



TEXAS PAIN AND SPINE PHYSICIANS

Patient Education Newsletter Series

Educational content only; not a substitute for
individualized medical advice.

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Low Back Pain

The Aching Truth



The 10-Second Version

Most back pain gets better on its own. Stay active, skip bed rest, and be skeptical of anyone rushing you towards scans, strong opioids, or surgery.

✓ What Actually Helps

Keep moving - walking and gentle activity beat bed rest

Exercise & physical therapy - the best long-term investment

Heat, massage, yoga, tai chi, and mindfulness

NSAIDs (ibuprofen, naproxen) for short term flare-ups

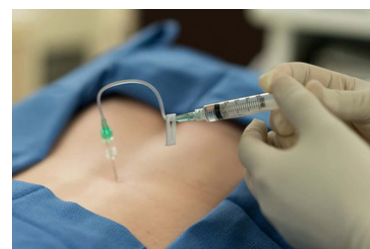
✗ Skip This

Routine MRI in the first 6 weeks (without red flags)

Opioids as a first choice

🚩 Seek Care Promptly If

Leg weakness, groin numbness, loss of bladder/bowel control, fever, unexplained weight loss, or pain after major trauma - seek care now.



How Texas Pain & Spine Physicians Can Help

Same-week evaluation to identify the true source of your pain

Individualized, non-opioid pain management plans

Physical therapy referral network built for lasting relief

Image-guided epidural steroid injections for select cases



Knee Osteoarthritis

Rust, Not Ruin



The 10-Second Version

“Bone-on-bone” sounds scarier than it is. Strengthening the muscles around the knee and losing even a little weight can work as well as pills.

✓ What Actually Helps

Exercise - the #1 treatment (quad strength, walking, cycling, water aerobics)

Weight loss - every pound lost = 4 lbs less force on the knee

Topical NSAID gels - real relief, fewer risks than pills

Oral NSAIDs short term; duloxetine for some



Use With Caution

Steroid injections - relief lasts weeks, not months

Knee replacement works well for advanced disease - after conservative care has been tried



Skip This

Glucosamine and most joint supplements

Arthroscopic “clean out” surgery for arthritis



How Texas Pain & Spine Physicians Can Help

Guided exercise & weight-management coaching

Targeted corticosteroid or viscosupplementation injections

Honest guidance on when — and if — surgery makes sense

Coordination with orthopedic surgeons when replacement is appropriate



Sciatica

When Back Pain Shoots Down the Leg



The 10-Second Version

The electric, shooting leg pain usually quiets down within weeks. Patience and movement beat panic and surgery.

✓ What Actually Helps

Time - most people improve within 6-12 weeks

Exercise & physical therapy - the best long-term investment

Nerve pain medications used selectively during flares



Use with Caution

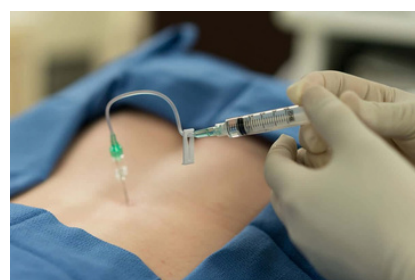
Epidural steroid injections - short term relief for severe pain

Surgery - faster relief, similar long-term results, reserved for persistent/ severe cases



Seek Care Promptly If

Sudden bladder/bowel changes or worsening leg weakness - get seen immediately



How Texas Pain & Spine Physicians Can Help

Precise diagnosis to pinpoint effected nerve root.

Image-guided epidural steroid injections for select cases

Coordinated physical therapy while your body heals

Surgical referral when conservative care isn't enough



Fibromyalgia

Real Pain, Turned-Up Volume



The 10-Second Version

There's no cure, but the right combination of movement, sleep, and treatment can dramatically improve life.

✓ What Actually Helps

Exercise - gentle aerobic activity, strength, stretching, tai chi, yoga

Education & cognitive behavioral therapy (CBT)

Sleep improvement - often a genuine game changer

Select medications: duloxetine, milnacipran, pregabalin, amitriptyline

✗ Skip This

Opioids - they don't work for fibromyalgia and can make it worse



How Texas Pain & Spine Physicians Can Help

A coordinated plan spanning medication, movement, and sleep

Individualized medication management

Referrals for CBT and structured exercise programs

A physician who takes your symptoms seriously



Diabetic Nerve Pain

Protecting Your Feet



The 10-Second Version

Controlling blood sugar slows nerve damage; specific medications ease the pain.

✓ What Actually Helps

Blood sugar control - the foundation of treatment

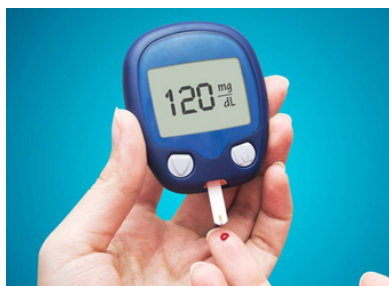
First-line medications: duloxetine, pregablin, gabapentin

Daily foot checks + regular podiatry care

Exercise and healthy weight support nerve health

✗ Skip This

Opioids as go to therapy



How Texas Pain & Spine Physicians Can Help

Targeted neuropathic pain medication management

Coordination with your endocrinologist or primary care provider

Foot health monitoring guidance to prevent complications

A plan that adjusts as your nerve pain changes



Migraine

More Than "Just A Headache"



The 10-Second Version

Treat attacks early and hard. If attacks are frequent, prevention can cut them dramatically.



What Actually Helps

Treat at the first sign - NSAIDs, triptans, gepants, or ditans

Anti-nausea medications as helpers

Prevention: daily meds, CGRP injections or botox for chronic migraine

Regular sleep, meals, hydration, exercise, and trigger tracking



Use With Caution

Painkillers >10-15 days a month - can cause rebound headaches



How Texas Pain & Spine Physicians Can Help

Occipital injections for chronic migraine

CGRP-targeted injectable treatments

Personalized acute-attack and prevention plans

Help identifying and avoiding your specific triggers



Chronic Neck Pain

The Text-Neck Era



The 10-Second Version

Strengthening and moving the neck - not resting it - is what helps.



What Actually Helps

Exercise is key - neck and shoulder-blade strengthening

Manual therapy combines with exercise

Staying active - keeping the neck moving

Ergonomics - raise the screen to eye level



Use With Caution

Injections and imaging - reserved for specific red-flag situations



How Texas Pain & Spine Physicians Can Help

Targeted strengthening and posture/ergonomic guidance

Diagnostic workup for cases with red-flag symptoms

Image-guided injections when truly indicated

A plan built around your desk, your car, your daily life



Postherpetic Neuralgia

When Shingles Won't Let Go



The 10-Second Version

Lingering pain after shingles is treatable - and largely preventable with the shingles vaccine



What Actually Helps

Prevention first - get the shingles vaccine if eligible

Early antiviral treatment during a shingles outbreak

Gabapentin/pregabalin, tricyclic antidepressants

Lidocaine or capsaicin patches applied to the skin



Use With Caution

Additional options exist via a pain specialist for stubborn cases



How Texas Pain & Spine Physicians Can Help

Shingles vaccine guidance and eligibility review

Nerve-pain medication management

Lidocaine and capsaicin patch protocols

Advanced nerve-block options for stubborn cases

Complex Regional Pain Syndrome

When A Small Injury Sparks Big Pain



The 10-Second Version

Out-of-proportion pain after an injury, often with swelling and color changes. Early movement and specialized care matter most.

✓ What Actually Helps

Keep the limb moving - PT/OT are the backbone of treatment

Early diagnosis and a team approach

Graded motor imagery / mirror therapy

Medications for nerve pain; advanced options if needed



Don't Wait

Earlier treatment means meaningfully better treatment



How Texas Pain & Spine Physicians Can Help

Rapid, coordinated evaluation - timing matters most here

Refferal to specialized PT/OT (graded motor imaging)

Advanced interventional options for refractory cases

A dedicated team approach: pain, therapy, and psychology



Sprains & Strains

The Everyday Injury



The 10-Second Version

Most sprains and strains heal well. Skip the opioids - simple gels, pills, and gentle movements do the job

✓ What Actually Helps

Topical NSAIDs - excellent relief, minimal side effects

Oral NSAIDs or acetaminophen as needed

Move it early - gradual return beats prolonged rest

The modern PEACE and LOVE approach over strict rest

✗ Skip This

Opioids



How Texas Pain & Spine Physicians Can Help

Prompt evaluation to rule out a more serious injury

A guided, personalized return-to-activity plan

Non-opioid pain control strategies

Sports medicine coordination for stubborn and recurring injuries