

Results Testimonial

“I am able to extend it all the way up!”



“When I first started lying down, I was lucky to raise my right arm 7-8 inches. Now, with the good help and expertise of JJ, I am able to extend it all the way up with a little pain, which is a great improvement. Thanks to the Physical Therapy Doctor’s Jenove and staff! Everyone was great, and I am surely recommending them to all I know.

Thank you all sincerely.”

-George B.



Physician Update

May 2018

The Opioid Epidemic: Finding a Path Forward How Conservative Treatments May Help

Today, the country is reeling from the fallout of the ongoing opioid epidemic. Since the beginning of the millennium, opioid overdose rates have tripled in the U.S., steadily climbing to be the top cause of death from unintentional injury.¹ The Centers for Disease Control and Prevention reports that in 2016 alone, opioids claimed more than 42,000 lives across the country, which was “more than any year on record.”

This has led us to our current situation, in which patients across the country become addicted to their prescribed medicine and turn to cheap and dangerous substitutes, like heroin and fentanyl, when their stores run out. A huge percentage of these overdose deaths don’t fit the stereotypical mold we envision when we think of addicts. They are regular folks seeking to curb the adverse consequences of withdrawal.

The source of this crisis is hotly debated among pundits throughout the media and the medical establishment, but experts typically agree that it began with a letter sent and published in 1980 to the editor of The New England Journal of Medicine, which falsely stated that only 1 percent of patients become addicted to narcotic pain medication. Following the publication of the letter, pharmaceutical giants began aggressively advertising opioid medication, targeting both physicians and patients with this misleading data – potentially even after knowing the letter had been discredited, as stated by at least one court case currently in review.^{2,3}

Curbing the Epidemic

In an effort to break this disturbing trend, the medical establishment has responded with several major initiatives, including lowered physician-opioid prescription rates, “new federal guidelines on prescribing, revised labeling for pharmaceutical opioids, a personal appeal from the Surgeon General to every U.S. Doctor” (TurnTheTideRx), and “a reduction in opioid production,” according to one source.⁴ Still, the staggering death rate continues to rise, as seen in the 2017 CDC report and countless others.

As a result of that letter — and longstanding traditional wisdom — medical providers inadvertently flooded the American population with these dangerous medications. According to a 2018 study, a whopping two-thirds of the patients who abused opiates obtained all of their prescriptions from one physician (as opposed to multiple physicians prescribing to one patient).¹ In 2015, an estimated 240 million opioid prescriptions were dispensed — a huge number, considering there were only 325.7 million people living in the country.³ What’s more, a large subset of these prescriptions include instructions to take 5–10 milligrams of oxycodone for pain as needed every 4–6 hours, “a dose almost double the threshold above which the U.S. Centers for Disease Control and Prevention cautions a twofold increased risk of overdose,” according to one source.³



¹ Brat GA, Agniel D, Beam A, et al. Postsurgical prescriptions for opioid naive patients and association with overdose and misuse: retrospective cohort study. *BMJ*. 2018. doi:10.1136/bmj.j5790.

² State of Ohio ex. Rel. DeWine, Ohio Attorney General v. Purdue Pharma.

³ Makary MA, Overton HN, Wang P. Overprescribing is major contributor to opioid crisis. *BMJ*. 2017. doi:10.1136/bmj.j4792.

⁴ Kertesz SG. Turning the tide or riptide? The changing opioid epidemic. *Substance Abuse*. 2016;38(1):3-8. doi:10.1080/08897077.2016.1261070.

⁵ Thackeray A, Hess R, Dorius J, Brodke D, Fritz J. Relationship of Opioid Prescriptions to Physical Therapy Referral and Participation for Medicaid Patients with New-Onset Low Back Pain. *The Journal of the American Board of Family Medicine*. 2017;30(6):784-794. doi:10.3122/jabfm.2017.06.170064.

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The solution clearly needs to be multifaceted, with widespread policy changes at the highest level of regulation. But, as many argue, one way physicians can substantially stem the tide of opioid abuse may be to utilize multimodal pain management following surgery. Physicians may also employ conservative strategies before suggesting surgery in the first place. For example, in one study, early referral of patients to physical therapy following the onset of lower back pain was associated with reduced opioid prescriptions when physicians later followed up.⁵ Studies show that “surgical patients are four times more likely to get opioids at discharge than their nonsurgical counterparts,” according to one source. While surgery and more invasive strategies are necessary in many cases, applying both surgery and opioid medication more judiciously may go a long way toward avoiding addiction for even more of the American population.¹



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Hours of Operation:

M: 8:00 am - 4:00 pm **Tu:** 8:00 am - 7:00 pm
W: 9:00 am - 2:00 pm **Th:** 8:00 am - 7:00 pm
F: 8:00 am - 4:00 pm **Sa:** 9:00 am - 12:00 pm