Optimizing Value and Outcomes in Spine Care: The Key Role of Psychologically-Informed Practice

Co-sponsored by the Rehabilitation Institute of Chicago

For more than two decades, research has called into question a purely pathoanatomical basis for axial pain and its treatment. It also is well established that spine treatments are often of limited benefit. In an environment of spiraling disability, heavy investment in purely biomedical spine care has led to skyrocketing health costs, heightened stakeholder scrutiny and calls for improved cost-to-outcome value.

Concurrently, extensive science has shown that psychosocial factors are probably more predictive of the transition from acute to chronic and disabling spine pain. Data supporting the importance of early return to normal activity and work have elevated the importance of effective screening and management of nonphysical barriers to recovery.

This course assembles thought and research leaders in an in-depth conference on spine care as informed by the latest science on the neurophysiology and neuropsychological aspects of pain, risk screening and modification, current and future provider training, developing psychologically-informed care teams and identifying and overcoming barriers to the implementation of a biopsychosocial care model.

Upon completion of this activity, participants should gain strategies to:
- Describe an overview of trends in spine-related disability;
- Recognize the best-available scientific evidence regarding psychosocial factors and axial pain and the biopsychosocial model of spine care;
- Evaluate screening tools for psychosocial factors and their relationship to spine disability and strategies for risk factor modification;
- Implement practical skills for psychologically informed spine care;
- Identify options for the development of psychologically informed clinical care teams in a biopsychosocial model for spine care.

Friday, October 28

7:30 – 7:45 a.m. Introduction and Overview: What Is PIP & Why Do We Need It Now?
Scott Haldeman, DC, MD, PhD

7:45 – 8:30 a.m. Trends in Back Disability: What Are We Observing With Current Back Care?
Margareta Nordin, Dr. Med. Sci.

8:30 – 9:15 a.m. Societal Perceptions in Back Disability: Are They Modifiable?
Doug Gross, PhD

9:15 – 9:30 a.m. Break

9:30 – 10:15 a.m. Current Science on the Neurophysiology and Neuropsychology of Pain
Vania Apkarian, PhD
10:15 – 11:15 a.m.  Identifying Psychological Factors in the Reporting and Persistence of Low Back Pain
Chris Main, PhD

11:15 a.m. – 12:00 p.m.  Moderated Panel Discussion
Christopher M. Bono, MD, 2015-2016 North American Spine Society President

12:00 – 1:00 p.m.  Lunch

1:00 – 1:45 p.m.  Changing Paradigms in Spine Care: From Biomedical to Biopsychosocial
Tamar Pincus, PhD

1:45 – 2:30 p.m.  Value & Outcomes in Population-Based Back Care: The Role and Implementation of Risk Screening
Emily Karlen, MPT

2:30 – 2:45 p.m.  Break

2:45 – 3:30 p.m.  Psychologically Informed Surgical Decision Making
Dan Bruns, PhD

3:30 – 4:00 p.m.  Discussion

Saturday, October 29
7:30 – 8:15 a.m.  Fordyce’s Behavioral Method Revisited
Chris Main, PhD & Francis Keefe, PhD

8:15 – 9:00 a.m.  The Psychologically Informed Clinical Evaluation
Joel Press, MD & Greg Whitcomb, DC

9:00 – 9:45 a.m.  How Pain Mechanism Classification System Guides Specific Patient Education and Active Care
Annie O’Connor, PT, OCS, MDT

9:45 – 10:00 a.m.  Break

10:00 – 10:45 a.m.  Training Practitioners to Deliver Psychological Treatments That Can Modify Risk Factors
Francis Keefe, PhD

10:45 – 11:30 a.m.  Creating Interdisciplinary Teams
Sherri Weiser, PhD

11:30 – 12:15 p.m.  Integrating Psychological Principles in Spine Practice and Professional Training and Curricula
Kenneth J. Harwood, PT, PhD, CIE

12:15 – 12:55 p.m.  Discussion

12:55 – 1:00 p.m.  Closing Remarks