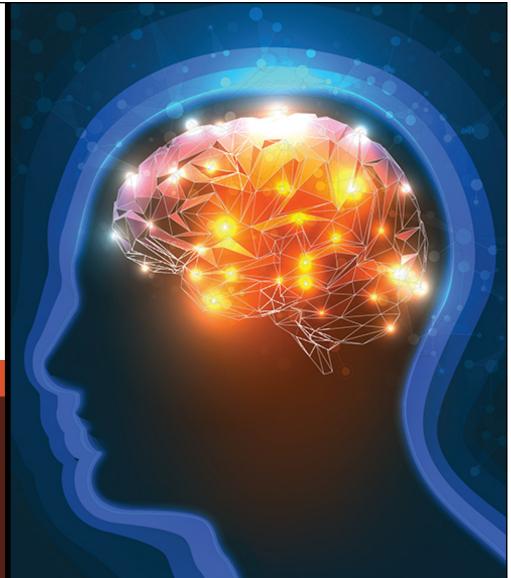


₩#CHAIR2019



Pain

Jon-Kar Zubieta, MD, PhD

University Neuropsychiatric Institute University of Utah Health Sciences Center Salt Lake City, UT

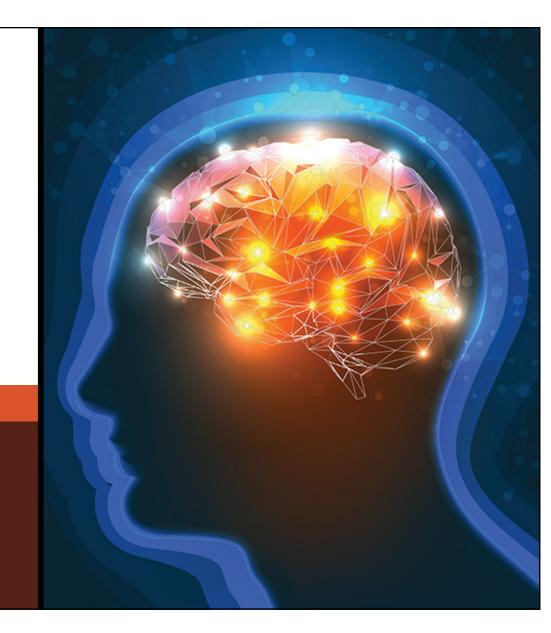


Chart Review

RECENT HISTORY/EVENTS LEADING UP TO THIS CLINICAL ENCOUNTER

The patient is a 55-year-old male. He reports increasing difficulties with managing pain. Difficulty sleeping and irritable during the daytime. Pain is localized in the low back region since a work accident (a fall from a high ladder) that took place 2.5 years ago

CURRENT PRESENTATION

Chief Complaints: Pain in the lower back, felt to be intolerable

Psychiatric Interview Findings: Patient describes irritability, worse over the last 6-9 months, difficulty sleeping and relaxing. Mood is described as down. No evidence of thought disorder. Describes occasional thoughts of death, but no specific intent or plans

Physical Exam Findings: Physical exam unremarkable except for difficulty with gait (slow and somewhat shuffling), pain on touch in lower back

Questionnaire Results: PHQ score = 13. COMM questionnaire score = 13



PHYSICAL HISTORY, MEDICAL HISTORY, AND OTHER HISTORY

Unremarkable except for physical injury 2.5 years ago No family history except for alcohol use disorder in father

DIAGNOSIS

Low back pain Poor pain management

Depression symptoms

PLAN

Develop treatment plan with extended treating team (primary care physician, pain specialist)



SMART Goals Specific, Measurable, Attainable, Relevant, Timely

 Implement evidence-based tools and strategies to assess and manage chronic pain conditions.