Appears to speed the healing process;
- Deals with negative thought processes that may result in reinjury.

What is Included in the Technique?

The intervention includes:

- History taking;
- An explanation of pain and its function;
- A demonstration with the subject to show that he or she (in all future references, he will be used to stand for

he and she) has some level of control in the healing process:

- The use of ideomotor response. This is a technique by which the subject elicits an involuntary response from the subconscious (i.e., an involuntary finger twitch). This enables the subject to determine subconsciously if it is okay for him to substantially reduce or eliminate the pain, heal more quickly, or improve his ROM;
- Dealing with any fear present after an injury or a subject's predisposition to further injury. The subject is informed that if he overextends himself, tries to reenter the lineup too quickly, or reinjures himself the pain will return to show him that he has a problem that needs proper medical attention.

Is it Possible?

Yes, it is possible to use mental interventions to reduce medical costs, treatment time, and anxiety. There are many documented cases and books written on healing through prayer, herbs, acupuncture, hypnosis, and more.

Modern research is beginning to

prove the benefits of these ancient healing processes. Most recently, an article published in *Family Practice News*, March 1, 2000, reported that:

A simple form of hypnosis reduced the average nonemergency procedure time by 17 minutes and the average cost by \$130 in a Harvard Medical School study ... The extra minutes spent on non-hypnotized patients were consumed with addressing complications that arose from under medicating or overmedicating patients, or with delays prompted by their calls for more drugs ... The evidence of benefit was so overwhelming that Harvard's entire interventional radiology team is undergoing training to incorporate hypnosis into procedures that induce anxiety or pain ...

It is unfortunate that allopathic medicine has for many years looked down on such modalities as having questionable benefits. But as we can see in this excerpt from *Molecules of Emotion* by Dr. Pert, change has been historically difficult and slow.

Hard to Change

In the 1840s, a Hungarian doctor, Ignaz Semmelweis, was practicing in an obstetrics ward in Vienna. He noticed that

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the impoverished women, who were under the care of hospital midwives, were not nearly as susceptible to fatal childbed fever as were the wealthier women, who were cared for by doctors. He surmised that the discrepancy could be due to the fact that the doctors were not washing their hands before examining the women. Since the doctors were on a daily schedule that took them straight from the morgue where they did research to the obstetrics ward where they performed their examinations, their hands were often still covered with the blood and germs of the corpses when they saw the patients—but no one knew of the existence of germs then. In fact, it was considered a status symbol to have your "white coat" decorated with gore, showing that you had been doing research and were therefore worthy of much respect.

As an experiment, Semmelweis tried washing his hands before seeing patients, with the result that his patients no longer contracted the dreaded fever. He implored his colleagues to do the same, however, they scoffed and laughed, paying no attention to his seemingly outrageous idea. Finally, in 1862, in a desperate attempt to make his point, he cut off one of his fingers and plunged his hand into the open belly of one of the corpses, only to develop a fever and die within a few days—or so one version of his untimely demise would have it.

Still, nothing changed. It wasn't until the advent of germ theory, based on the research of Louis Pasteur and the urging of Joseph Lister, that finally, in the 1880s, the reluctant doctors were forced to comply. As late as the 1950s, there were still some professors teaching medical students that syphilis could be cured by giving patients the poison arsenic. (P. 223)

The Mind and Pain

The mind does play an important part in the perception of pain. Hall and Stride (1954)¹⁰ found that by just having the word "pain" appear in a set of instructions, subjects reported a level of electric shock as painful, while they did not report it as painful when the word was absent from the instructions (Melzack and Wall(1982)¹¹

Some individuals have been able to substantially or even totally eliminate their pain when the purpose of pain is explained to them. Why is this? A few possible explanations follow:

"... immune system could be condi-

tioned at the subconscious or autonomic level ... Howard Hall, 1990, at Case Western Reserve, Ohio, showed that the immune system could also be consciously controlled." (Pert, P.191)

"Health is not just a matter of thinking 'happy thoughts.' Sometimes the biggest impetus to healing can come from jump-starting the immune system." (Pert, P.193)

"Guided imagery was one of the modalities on which, to my great surprise, I had found studies proving beyond a doubt that it could influence recovery rates for patients with cancer." (Pert, P.222)

"Norman Cousins once told me that he had got over a broken elbow, which he had suffered while playing tennis. After his physician explained that poor blood supply to the elbow was why injuries to this joint healed slowly, he got back on the court in record time simply by focusing for 20 minutes each day on increasing the blood flow through the injured joint." (Pert, P.146-7)

PNPR™—Transferable to Different Populations

Research studies in 1998 with City of St. Paul, MN employees, a 1994 Canadian study combined with results from extensive clinical trial over 11 years, seem to indicate that PNPR™ is transferable to many acute and chronic situations, as well as varying age groups and occupations.

In the Fall of 1999, members of the St. Paul Police Department participated in this intervention. One officer was able to completely eliminate his pain; another reported a 75% improvement, while the third observed minimal to no change in five sessions. Another employee, with Lyme disease for over 12 years, has been free of pain for over a year after just two sessions.

Future Studies

The authors realize that the initial study needs to be expanded to include more subjects, various injury populations, longer follow-up, and control groups—and is aggressively pursuing funding for this purpose. Any suggestions would be welcomed.

On the basis of interest that has been generated thus far, research into the PNPR™ technique may lead to a change in how pain is viewed and treated. This information should also alert others to use this type of approach to reduce pain and improve the quality of life of those injured and suffering.

The Study—A Success

The employees in this study had multiple, unpleasant, and complex conditions. They willingly entered into the study in an attempt to find relief, unattainable from mainstream medical treatments, and did.

Statistical analysis, with a 99% level of confidence, indicates that it is possible to use the mind to reduce pain when present day, conventional treatments failed to help. Although only five sessions were available to the city employees, they appeared to be extremely successful. Further follow-up sessions are recommended. They would be beneficial and may result in a permanent and total reduction in pain for some employees.

Information gathered from the study indicates that some of these employees, if not all, would benefit from attending programs or seminars, whether on- or off-site on:

- Nutrition
- Exercise
- Healthy Life Choices
- Women's Health & Issues
- Optimism
- Stress Management
- Humor & Alternate Health Choices

Programs such as the ones listed above should lead to healthier, happier, and more productive employees.

Arguments

The insurance companies and medical community may argue about anecdotal evidence, control groups, and experimental techniques. But when it comes down to it, the employees have less pain, improved functionality, and a better quality of life a year later. The risk managers for the City of St Paul, MN concur—because they have met with the employees and seen the results firsthand.

This world is full of skeptics who are unwilling to accept anything that they did not develop or they did not learn at school. Early in the 20th century, I believe the then Director of the U.S. Patent Office indicated that all that was going to be developed had been developed. Earlier in the article, you saw the speed in which the medical community accepts change.

Each day great advances are being made. New research is proving the efficacy of ancient healing methods and the mind-body relationship. There are safe, effective complimentary, and alternatives to what conventional medicine offers and we must start using them now. ☺

About the Author:

Dr. Raymond J. Petras is a consultant in the areas of Injury Management (Board Certified/AAPM) and Performance Enhancement. He has worked with the Phoenix Suns, been listed in the Sport Psychology Resource Guide for USA Track and Field Elite Athletes, a Sport Psychology and Injury Management Resource for USA Speed Skating and is the former USA Track and Field/Sports Medicine & Science Developmental Committee Chair for Minnesota. He may be reached at (612) 203-2295; Pager: (952) 474-4167 w; E-Mail: relief4u@aol.com or <http://hometown.aol.com/relief4u2/relief4u2.html>.

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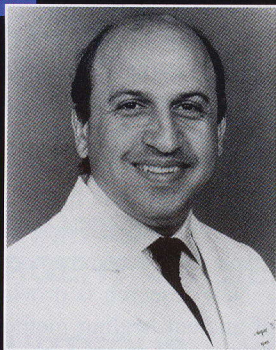
FOOTNOTES:

1. Also called Talking Away Pain™ (TAP™)
2. Health & Disease Questionnaire (HealthChord, Inc.© 612-724-5076):
Section 1—Health Status (SF-36), 1990 InterStudy®; Section 2—Life Management Skills, 1992 Management Medicine Foundation®, 490 Oak Street, Excelsior, MN 55331, (952)474-4167, Dr. Milton Seifert, Medical Director.
3. SF-36 is a psychometrically based physical and mental health summary that consists of eight Disease Impact Categories: Physical Functioning, Role Physical, Pain, General Health Perception, Energy Fatigue, Social Functioning, Role Emotional and Emotional Well-Being.
4. Health Skills: Life Management Skills, Prevention Index, Life Style Indicator, Spiritual Health.
5. Pomeranz, B. (1998). Incidents of Adverse Drug Reactions in Hospitalized Patients: A Meta-Analysis of Prospective Studies. JAMA, V279, 15, Apr. 15, 1998.

6. Flor, H., Fydirch, T. and Turk, D.C., (1992). Efficacy of multidisciplinary treatment center: a meta-analytic review. Pain, 49, 221-230.
7. Turk, D.C., (1990). Customizing treatment for chronic pain patients: who, what, why? Clin. J. Pain, 6, 255-270.
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9. Pert, C.B., (1997). Molecules of Emotion: Why you feel the way you feel. New York, Scribner.
10. Hall, K.R.L. & Stride, E. (1954). The Varying Response to Pain in Psychiatric Disorders: A Study in Abnormal Psychology. Brit. J. Med. Psychol., Vol. 27, pp. 44-60.
11. Melzack, R. & Wall, P.D. (1982). The Challenge of Pain. Basic Books, Inc. Publ., New York.

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