

Who many Benefit from Interventional Pain Management?

Patients with:

- Focal pain
- Pain less than 3 months duration
- Focal back/neck and limb pain
- Cervicogenic headache
- Painful knees, ankles, shoulders awaiting or unsuitable for surgery
- Persistent post-operative pain
- Neuropathic pain (e.g. CRPS, stroke or post herpetic neuralgia)
- Refractory cancer pain or side effects
- Refractory angina or ischaemic limb pain



Who many Benefit from Interventional Multidisciplinary Pain Management?

Patients with:

- Widespread or complex pain
 - Pain refractory to medication
 - Oral morphine equivalent daily dose > 50mg
 - Functional impairment despite oMEDD >100
 - Persistent Pain with psychosocial issues
 - Fibromyalgia or Myofascial related pain
 - Chronic daily headaches
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- Anyone not coping with chronic pain despite maximal medical or surgical treatment
 - Anyone seeking to reduce medication dependence, side-effects and develop effective self-management strategies to cope better using pain education

The Multidisciplinary Team

Pain Specialist

Dr Murray Taverner

Pain Fellows

Dr Vishal Bhasin
Dr Gayathri Aravinthan

Nurse Practitioner

Raelene Rees

Offsite Associates Rehabilitation

Dr Bruce Shirazi

Psychiatry

Dr Jeremy Stone
Dr Jane Nguyen
Dr Angela Lee

Allied Health

Exercise Physiology
Psychology
Occupational Therapy
Physiotherapy

For more information, please go to our
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Don't Let Pain Control you

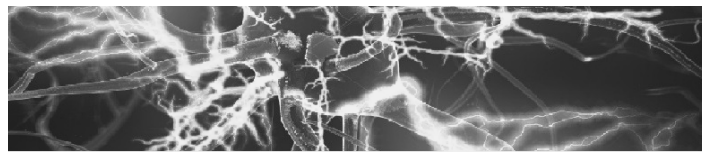


FRANKSTON PAIN MANAGEMENT

Maximising Function,
Minimising Pain and Suffering

Referrer Information Brochure

What is Pain?



Acute pain

- Acts as a useful warning system for the body and usually causes no management problems once the source of the pain is removed or the damage heals

Chronic pain

- Serves no useful function and sometimes can exist without any clear reason
- Whatever its origin, it inevitably causes restrictions in living, suffering, emotional distress and changes in family relationships

While it may not be possible to cure or eliminate chronic pain, a variety of treatment approaches can be employed to reduce pain, enhance coping skills, lessen suffering, improve function and quality of life for the individual



Dr Murray Taverner

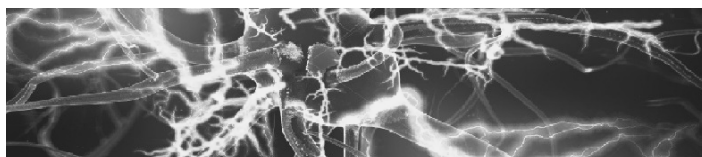
and his Pain Fellows,

Dr Vishal Bhasin & Dr Gayathri Aravinthan

will assess all patients

Some patients will be referred on to our exercise physiologists for graded physical activity. Others, to our psychologist to change thinking and improve coping strategies

An individualised treatment plan will be created by the team, involving an effective combination of medical, physical and psychological treatments to best support the needs of your patients and clients



Treatment Options Include:

- Comprehensive assessment
- Pain management education
- Medication review and adjustment
- Graded physical activity for fitness
- Intensive rehabilitation programs
- Transcutaneous Electrical Nerve Stimulation (TENS)

- Diagnostic & therapeutic infusions
- Nerve blocks, epidural and transforaminal injections
- Radiofrequency Treatment
- Percutaneous Intradiscal therapy
- Advanced pain treatments (eg. stimulators & pumps)

- Psychological strategies to improve self-management of pain and mood including cognitive-behavioural and acceptance-commitment therapy
- Stress management training
- Counselling to address fear & mood

- Occupational Therapy interventions
- Exercise physiology to enhance mobility
- Vocational rehabilitation
- Individual, Group and Online pain self-management programs

THERE IS NO 'ONE SIZE FITS ALL' APPROACH

Frankston Pain Management has been established for over 25 years. It is made up of a team of motivated health professionals who are experts in pain management

The team is led by Dr Murray Taverner who is a leading author of a number of peer-reviewed journals and he has published several original research projects. He has trained, lectured and demonstrated a range of pain management techniques both in Australia and overseas