

## Facilitator Notes For NK

- There is often a connection between fibromyalgia and emotional stressors. Does this change the way you think about NK's pain?
- How can your profession positively contribute to the patient's condition?
- Where would you begin as a health care provider for this patient?
- What other providers can/should be involved in the care of this patient?
- What can the treatment team do to help and improve care for this patient? Additional assessments?
- What resources exist for fibromyalgia, myositis and radiculopathy?
- What pain techniques have you seen or used in a clinical setting that have been effective?
- What are your personal judgments about this patient, her pain, and her lifestyle?
- How can you assure that any judgment or bias you have does not affect your ability to treat this patient?
- What are the key points from the history that are most important to you (from the perspective of your profession) that helps you to understand how to best treat this patient?
- Is Melatonin something that may help with her wakefulness?
- What are the side effects of radon exposure?
- What are your thoughts on marijuana as a treatment for fibromyalgia pain?
- What are some of the difficulties in diagnosing and treating a patient who has no positive lab results or physical exam findings?
- N.K. is overweight for her height. Do you feel that this compounds her symptoms?
- Do you feel that exercise or medication therapy is more important in the discussion of pain management?
- Is this patient a good candidate for physical or occupational therapy?
- Is this patient a good candidate for psychological therapy?
- How might the patient go about trying to figure out what provokes her different types of pain?
- Are there any organic drugs or supplements that have evidence to support helping control pain?
- What are your thoughts on her physical and emotional abuse history? Is this important to consider?
- What types of connections could there be between her abuse history and her current state of being?

### Additional Resources

Certified Registered Nurse Anesthetist: review her anesthesia data record (ADR) thoroughly.

Medical Student: Assess NK for tender-points, complete a full musculoskeletal exam. Although fibromyalgia is a clinical diagnosis, I might proceed with blood testing (including CBC, TFT, RF, and ANA) to rule out other causes of her pain.

Nursing: pain scale, ask lifestyle goals, PTSD history, PT consult, list of local homeopaths and osteopaths, assess diet and exercise, psychology consult, and assess support system

Occupational Therapist: Function Mobility Assessment, Occupational Profile, Home Evaluation, ADL Assessment, Employment Assessment, Driving Assessment

Physical Therapist: assess balance: <http://www.rehabmeasures.org/>, Assessment for BPPV is done with the Dix-Halpike or Epley maneuver, assess VOR reflex

Social Work: Before working with N.K specifically around past abuse issues and recent possible trauma due to her many physical conditions, it would be most important to establish a relationship with her. In order to move forward in working on any sensitive issues, N.K will need to feel safe and not judged. She will need to feel that a counselor is committed to helping her gain the most she can from therapy and from her life in general. This takes time and a great deal of skill from the counselor to convey empathy and understanding of whatever she has suffered. This could potentially be a slow process.