ESSENTIAL ARTICLES OF PM&R

PAIN, Other than Low Back Pain

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Opioid Prescribing: A systematic review and critical appraisal of guidelines for chronic pain. Nuckols TK, Anderson L, Popescu I, Diamant AL, Doyle B, Di Capua P, Chou R. Ann Intern Med 2014 Jan 7;160(1):38-47. This article details a systematic review and critical appraisal of clinical guidelines published between January 2007 and July 2013 addressing the use of opioids for chronic pain in adults, with a focus on mitigating clinical risks, particularly of accidental overdose. While evidence was limited and methods on determining guidelines was variable, most guidelines recommend that clinicians avoid doses greater than 90 to 200 mg of morphine equivalents per day, have additional knowledge to prescribe methadone, recognize risks of fentanyl patches, titrate cautiously, avoid concurrent benzodiazepines, and reduce doses by at least 25% to 50% when switching opioids. Guidelines also agree that opioid risk assessment tools, written treatment agreements, and urine drug testing can mitigate risks. Future research should directly examine the effectiveness of opioid risk mitigation strategies.


The shared neuroanatomy and neurobiology of comorbid chronic pain and PTSD: Therapeutic implications.

Sleep and pain sensitivity in adults.

Opioid Prescribing: A systematic review and critical appraisal of guidelines for chronic pain.

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Prevalence of chronic pain after traumatic brain injury.
Collaborative care for chronic pain in primary care: A cluster randomized trial.
Dobscha SK, Corson K, Perrin NA. JAMA 2009;301(12):1242-1252.

Is mirror therapy all it is cracked up to be? Current evidence and future directions.