

Army looking at yoga, acupuncture to treat pain

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Lt. Gen. Eric B. Schoomaker, Army surgeon general

WASHINGTON (Army News Service, June 25, 2010) -- The Army's health-care system may soon see changes in how Soldiers are treated for pain, according to a report released by the Army's surgeon general Wednesday which recommends 109 changes.

The Pain Management Task Force's final report, which was initiated by Lt. Gen. Eric B. Schoomaker in August of 2009, addresses the lack of a comprehensive pain-management strategy across the Army, and suggests alternative treatments to medication such as acupuncture, meditation, biofeedback and yoga. Also noted in the report is the fact that pain management has changed very little since the discovery of morphine in 1805.

Schoomaker explained that with the increasing numbers of Soldiers returning from combat with severe wounds, reports of medication abuse and suicides with pain as a possible factor are troubling.

"While these issues might not be directly related to pain management, I felt a thorough

evaluation and assessment of current pain-management practice was indicated," Schoomaker said.

He said part of the problem is that severely injured Soldiers, like those in Warrior Transition Units, are often prescribed multiple medications and sometimes seen by several different doctors, which can cause inconsistencies in care. But he maintained that this is not just an Army problem-it's a problem throughout the U.S. healthcare system.

"This is a nation-wide problem ... we've got a culture of 'a pill for every ill,'" agreed Brig. Gen. Richard W. Thomas, assistant Army surgeon general.

"As a physician, the hardest thing to deal with is patients with chronic pain," said Col. Jonathan H. Jaffin, director of health policy and services, Army office of the surgeon general. "So many of us went into medicine to relieve suffering, and chronic pain is frustrating because we want to relieve that pain."

The task force visited 28 military, Veterans Affairs and civilian medical centers between October and January to observe treatment capabilities and best practices. Schoomaker's said his goal is to form a pain-management strategy that is holistic, multidisciplinary and puts Soldiers' quality of life first.

"This is an opportunity to change medical care and the way we take care of patients," noted Thomas.

Schoomaker stressed that Army practices have always been in compliance with America's medical regulations, but he thinks the Army can do better.

"Everything we do in the Army, even managing a toothache, is all in compliance with national standards ... what we want to do is set the bar higher," Schoomaker explained.

Schoomaker's higher standards include offering treatment alternatives that might not yet be prescribed in average doctor's offices, but which patients are already seeking out on their own, such as acupuncture. He said the Army has looked at research on the effectiveness of complementary techniques, and he would like to see them integrated into traditional medical treatment.

"Programs such as biofeedback and yoga have been subjected to scientific randomized trials and have been proven to be effective," Schoomaker said.

Biofeedback involves measuring body signals -- such as temperature, heart rate, muscle tension and brain waves -- to help patients with relaxation techniques and pain reduction.

Schoomaker said he is hopeful that Soldiers will be receptive to alternative methods of care once they see that the treatments work.

"Seeing success is the best way to convince people of the usefulness and the need for other approaches," agreed Jaffin.

The 109 recommendations are divided into four areas: to provide tools and infrastructure that support pain management, build a full spectrum of best practices, focus on Soldiers and families, and synchronize a culture of pain awareness, education and intervention.

Schoomaker said the recommendations that can be put into policy under his authority will be implemented in the coming months, and the 2010 National Defense Authorization Act asks the secretary of defense to integrate a pain-management policy into the military health-care system no later than March 2011.

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