

The Goal: Break the Chronic Pain Cycle



Dr. Catherine Duncan of Atlantic Spine and Pain, in Apex, has vast knowledge and expertise with many tools and programs to help break the cycle of chronic pain for her patients (*see diagram*).

For more than 20 years, she has been directing interdisciplinary pain management programs to teach patients how to manage pain “by interrupting the pain cycle through a multidisciplinary approach that includes stress management, education, exercise, tai chi, counseling, and more.

“These programs are often very effective,” she notes, “and even in our office setting we encourage patients to participate in the types of programs and activities we know do help break the pain cycle.

“When a person gets injured, the common response to pain is to guard their muscles. Over time, however, that guarding pattern, combined with fear, interferes with mobility—and when the patient reduces mobility, that in turn can cause more pain

Dr. Duncan explains the initial process for assessing the benefits of Spinal Cord Stimulation. A recent 60-year-old patient, for example, who suffered with the burning, stabbing pain of shingles along her rib cage, experienced rapid and dramatic improvement with the SCS process.



leading to increased lack of mobility, often including anger, frustration, and a sense of helplessness—truly a vicious cycle.

“An important part of our work is to educate our patients about the consequences of their behavior. I tell them we often have to differentiate between the existence of primary pain, their specific injury, and their body’s natural instinct to guard that injury against further damage. It’s an important educational and behavioral process.

“Early intervention is really the key to prevent the onset of the cycle of chronic pain. If you sustain an injury—perhaps from a fall—and it still hurts a week after the event, certainly it should be assessed. I may, as the result of this assessment, recommend a course of treatment, or refer the patient to a massage therapist, a physical therapist, or an orthopedic surgeon or neurosurgeon, depending on the type and severity of the injury.”

Dr. Duncan offers many approaches to help patients overcome pain, including:

Radiofrequency ablation: An electrical current produced by a radio wave to heat up a small area of nerve tissue, thereby decreasing pain signals from that specific area.

Botox injections for the treatment and prevention of migraine headaches.

Epidural Steroid Injections (ESIs), a common method of treating inflammation associated with low back related leg pain, or neck related arm pain.

FACET Joint Injections of a steroid medication to reduce inflammation in the small joints at each segment of the spine that provide stability and help guide motion.

Spinal Cord Stimulation, applying an electrical current to the source of chronic pain. This creates a pleasant sensation that blocks the brain’s ability to sense the previously perceived pain.

Viscosupplementation, an injection of hyaluronic acid into the knee and into the synovial fluid for the treatment of knee osteoarthritis—to increase lubrication in the joint, making joint movement much easier.

Prolotherapy, an injection technique that stimulates growth of cells and tissue that stabilize and strengthen weakened joints, cartilage, ligaments and tendons.

A sacroiliac (SI) joint injection—also called a sacroiliac joint block—primarily used to diagnose or treat low back pain and/or sciatica symptoms associated with sacroiliac joint dysfunction. **h&h**

YEARS OF EXPERIENCE

Dr. Duncan’s own issues with back pain were relieved by an osteopathic physician while she was an undergraduate student at Baldwin Wallace College in Ohio. The experience led her to the Ohio University College of Osteopathic Medicine, and she went on to complete the residency program in physical medicine and rehabilitation at Case Western Reserve University, aligned with the MetroHealth Medical Center in Cleveland.

She is board certified by the American Board of Physical Medicine and Rehabilitation, the American Osteopathic Board of Rehabilitation Medicine, and in the subspecialty of Pain Medicine, and is a member in good standing of the American Academy of Physical Medicine and Rehabilitation, the American Osteopathic College of Physical Medicine and Rehabilitation, the American Osteopathic Association, and the International Spine Intervention Society.

For more information about resolution of pain issues, contact:

**ATLANTIC SPINE AND PAIN
(Formerly Atlantic Pain Consultants)
Catherine A. Duncan, DO**

**1031 West Williams Street, Suite 102
Apex, NC 27502**

**Telephone: (919) 439-7867
www.atlanticspinepain.com**