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Chronic musculoskeletal pain and dysfunction: The regenerative interventions, evidence and practice

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In Six case reports representing common scenarios in this study. Worldwide situational analysis of musculoskeletal pain (MSK pain) and dysfunction incidence parallel the incidence of chronic pain costs exceeds the cost of cardiovascular diseases and cancer. Chronic pain is the most complexed chronic disease. It is associated with physical, mental and social dysfunction, yet the chronic pain associated medical education, clinical services, research and legislations fall short of the right direction. Management of chronic pain/MSK pain/dysfunction is still based on outdated dissociated knowledge. Huge body of evidence have accumulated over the past 25 years, that revealed much cost-effective and saver treatment options, yet, most of it is not yet into practice and medical education leading to high rate of surgical interventions that are not scientifically indicated. Pharmacotherapy and other modalities focus on pain relief rather than treating underlying cause and dysfunction. NSAIDs increase risk of stroke and heart attack by 30%-50% according to recent strong evidence. 90 Americans die every day due to opioid overdose. By evidence corticosteroids work only in the short term and carry some risk. Treatment mostly is not based on adequate understanding of the nature and dimensions of chronic pain syndrome, therefore, patients usually fail to find effective and safe treatment. The solution is putting the dissociated knowledge together and bringing evidence into practice is essential step to improve the situation. Many barriers need to be addressed. The researches of the past 25-30 years on conventional pain medicine, complementary and regenerative medicine have revealed very effective and very safe treatment options that if put together will achieve great results. Prolotherapy is the rehabilitation of an incompetent structure due to disease or injury/failed healing using one of the following dextrose prolotherapy or platelet rich plasma or autologus stem cells or autologus blood or ozone. Meta-analysis, systematic reviews and hundreds of randomized controlled trials have revealed their cost-effectiveness and high safety profile. Other cost-effective treatment options include physiotherapy that is based on good functional assessment, conventional medications, approved herbs, supplements and mind-body medicine/chronic pain psychology.

Biography

Alqahtani has obtained his Post-Board training in Chronic Pain and Musculoskeletal Medicine from McMaster University. He has unique contribution to the field of chronic pain both in Canada and Saudi Arabia. His specialty was recognized by Canadian Academy for Pain Management (CAPM) and by McMaster University as the most comprehensive and the first of its kind in Canada. He is a Member of CAPM credentialing faculties. He is leading a significant change in pain/MSK med services in KSA, through Saudi Ministry of Health. He is the Founder and Manager of Surgery Alternatives Chronic Pain Center in Riyadh.

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