

West Michigan Edition

M.D. NEWS

Special Feature



Sean Growney, DO,
and Shawn Madden, MD

Michigan Pain Consultants

Expanding the Horizon of Pain Medicine

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By Patti L. Mindock

With the recent opening of its state-of-the-art clinic in Holland, Michigan Pain Consultants, PC, continues to reinforce its position as one of the state's leading authorities in the practice of specialized pain medicine

Operating eight pain management centers across West Michigan, Michigan Pain Consultant's pain specialists treat chronic pain as a disease, using a similar management methodology as those for thyroid conditions, cardiovascular disease or diabetes. Fred N. Davis, MD, cofounder of Michigan Pain Consultants, advocates this systematic approach to pain — along with moving pain management services out of hospital settings. "This is a continuation of our vision, building on our past 12 years of providing state-of-the-art pain medicine services to the Holland community," Dr. Davis stresses. "Moving out of the hospital milieu was a win-win situation. Our new office-based center on South Washington provides patients with convenient access to the care they need, and the hospital reclaims some much-needed space for expansion of their other necessary internal services."

In 2001, Michigan Pain Consultants introduced its first office clinic model in Grand Rapids, housing multiple specialized disciplines under one roof, including interventional treatments, rehabilitation and behavioral medicine services. Its second community-based office clinic opened in Muskegon in 2003. Along with the new Holland location, Muskegon and Lake Drive in Grand Rapids, Michigan Pain Consultant's other satellite offices are located on 68th Street in Grand Rapids, and in Big Rapids, Carson City, Fremont and Greenville. Dr. Davis and his partner, Mark L. Gostine, MD, founded the Michigan Pain Consultants practice in 1984.

HEALING IN HOLLAND

Dr. Sean T. Growney, DO, concentrates his efforts four days a week at Michigan Pain Consultants/Holland, with the final day dedicated to Muskegon. "I offer vertebroplasty as a treatment for osteoporotic vertebral compression fractures (VCFs)," Dr. Growney states. "We have a variety of treatment options available for some of the more

challenging patients. We see those with CRPS (complex regional pain syndrome), plus perform advanced treatments for chronic back pain, including IDET and percutaneous disc decompression (nucleoplasty) to reduce the volume of herniated disks."

Michigan Pain Consultant's growing network is based on creating a multidisciplinary team to provide patient-focused, cost-efficient care. The long-term management approach helps avoid those acute flare-ups



Dr. Madden performs an EMG of upper extremity. The test is used to look for carpal tunnel syndrome, ulnar neuropathy or radiculopathy. EMG is a test done on the nerves to check for nerve or muscle damage.

ANTHONY DUGAL PHOTOGRAPHY

that might prompt a chronic pain patient to make an expensive ER visit. "We employ new tools to deliver medication, or to interfere with the transmission of pain impulses, targeted to the parts of the body where the pain originates," Dr. Davis adds. "This approach allows us to intervene with medications, injections, cryoablation, radiofrequency (RF) lesioning or electrical stimulation targeted directly to nerves, joints or the spinal cord. The whole purpose of Michigan Pain Consultants is to provide advanced tertiary care with interdisciplinary elements, to treat a broad spectrum of pain problems, both acute and chronic. We handle the very tough cases, the ones with complicated pain problems. We do that in a community setting, making treatment more convenient and closer to home."

Dr. F. Shawn Madden, MD, a psychiatrist, also works out of the new Holland clinic. "My role is to help the patient be as functional as

possible, by first using noninvasive approaches like physical therapy and less addictive medications,” she says. “Long-term, that approach may have to change. One of the options I offer is BOTOX treatments, particularly for dystonia pain, to ease the muscle tension and tightness,” she notes. Dr. Madden also splits her practice week among the Grand Rapids, Muskegon and Holland Michigan Pain Consultant’s sites.

ACTIVE LIFESTYLES

One of the fastest growing segments of Michigan Pain Consultant’s patient population is the “baby boomer” generation. They are much more active than previous generations, and tend to seek out the medical help they need to continue an energetic lifestyle. In the younger, mostly male population from age 40 to the late 50s, Michigan Pain Consultants often responds to chronic back pain and pain from injuries caused by “weekend warrior” activities. Those can include golfing, extensive exercising, yard maintenance and outdoor work.

New delivery methods in pain management can improve a chronic pain patient’s quality of life, especially if it’s an active lifestyle. In the last decade, innovative modalities have been developed, including medication skin patches and spinal cord stimulators. Infusion pumps that deliver narcotics to the spine help decrease a patient’s reliance

Joint injections into the knee, done with Lidocaine, Depomedrol and Toradol, can help decrease knee pain and inflammation. Hyalgan could also be injected for osteoarthritic knees to decrease pain and improve function.



ANTHONY DUGAL PHOTOGRAPHY

Painful Truths

More than 48 million Americans suffer from chronic pain, making it a huge health care challenge. Approximately 21.6 million adults routinely take prescription pain medication. Three billion dollars is spent each year on OTC pain analgesics. An estimated 14 million people in the U.S. cannot perform routine daily activities because of pain, and four billion workdays are lost each year due to pain. That translates into \$65 billion in lost productivity from pain. In addition, the annual price tag for pain care in America tops \$100 billion. (Source: Michigan Pain Consultants).

on other oral medications that may have side effects. Michigan Pain Consultant’s staff also provides epidural steroid injections and nerve block techniques, along with behavioral therapy and physical therapy in a holistic approach to pain management. “We’ve learned so much about the transmission of pain, how pain is modulated in the body and the treatments available,” Dr. Davis adds. “We combine that new knowledge with physical therapy, cognitive therapy and behavioral medicine. It’s a rapidly evolving specialty.”

COX-2s AND CARE CHALLENGES

For the elderly, pain management keeps them functioning and living as independently as possible. Dr. Shawn Madden sees a significant number of patients with arthritis. “Through physical and occupational therapy, these patients understand the biomechanics of their body,” Dr. Madden says. “They learn about the relationship of movement, activity and how it affects their pain. My goal is to help my patients reach their optimum functional level for vocational and avocational skills.” That restoration of function can often mix pain management techniques and rehabilitation services. “I also do some Hyalgan knee injections for patients with mild to moderate arthritis. This may help prolong the life of the cartilage, so they won’t need a complete knee replacement as quickly as they would without intervention,” she adds.

The recent FDA decision to pull many COX-2s off the market has made an impact on her pain management options. “We do have other medications for balanced analgesia and interventional therapies to target specific pain generators,” Dr. Madden states. “We also incorporate other adjunct pain relief options to help our patients independently manage their pain.” Those options include behavioral medicine techniques such as biofeedback, deep breathing, visualization and hypnosis.

According to Dr. Fred Davis, one of the challenges of treating chronic pain — or for any type of medical practice — is staying abreast of the rapidly changing research on new medications, plus the revised applications for those already on the market. “The chemistry responds differently for each patient, so the medications we would use for acute pain following an injury are often not the



ANTHONY DUGAL PHOTOGRAPHY

Dr. Growney performs a fluoroscopic-guided epidural and selective nerve root injection for diagnosis and treatment of lower extremity radicular symptoms.

best ones for chronic pain,” he says. “The chemicals involved in the transmission of the signals for pain have changed in a chronic condition. We focus on medications that affect the nervous system, like the tricyclics used in the past to treat depression, or the neuroleptics used for seizures. Neurontin, Keppra, Tegretol and Topamax are examples of medicines used in the chronic pain field that would not normally be used to treat acute pain.”

“Chronic pain patients also exhibit changes in their behavior, physical status and emotional state,” Dr. Sean Growney adds. “They can become depressed, anxious, withdraw from society and become less active. That abnormal illness behavior affects their work relationships, family interactions and their quality of life. I often consult with our pain psychologist, and he’ll provide insights into the patient that I do not have. That’s why all of us at Michigan Pain Consultants work together to treat the whole person, using this progressive, multidisciplinary approach to chronic pain.”

Dr. Fred N. Davis, cofounder of Michigan Pain Consultants, received his MD in 1977 from Rush University College of Medicine in Chicago. He completed his internship at Tucson Hospital in Arizona and did his residency in anesthesiology at U of M in Ann Arbor.

Sean T. Growney, DO, received his degree from the University of Health Sciences, College of Osteopathic Medicine in Kansas City, MO

in 1998. He completed his residency in anesthesia at the University of Texas in Dallas, plus a fellowship in pain management at Texas Tech University in Lubbock, TX.

F. Shawn Madden, MD, received her degree from Indiana University School of Medicine in Indianapolis in 1992. She completed her residency at Tufts University, New England Medical Center in Boston.

Other members of the Michigan Pain Consultants physician team in West Michigan include: Dr. Mark L. Gostine, president and cofounder of Michigan Pain Consultants, Scott N. Ashcraft, DO, Thomas M. Basch, MD, Kevin E. Fitzgerald, MD, Keith B. Javery, DO, David Krencik, DO, Daniel M. Mankoff, MD, Lisa Pullum, DO, Joseph Y. Vanden Bosch, MD, Bennett L. Willard, DO, and Stephen L. Winston, MD. ■

For More Information

Michigan Pain Consultants, PC, is located at 4100 Lake Drive, SE, Suite 305, Grand Rapids, MI 49546 (800-281-3237 or www.michpain.com). The new Holland Michigan Pain Consultants pain management center is located at 844 South Washington, Building 1, Suite 100.