1. Record Nr. UNINA9910465428403321 Autore Hoppenfeld J. D (Jon-David) **Titolo** Fundamentals of pain medicine: how to diagnose and treat your patients / / J.D. Hoppenfeld, MD, Interventional Pain Management, Southeast Pain Care, Charlotte, North Carolina Philadelphia:,: Wolters Kluwer Health,, [2014] Pubbl/distr/stampa ©2014 **ISBN** 1-4963-2378-5 1-4698-8530-1 Descrizione fisica 1 online resource (287 p.) Disciplina 616/.0472 Soggetti Pain - Treatment Pain - Diagnosis Electronic books. Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Note generali Description based upon print version of record. Nota di bibliografia Includes bibliographical references and index. Nota di contenuto FUNDAMENTALS OF Pain Medicine How to Diagnose and Treat Your Patients; Preface; Contents; PART I Symptoms and Conditions:

Musculoskeletal Pain; Pain in the Shoulder; Bursitis; Arthritis; Rotator Cuff Injury; Adhesive Capsulitis; Pain in the Elbow; Tendinitis; Olecranon Bursitis: Traumatic Arthritis: Pain in the Neck (Cervical Spine); Pain in the Lower Back (Lumbar Spine); Muscles and Ligaments; Vertebral Bodies; Facet Joints; Vertebral Discs; Pain in the Hip; Arthritis; Ischemic (Avascular) Necrosis; Fractures; Pain in the Buttock; The Sacroiliac Joint; Greater Trochanteric Bursitis Ischiogluteal BursitisPain in the Knee; Arthritis; Meniscal Tear; Patellar Tendonitis; Osteochondritis; Neuropathic Pain; Pain In the Face: Trigeminal Neuralgia; History and Examination; Treatment; Pain In the Thumb, Index, Middle, and Half of the Ring Finger: Carpal Tunnel Syndrome; History and Examination; Treatment; Pain In the Thoracic Region: Postherpetic Neuralgia; History and Examination; Treatment; Pain In the Back or Neck and Down the Leg or Arm: Radicular Pain: History and Examination: Treatment: Pain In the Back or Neck and Possibly Down the Legs or Arms: Spinal Canal Stenosis

History and ExaminationTreatment; Pain On The Top and Lateral Aspect of the Thigh: Lateral Femoral Cutaneous Neuropathy (Meralgia Paresthetica); History and Examination; Treatment; Pain In the Feet or Hands: Peripheral Neuropathy; History and Examination; Treatment; Pain in the Stump and Phantom Limb Pain; History and Examination; Treatment; Postsurgical Neuropathic Pain Syndromes; Postthoracotomy Pain Syndrome; Postsurgical Pelvic Nerve Pain; References; Cancer Pain; Common causes of cancer pain; Metastatic Bone Pain; Visceral Pain: Neuropathic Pain: Headache Spinal Cord Compression due to TumorPain Caused by Surgery for Cancer; Pre-existing Painful Conditions; Treatment; Clinical WHO Analgesic Guidelines; Spinal Cord Compression due to Tumor; Cancer Blocks; Radiation; Abdominal Pain; Common Causes Of Chronic Abdominal Pain; Visceral; Somatic; Chronic Pain Post Abdominal Surgery: Referred Pain: Treatment: Lifestyle Modification: Treatment by Category: Pelvic Pain: Common Causes of Chronic Pelvic Pain: Common Known Diagnosis of Chronic Pelvic Pain; Visceral Pelvic Pain; Somatic Pelvic Pain; Neuropathic Pelvic Pain; Treatment; Medications InjectionsSurgery; Podiatric (Foot and Ankle) Pain; Pain in the heal and bottom of the foot; Plantar Fasciitis; Pain on the side of the big toe; Hallux Valgus (Bunion); Pain Between 3rd & 4the toe; Morton's Neuroma: Pain From The Medial Malleolus Into The Foot; Tarsal Tunnel Syndrome; Pain in Both feet; Diabetic Peripheral Neuropathy; Miscellaneous Pain Disorders that Affect Multiple Areas of the Body: Complex Regional Pain Syndrome (Formerly Known as Reflex Sympathetic Dystrophy or Causalgia); History and Examination; Treatment: Fibromyalgia: History and Examination: Treatment Sickle Cell Anemia

## Sommario/riassunto

"Some patients present with a primary complaint of pain while others complain of pain secondary to a more generalized disease process or procedure. As a healthcare professional, you are trained to diagnose the pathology and then treat it. A patient presents with pneumonia, your work-up supports the diagnosis; you treat it, then the patient gets better. However, another layer of patient care needs more focus in the medical community. If the patient with pneumonia complains of intercostal pain secondary to a violent cough, we have the ability to manage the symptoms of pain effectively, and should not hesitate to do so promptly. Our actions to alleviate pain will not hinder our ability to treat the underlying disease. Yet modern medicine often considers these goals mutually exclusive, with pain management a distance second. As medical professionals, when we have an incomplete understanding of how to treat a condition, we under treat it, erring on the side of do no harm. This book will give you the confidence to confront your patient's discomfort and succeed in conquering the pain" --Provided by publisher.