

## **ARMY SURGEON GENERAL ANNOUNCES RECOMMENDATIONS OF PAIN MANAGEMENT TASK FORCE AND RELEASES REPORT**

June 23, 2010

The Army Surgeon General will announce the recommendations of the Pain Management Task Force tomorrow during a media round table at 1 p.m., Eastern, at the Pentagon.

Lt. Gen. Eric B. Schoomaker, Army Surgeon General and Commander, U.S. Army Medical Command, said that "this report is a pivotal effort to better understand and treat the growing challenges of providing comprehensive pain management for our patients. It is the culmination of over a year of hard work by a multidisciplinary team led by Army Medicine with participation from the other military medical services and the VA--who share the problem. The recommendations of this team focus on a holistic, patient-centered approach which employs all modes of therapy--from more conventional means which rely upon the use of drugs, to complementary and alternative modes such as acupuncture, meditation, biofeedback, yoga and others. Many of these recommendations stem from challenges in standardization for pain management practice. In the military and civilian medical communities there is wide diversity in pain management training programs, standards of pain measurement, and acceptance of many new forms of treatment. We expect this effort to help us tackle the complex problems with pain, including the effective control of pain and overmedication. This will require an ambitious campaign intended to standardize pain management across the Army and a broadening of treatment approaches to provide more evidence-based choices to patients and clinicians. It has the prospect to fundamentally change the culture of pain management for our Soldiers and their Families."

Schoomaker chartered the Army Pain Management Task Force (TF) in August 2009 to make recommendations for a MEDCOM comprehensive pain management strategy that was holistic, multidisciplinary, and multimodal in its approach, utilizes state of the art/science modalities and technologies, and provides optimal quality of life for Soldiers and other patients with acute and chronic pain. Task Force membership included a variety of medical specialties and disciplines from the Army, as well as representatives from the Navy, Air Force, TRICARE Management Activity, and Veterans Health Administration (VHA).

The Task Force conducted its review and analysis utilizing site visits, interviews with clinical subject matter experts and medical staff, and data collection through Regional Medical Commands, as well as through a review of medical literature, and policies and regulations of U.S. Army Medical Command (MEDCOM) and the Department of Defense (DoD). The Task Force conducted 28 site visits from October 2009 through January 2010 at Army, Navy, and Air Force Medical Centers, Hospitals and Health Clinics, as well as VHA and civilian hospitals. Visits outside of Army Medical Treatment Facilities (MTFs) were scheduled based on recommendations from Service representatives, while also taking into account the facilities' reputations for innovative and state of the art approaches to pain medicine. During site visits, leadership and staff were asked to assess pain management capabilities, strengths, weaknesses, and best practices at their respective facilities.

Pain is the most frequent reason patients seek physician care in the United States, and more than 50 million Americans suffer from chronic pain. The annual cost of chronic pain in the U.S. is estimated at \$100 billion, including health care expenses, lost income, and lost productivity. Back pain alone is the leading cause of disability in Americans under 45 years of age. The failure to adequately address pain in the health care system continues to result in unnecessary suffering, exacerbation of other medical conditions, and huge financial and personnel costs.

The variability that characterizes the practice of pain management in the U.S. health care system is a result of several factors. Each medical provider's understanding and approach to pain management is unique and variable, as it is significantly influenced by each physician's academic medical training, mentors, cultural beliefs, and personal experiences with pain. In addition, there is a lack of clear ownership of pain medicine by any one medical specialty. According to the American Academy of Pain Medicine, "pain medicine" is a relatively new medical specialty that is evolving along with its place in the medical hierarchy.

For more information, news media may contact Cynthia Vaughan, 703-681-0519, [Cynthia.Vaughan@us.army.mil](mailto:Cynthia.Vaughan@us.army.mil). The Pain Management Task Force report will be made available under the Reports section at [www.armymedicine.army.mil](http://www.armymedicine.army.mil).