

From Pain to Praise: *The Joy of Finding Relief*

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— Kathy Gastineau



Dr. Duncan uses ultrasound to look inside this patient's knee before considering an Ultrasound Guided injection.

Comments from Dr. Catherine Duncan's patients over the past 20 years, about her exceptional ability to ease and often resolve a variety of painful conditions, could easily fill a book.

Perhaps the forward to such a document would come from Kathy Gastineau, who offers these unsolicited comments:

“I am here to say, Prolotherapy treatment for my lumbar spine is an *absolute lifesaver*. What a gift to avoid Surgery!”

“I am a very energetic 70-year-young woman with degenerative disks in my lower back. If it were not by the Grace of God that my physician Dr. Beverly Goode-Kanawati referred me to Dr. Duncan, I do not know how I would be functioning, not good, that is certain.

“Last year at this time [*her letter is dated Feb. 10, 2015*], I not only suffered from the degeneration but also bone spurs in the lower back which caused horrible spasms down the left side of the lower body. I walked into Dr. Duncan's office using a cane. Dr. Duncan's prolotherapy application along with dietary improvement reducing inflammation has given me a new lease on life. No cane, no spasms. I will work with Dr. Duncan for maintenance. Maintenance in any aspect of life is required for maximum health. I prefer to be well than to get well. Dr. Duncan will always be a primary 'Spoke' in MY 'Wellness Wheel.'”



Kathy Gastineau

MULTIPLE PROCEDURES

The practice's website, www.atlanticspinepain.com, provides details about 16 different procedures that Dr. Duncan offers her patients in pain. We asked her to provide, in layman's terms, details about these most common therapies. Her list:

- **Radiofrequency ablation (or RFA)** is a procedure used to reduce pain. An electrical current produced by a radio wave is used to heat up a small area of nerve tissue, thereby decreasing pain signals from that specific area.
- The FDA says **Botox injections** have been shown to be effective in the prevention of migraines, which are debilitating headaches that cause intense pulsing or throbbing pain and affect about 12 percent of Americans.
- **Electromyography (EMG)** measures muscle response or electrical activity in response to a nerve's stimulation of the muscle. The test is used to help detect neuromuscular abnormalities.
- **Epidural Steroid Injections (ESIs)** are a common method of treating inflammation associated with low back related leg pain, or neck related arm pain. In both of these conditions, the spinal nerves become inflamed due to narrowing of the passages where the nerves travel as they pass down or out of the spine.
- Facet joints are small joints at each segment of the spine that provide stability and help guide motion.
- Facet joints can become painful due to arthritis, back injury, or mechanical stress. A **facet joint injection** delivers a steroid medication which reduces inflammation of the joints and blocks the pain.
- **Spinal Cord Stimulation** works by 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** is an injection of hyaluronic acid into the knee and into the synovial fluid for the treatment for knee osteoarthritis. This procedure increases lubrication in the joint, making joint movement much easier.
- **Prolotherapy** is 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—is primarily used either to diagnose or treat low back pain and/or sciatica symptoms associated with sacroiliac joint dysfunction.

AL LUCAS

Al Lucas, who is 36, might also offer a chapter in this book of commendations. “I banged up my shoulder in a car accident,” he reports, “and, separate from that, I tore the meniscus in my knee which, after three surgeries, was removed. When I first went to see Dr. Duncan, I was in bad shape, with high levels of pain in my knee and shoulder. I hurt so bad, I couldn’t ride my horses—and I have four Tennessee Walkers that are a big part of my life.

“Dr. Duncan did several nerve blocks and radiofrequency ablation (RFA) on my knee. When we began, the pain level was never less than a 7. Now it’s stable, and the pain level is at a 1. Best of all, I can again get up on my horses! I walk with a very slight limp—a great improvement!”



Al Lucas

SANDRA

Sandra is an assumed name for an 80-year-old woman who has long depended on Dr. Duncan to keep her functioning “reasonably well. I was at local hospitals four different times before I finally found my way to Dr. Duncan. I have sciatica, so bad that I couldn’t walk—I needed EMS help to get to the hospital, and to be perfectly honest, I got no relief at all from those emergency room visits. That’s why I first went to Dr. Duncan.

“My experience with her has been wonderful. She and her staff are so kind and understanding, and she has gotten me to the point where I can walk without a cane. My pain level when I first went to see her was at a 10—I could hardly walk at all. I was in really bad shape, and I took a nasty fall on the brick steps in front of my house. Now my pain level is about a 2, and if I’m real busy and active it might increase for a while to a 4. But I’m walking pretty well without a cane, and Dr. Duncan and her whole staff have been wonderful to me. If anybody has a sciatica problem, she is the one to see.”

MANY APPROACHES

“As a specialist in Interventional Pain Management,” Dr. Duncan notes, “I use a combination of modalities to help reduce pain, improve function, and achieve wellness. These include fluoroscopic guided spinal injections, ultrasound guided joint and nerve blocks, Botox injections for chronic daily headache, viscosupplementation for osteoarthritis, Osteopathic Manual Medicine, and regenerative therapies.”

JOUSTING WITH PAIN

Dr. Duncan has been jousting with pain for more than 20 years, with exceptional success. Her own issues with back pain were relieved by an osteopathic physician while she was an undergraduate student at Baldwin Wallace College in Ohio, majoring in classical guitar. She was so impressed by the experience that she went on to the Ohio University College of Osteopathic Medicine, and completed the residency program in physical medicine and rehabilitation at Case Western Reserve University, aligned with the MetroHealth Medical Center in Cleveland.

Her expertise in this demanding field is broadly recognized: she is board certified by the American Board of Physical Medicine and Rehabilitation, the American Osteopathic Board of Rehabilitation Medicine with additional qualifications in the Subspecialty of Pain Medicine.

She 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 prestigious International Spine Intervention Society.

Further, Dr. Duncan is one of only a very few physicians in North Carolina offering prolotherapy for musculoskeletal conditions. “Prolo’ is short for proliferation,” she explains, “because this treatment causes the growth, or proliferation, of new ligament tissue in areas where it has become weak.”

Dr. Duncan also works closely with other health care providers, such as physical therapists, acupuncturists, personal trainers, mental health specialists and chiropractors, to maximize well-being, building a network support team over the past 15 years.

“If a patient comes to me with acute low back pain, I usually like to do more of what I call ‘first-aid measures’ and steroid injections are one option that can really help with easing pain,” she explains. “Treatment is of course guided by the fact that we may be treating a musculoskeletal problem as opposed to a neuropathic problem.

“If, for example, a disk herniation is pinching on a nerve,” she explains, “I typically would rely on an epidural steroid injection. If the issue is more of a musculoskeletal problem, affecting the joints and ligaments, and it’s more of a chronic condition, then I might encourage the patient to go the prolotherapy route because it tends to stabilize the joints thus providing more long-term relief. Stability is a good word to use in assessing the benefits of prolotherapy.”

NON-SURGICAL RECONSTRUCTION

“Steroid injections are more palliative, to help ease or eliminate pain. On the other hand, reconstructive techniques such as prolotherapy move into the realm of attempting to do a non-surgical reconstruction of a problem knee, for example, and it addresses a fundamental question: How can I reduce the inflammation in this knee, but stabilize the afflicted area so things can go back where they belong, permitting the knee to heal and get stronger over time?

“I rarely do steroid injections in this practice without considering the physical reconditioning element,” Dr. Duncan says. “The principal reason we do steroid injections is to help a patient’s function, so that they can more easily rehabilitate their spine and joints. Often I send patients to physical therapy for a back-strengthening program—a series of stabilization exercises. Another important option is a non-surgical treatment such as prolotherapy that helps stabilize the spine by strengthening ligaments. A third option is to surgically stabilize the spine with hardware which is what I do not do. My goal is to do whatever we possibly can do to improve a condition without surgery.

“In the past, patients dealing with this type of pain had only two options: physical therapy or surgery. Prolotherapy is a critically important addition to those therapeutic choices. A lot of people who had surgery could almost certainly have been helped by prolotherapy treatment. Ligaments hold the bones together, and if the ligaments get lax then the bones can shift, the disks can move out of place, and the patient can suffer all kinds of pain, from mild to intense. If you can inject those ligaments to cause them to tighten up and move back where they’re supposed to be, you can pull the pieces back into proper, pain-free alignment. It’s a non-surgical way of achieving what in the past had to be done surgically.”

Dr. Duncan is one of three doctors in North Carolina, listed on a prolotherapy website (www.getprolo.com/north-carolina-prolotherapy-doctors), offering the prolotherapy protocols. **h&h**



In the quest for pain relief, the fluoroscope is invaluable in guiding Dr. Duncan in making a precise lumbar epidural steroid injection.

For more information about resolution of pain issues, contact:

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