We’ve all lived with pain at some point. Nature created the pain response for a purpose: to alert us to a dangerous situation. Pulling your hand away from a hot stove protects you from getting burned. Pain in your ankle after twisting it while hiking is your body’s way of telling you to favor that joint so it can heal. A headache that results from dehydration is a reminder that you need to drink more water.

But when short-term “acute” pain lasts longer than it should—more than six months, becoming “chronic” pain—the tables are turned. Pain is no longer a helpful reminder, but a foe to contend with every day. It can cause depression and anxiety, interfere with work and leisure activities, and diminish your quality of life. Medications are not always the answer; other options are available.

There’s more attention being paid now to the treatment of chronic pain than ever before. This is in light of this nation’s epidemic of opioid abuse, which is causing more deaths than any other class of prescription drugs in the country.

If you’re living with chronic pain, read on to learn more about its effects on your body and what you can do to control it, before it controls you.

The Difference Between Acute and Chronic Pain
Acute and chronic pain differ more than you think. Acute pain, lasting less than six months in duration, is caused by a specific disease, injury, or surgical/medical procedure; is self-limiting;
and typically lessens over time as you heal. Examples include pain associated with injuries such as cuts, burns, and fractures; labor pain; surgical pain; sprains; muscle aches after exercise; torn muscles and ligaments; and sinus pain during a head cold. And as mentioned earlier, it has a biological purpose.

Chronic pain, however, has no purpose. It outlasts the normal healing time for an injury or illness, and is typically considered a disease state itself. It may last weeks, months, or years, with no endpoint in sight. There may be no apparent visual signs of damage to the body. Yet the pain experience is real. Examples of chronic pain include arthritis, migraine headaches, cancer, nerve pain (due to diabetes, HIV infection, or chronic regional pain syndrome), back pain, and fibromyalgia.

Most pain is somatic pain (injury to the muscles, joints, bones, and skin) and visceral (organ) pain. This type of pain can usually be treated well with medications, including both opioid and non-opioid drugs. (For more on the medical treatment of pain, see the article on page 3.) Other pain is neuropathic (nerve-related), originating in the central nervous system (brain and spinal cord) or the peripheral nervous system (such as diabetic neuropathy and nerve injuries in the back), which tend to respond better to drugs such as antidepressants or antiseizure medications, rather than opioids.

Understandably, chronic pain can adversely affect the body in ways that go beyond the effects of acute pain. You may have tense muscles, feel stressed, have a reduced appetite from pain-relieving medications, and generally live with a fear that things may never get better. That’s why understanding and learning to manage chronic pain is so important: it helps get your life back on track.

How We Perceive Pain
The perception of pain can differ dramatically from one person to the next—not just because of the nature of the pain itself, but because of other factors as well.

- **Age**: Your age can influence how you perceive pain. Children don’t always understand what is causing their pain, how much they have, or how to describe it. They may not remember pain at age 3 versus the pain they feel at age 10, so they perceive it differently. Elderly people—especially those with cognitive impairment—may also be challenged to accurately characterize their symptoms, opting instead to describe vague discomfort.

- **Culture**: People of one culture may encourage openness in feeling pain, while others may prefer to be stoic.

- **Attention to pain**: Some people choose to increase their focus on their pain, while others may consciously occupy their minds with other thoughts to create a distraction from pain.

- **Anxiety or fatigue**: These feelings may intensify the perception of pain.

- **Coping style**: People who rely on internal cues to control their emotions and responses may perceive pain differently than those who allow their responses to be controlled by external forces.

- **Experience with prior surgeries**: Someone who had pain with a first knee replacement may perceive the pain associated with a second replacement surgery as being less, due to knowing what to expect and healthcare providers knowing how to manage it.

If you are experiencing pain for six months or more, it’s time to consult a pain management specialist, such as a neurologist, anesthesiologist, or physiatrist. There are many options available to treat chronic pain, including an expanding portfolio of nonmedical therapies; the following pages outline the pain management alternatives available.
Choosing the Right Drug
Managing Chronic Pain with Medication

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Opioid medications (narcotic drugs such as oxycodone and hydrocodone, which are commonly prescribed for patients recovering from surgery) are used to treat pain, but there is a risk of addiction with exposure to opioid medications.

If you are living with chronic pain and it is significant enough to impair your quality of life, many non-opioid pain relief methods are available, and could be a choice for you. An accurate assessment of your symptoms and your overall health by a specialty-trained pain management physician is the first step toward learning how to manage your discomfort so you can live a productive life. Here’s how to begin.

See a Pain Management Specialist
Many family practitioners and other primary care providers treat pain. Chronic pain, however, is best evaluated by a physician with fellowship training and subspecialty board certification in Pain Medicine. Doctors who become pain medicine specialists are first trained in another specialty. Most are:
- Anesthesiologists (physicians with training in anesthesiology and pain relief techniques)
- Psychiatrists (doctors trained in physical medicine and rehabilitation)
- Neurologists (doctors with specialty training in nervous system diseases and disorders)
- Psychiatrists (medical doctors who have specialized in psychiatry)

Your primary care physician can refer you to a pain management specialist.

Assess Your Pain
Doctors use a numerical scale to rate the severity of your pain, with 0 being no pain and 10 being the worst pain possible. The perception of pain varies from person to person, so pain that one person might rate as a 4 might be considered an 8 by someone else. As a result, doctors will incorporate other information into their overall assessment, which may include your medical history, imaging and other test results, and physical exam findings.

If your pain has been affecting your comfort and daily activities for any length of time, you deserve the care of an expert to help you feel better again.

Find the Treatment that Works Best for You
There are many prescription and over-the-counter pain relievers available to manage your pain. Nonmedical approaches such as physical therapy and complementary medicine can also bring relief. (For more on nonmedical treatments, see pages 7–10.) Your doctor will evaluate your pain, other medications you may be taking, and your overall health to determine the best therapy for you. (See the chart to learn about available medications for chronic pain.) Your pain management regimen may combine a number of methods. For patients with back pain and neck pain, injection treatments such as epidural steroid injections are often helpful.

Neuromodulation is a newer approach and is showing promise for people with chronic nerve pain. Similar to a pacemaker, the neuromodulation device
is implanted near the spinal nerves to block the signals causing chronic pain. This treatment may benefit people with complex regional pain syndrome—chronic nerve pain, typically in an arm or leg, remaining after an injury. It may also benefit people who have had spine surgery for sciatica but unfortunately continue to suffer from sciatica symptoms, even when the surgery appears to have fixed structural problems in the spine.

Learning to Live with Chronic Pain
In most cases, chronic pain can’t be cured, just like diabetes or high blood pressure. However, by consulting with a trained pain medicine physician and trying multiple approaches, you can contain the effects of your pain and learn how to manage it the best way you can.

New Guidelines for Opioid Prescriptions
Consider these sobering statistics from the U.S. Centers for Disease Control and Prevention (CDC):

- More than six out of 10 drug overdose deaths in the United States involve an opioid.
- Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report.
- Deaths from prescription opioids have more than quadrupled since 1999.
- As many as one in four people receiving opioids long-term from a primary care provider struggles with addiction.

To minimize the risk of addiction, the CDC developed its Guideline for Prescribing Opioids for Chronic Pain. The guideline helps healthcare providers offer safer, more effective pain management methods and support clinical decision-making about the prescription of opioids.

Opioids may be used safely for chronic pain when a minimum effective dose is used for a minimum duration of time. They also should not be used as the first line of treatment. Before taking opioid medication for your chronic pain, the CDC recommends that you:

- Discuss pain treatment options, including those that do not involve prescription drugs.
- Tell your doctor about past or current drug and alcohol use.
- Discuss all of the risks and benefits of taking prescription opioids.

In addition to the risk of addiction, opioids can cause unpleasant side effects such as constipation; nausea, vomiting, and dry mouth; sleepiness and dizziness; confusion; depression; and itching and sweating. To learn more about opioids for chronic pain and the CDC’s recommendations, visit the CDC website.

Commonly Used Pain Medications
There are many types of pain relievers, each used for certain kinds of pain. Here is a sample of those commonly recommended by doctors.

**Over-the-Counter**
- Acetaminophen
- Aspirin
- Ibuprofen
- Naproxen
- Lidocaine (cream)

**Prescription Non-Opioid**
- Amitriptyline
- Nortriptyline
- Carbamazepine
- Gabapentin
- Pregabalin
- Topiramate
- Celecoxib
- Diclofenac
- Indomethacin
- Meloxicam
- Nabumetone

**Prescription Opioid**
- Codeine
- Tramadol
- Oxycodone
- Hydrocodone
- Hydromorphone
- Morphine
- Methadone
- Fentanyl (patch)
Hands-On Relief
The Role of Physical Medicine in Pain Management

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The field of physiatry incorporates physical medicine and rehabilitation approaches to treating disease and disorders. Physiatrists play an integral role in the care of people with chronic pain. They assess your symptoms, mobility, flexibility, strength, and other measurements of your function to customize a plan of care aimed at relieving your pain. Many people with chronic lower back pain, for example, have misalignments and mechanical imbalances in their bodies that can be remedied through physical therapy and exercise.

There are steps you can take on your own, too, such as achieving and maintaining a healthy weight and ensuring you get enough physical activity. Physical medicine and rehabilitation doctors may help you forego surgery and opioid medications, and get you on the path to a life with less pain.

Physical and Occupational Therapy
Physical therapists have special training in learning how your body moves. They employ a variety of approaches to improve your ability to move with less pain, restore your flexibility, enhance your strength, and improve your overall function. Armed with your specific diagnosis (the cause of your pain, such as a herniated spinal disc) and a physical therapy prescription written by your physiatrist, the physical therapist tailors your treatment to your needs.

Occupational therapists can help people with chronic pain that inhibits their ability to perform the skills of daily living. Focusing on fine motor skills, they can improve your ability to dress yourself, write, regain balance and coordination, and lead an independent and productive life.

Both physical therapy and occupational therapy share a common aim: getting you moving without aggravating your pain. The more you move, the more tolerant you will become of higher levels of activity and the better able you will be at moving despite chronic pain.

Can an Injection Relieve Your Pain?
Physiatrists are also specially trained to perform “interventional” pain treatments, typically the injection of cortisone into a painful joint, part of your spine, or other area of your body. There are several pain injection techniques that can improve your function and make you better able to get through physical or occupational therapy. The benefits of an injection vary depending on the type and location and the source
Hands-On Relief (continued)

of your pain, and can last from months to years. Your doctor will let you know if an injection may help you.

Newer interventional treatments go beyond pain relief and actually promote healing. Such regenerative injections include platelet-rich plasma (PRP), an injection made from concentrating platelets from your own blood and re-injecting them into the injured part of your body. In addition to their role in blood clotting, platelets are rich in growth factors that can help injuries heal. PRP has been shown to help athletes with injuries such as hamstring tears and is now being assessed when injected between the discs of the spine to speed the healing of tiny “annular” tears. Such “intradiscal PRP” was shown in one study to significantly improve pain and function for two years after treatment in people with disc-related low back pain (International Orthopedics. 2016:40:1321-8). More research is needed, and doctors are determining which patients are most likely to benefit.

There’s no reason to let chronic pain keep you from doing the things you love.

Move More, Eat Less

One of the quickest ways you can start to get a handle on chronic pain is to exercise and achieve a healthy weight. When you gain weight, your bones and joints take on the added stress, and that can lead to joint degeneration and pain. When we look at the joints in your knees, for example each additional pound of extra weight exerts approximately four pounds of additional pressure.

There’s no need to start training for a marathon. If you haven’t been active for a while, start by marching in place when you watch television. Take the stairs more. Walk around the block once a day, and then twice another day, increasing your distance as your stamina and strength improve. Consider low-impact and no-impact activities such as cycling, swimming, and the elliptical machine, as well as yoga or tai chi.

Work within your limits. If you’re not sure what they are, see a physical therapist, who can design an exercise program that meets your needs. Your physical therapist may also communicate with a personal trainer who can help you follow the program long-term and encourage you to stick with it. If you want to learn how to eat a healthier diet, make an appointment with a registered dietitian, or get started today by visiting eatright.org.

There’s no reason to let chronic pain keep you from doing the things you love. Be aggressive with your diagnosis; consider seeing a physiatrist to determine the source of your pain. Then be conservative with your treatment. Physical and dietary changes can help you feel like a more comfortable you.
There’s a reason that many complementary healthcare techniques—such as yoga, acupuncture, meditation, and tai chi—have been in existence for thousands of years: they work. Practitioners of these techniques attest to their benefits for achieving physical and emotional balance and relaxation. At a time when healthcare providers are seeking alternatives to opioids to treat their patients living with chronic pain, integrative health approaches are receiving more attention than ever. How do you decide which ones may be the best fit for you? Here’s a guide to get you started.

**Acupuncture**

**What It Is:** The insertion of very thin sterile needles into specific energy points in the body, depending on your symptoms. With electro-acupuncture, a mild electrical current flow through the needles.

**How It Works for Chronic Pain:** According to traditional Chinese medicine, pain may result from imbalances and blockages in the “Qi” (pronounced “chee”), the body’s energy pathways and “life force.” Acupuncture is thought to create bridges across these blockades to enhance the flow of Qi, resulting in reduced pain, but this has never been medically proven. Modern medical studies show that acupuncture promotes the release of endorphins, the body’s natural painkillers. And the latest research goes even further to demonstrate acupuncture’s healing abilities. Researchers from Indiana and Korea collaborated to show that electro-acupuncture stimulates the brain to facilitate the release of stem cells (nascent cells with the potential to mature into functional cells)—a neurological mechanism that can help promote tissue repair and relieve injury-induced pain (Stem Cells 2017;35:1303-1315). Acupuncture may therefore not only have pain-relieving powers, but regenerative capabilities as well.

**Getting Started:** Ask your primary care physician for a referral or search online for a licensed acupuncture provider. The provider will ask you about your pain and your health and tailor a treatment of care that is suited to your symptoms and needs.

**Biofeedback**

**What It Is:** Biofeedback is a technique that measures bodily functions and gives you information about them to train you to control them—teaching you to use a specific mental activity to achieve a desired physical effect, such as less pain.

**How It Works for Chronic Pain:** Patches, called electrodes, are placed on different parts of your body and measure your heart rate, blood pressure, or other functions. A monitor displays the results. By watching these measurements, you can learn how to change these functions—such as lowering your blood pressure or heart rate, or decreasing tension in your body—by relaxing or by holding pleasant images in your mind.
Breathe, Balance, and Center (continued)

**Getting Started:** Biofeedback takes commitment and a series of sessions to master it. While videos are available on the Internet and gadgets such as the Fitbit can track your heart rate or breathing rate, it’s best to find a qualified biofeedback teacher with proper training to ensure the techniques you are learning are those most likely to provide a benefit.

**Yoga and Meditation**

**What It Is:** Yoga is a series of standing, sitting, and reclining postures that integrate movement with the breath. The postures promote flexibility, strength, balance, and relaxation. Yoga postures were originally created in part to prepare the body for meditation: the use of mental imagery, focused breath, or other approaches to quiet the mind for a period of time.

**How They Work for Chronic Pain:** Yoga can help relieve pain by diverting attention away from the source of discomfort, reducing muscle tension that may make pain worse, promoting the flow of energy in the body, enhancing the intake of nourishing oxygen through integrated breathing, reducing stress, and improving mood and well-being through movement and meditative practices. Studies have shown that yoga can reduce chronic pelvic pain in women (Int J Yoga. 2017;10:9-15), back pain (Cochrane Database Syst Rev. 2017 Jan 12;1:CD010671), fibromyalgia symptoms (Int J Yoga Therap. 2016;26:93-100), and other types of chronic pain. For meditation, research has shown that it can promote relaxation and reduce anxiety and targets the very same areas of the brain involved in pain processing (Soc Cogn Affect Neurosci. 2014;9:751-9).

**Getting Started:** There are plenty of DVDs and online videos about both yoga and meditation. If you’ve never taken yoga before, it’s best to start in a class taught by an experienced and certified instructor who can ensure you are doing the practices safely. For the relief of chronic pain, look for a yoga therapist certified by the International Association of Yoga Therapists (listed at iAYT.org) and those certified through advanced therapeutic trainings such as Yoga for Arthritis, YCat (for cancer), and/or Therapeutic Yoga. If you’re interested in meditating, there are many ways to begin. You can go online to look for videos, download an app, or simply take some time to do some focused breathing and mental imagery. (We’ve provided a sample meditation at the end of this article.)

**Tai Chi**

**What It Is:** Tai chi, which began as a martial art, is often referred to as “meditation in motion.” Through a series of graceful, continuous movements practiced in a slow, focused manner and integrated with your breathing, you can achieve a sense of tranquility and centering. By cultivating a healthy relationship between your body, mind, and spirit, you nurture your Qi and release stress, anxiety, and negative energy. It is especially useful for older individuals with strength and balance issues—reducing their risk of falls by helping them improve knowledge of how their bodies move—as well as sedentary people who may be seeking a gentle activity to get moving again. Tai chi can help you gain a better sense of well-being, inner strength, and confidence.

**How It Works for Chronic Pain:** Like other activities, tai chi gives you a sense of control over your body when chronic pain tries to take control of you. It strengthens your muscles, improves your balance, loosens your joints, and helps you feel relaxed. Doing tai chi with others in a group creates a sense of community and shared energy that can be very empowering and enriching. Tai chi has been shown to reduce blood pressure, heart rate, and anxiety, which improves the pain experience. Studies have shown that it relieves pain in people with fibromyalgia (Complement Ther Clin Pract. 2016;24:109-15), arthritis (J Clin Nurs. 2012;21:2812-22), and other types of chronic pain.

**Getting Started:** Look for tai chi classes at your local community center or senior center. There are also DVDs and videos online, such as 7 Minutes of Magic by Lee Holden and the 8 Brocades Qigong Practice. Other useful resources are the website taichiforhealthinstitute.org and the books The Harvard Medical School Guide to Tai Chi (Harvard Health Publications) and Tai Chi—The Perfect Exercise (Arthur Rosenfeld).
Pain is a biological response, but much of the way we perceive pain is influenced by our emotions. Feeling anxious? It can make you tense up, putting compression on nerves that are already irritated. Stressed at work? Hunching your shoulders can exacerbate neck, shoulder and back pain. Depressed? You might feel like that there’s nothing you can do to control your pain, letting it ultimately control you.

The brain processes pain, and the brain processes emotions.

So it makes sense that when you’re living with chronic pain, there is a direct link between how you are feeling psychologically and how you are feeling physically. The good news is that you can learn to direct your emotions and feelings in positive ways to cope more effectively with chronic pain and reduce the effect it has on your life.

Your Brain and Pain
When an area of your body is damaged, that area releases chemicals that make it more sensitive and inflamed. Information travels from the injured area to the spinal cord and then to your brain, which processes the information as “pain.” Each part of your brain plays a part in this process:

- The thalamus, your brain’s relay center, receives information about pain and sends it to at least four other sites in the brain.
- The primary somatosensory cortex interprets the location, intensity, and quality of your pain.
- The anterior cingulate cortex, which processes emotional responses, tells you that you are suffering.
- The prefrontal cortex lets you know how to respond. It gives meaning to your pain through suffering, panic, and distress.
- The insula is your “physical well-being thermostat.” It tells you if you are hungry, thirsty, or have enough oxygen, or if something is damaged.

Communication between the different areas of your brain ultimately results in your personal “pain experience.” The interplay between the various parts of your brain guides you in understanding and responding to pain. While you can’t control the biological processes going on inside your brain in response to injury or illness, you can transform your pain experience by changing your thoughts and actions. There are steps you can take to help you on your journey.

Grief, Acceptance, and Expectations
Living with chronic pain is a type of loss. You may no longer be able to do some of the things you used to enjoy. It’s okay to grieve over this loss. Acknowledge your feelings and let them move through you. Then you can learn the art of acceptance: “I have chronic pain. How can I learn to live with it?”

Acceptance allows you to make the adjustments you need to manage your pain and create an optimal environment for healing. If you deny or resist your situation, choosing to focus on the pain and suffering and its detrimental effects on your life, you will expend energy that could be better used for healing. When you accept your pain, you can move on to the next step: setting goals for yourself and charting a roadmap for how to achieve them.
A critical part of that process is being realistic about your expectations and ensuring you are in sync with the expectations of your healthcare providers. What are some ways you can manage your pain, and what is likely to be most effective for your personal situation? If your expectations are too high, your level of pain may be greater because you are rushing to recovery faster than is realistic. If your expectations are too low, you may perceive more pain because you are not giving your body what it needs for healing. The better educated you are, the more prepared you will be to handle your pain in the way that works best for you.

Think Positive, Keep Moving, and Laugh

While it’s okay to occasionally vent about how chronic pain makes you feel, talking about it continuously and letting it dominate your thoughts and actions can increase the pain experience. Reducing your negative and catastrophic thoughts can help release body tension, which decreases pain. Positive thoughts can rewire how your brain processes the pain experience. Try personal “mantras” such as “I am improving” or “I’m looking forward to walking.” Even neutral thoughts can be beneficial by providing distractions from negative thoughts, lowering body tension and relieving pain.

Physical activity is another way to improve the emotional response to pain. Unless your doctor has advised you not to exercise, try adding activity to your life. Exercise—even a short morning walk—decreases anxiety, improves mood and well-being, and promotes relaxation. Exercising with friends adds the extra benefit of socialization, which can distract you from your pain and provide much-needed support. Laugh with your family and friends; laughter changes the way your body responds to stress and can act as a “reset” button.

Also make sure you get enough sleep. Feeling tired can increase irritability and your perception of pain. If pain is keeping you awake at night, talk with your healthcare provider about ways you can manage it so you can get better shut-eye.

There are many ways you can learn to rewire your brain to improve your pain experience. (See the chart for more examples.) A psychotherapist can help you personalize your pain management skills, help keep you accountable, change disruptive and catastrophic thinking, teach you how to cope with stress and anxiety, and learn more about yourself. What works for one person may not work for another, so choose what works best for you—and take control of your life!

How to Improve Your Emotional Response to Pain

- Visualize a happy or relaxing place. Try meditation. (See the article on page 8.)
- Acupuncture, massage therapy, and other complementary health approaches have been shown to be beneficial for chronic pain. (Learn more on page 7)
- Breathe slowly and deeply, inhaling oxygen to promote recovery, calm, and relaxation.
- Eat a healthy diet, avoiding processed foods and sugar, which can trigger fatigue and anxiety.
- Reduce unhealthy habits such as caffeine and alcohol, and avoid smoking.
- Seek human touch through intimacy, affection, or massage, which can reduce stress hormones, lower blood pressure, improve immunity, and enhance overall well-being.
- Pets can be very comforting.
- Listen to music, which can calm or energize you and get you moving.
- Learning something new can give you a sense of purpose and achievement.
- Stay in the present! It’s very easy to start thinking of past stressors or painful experiences, which can make you feel overwhelmed. Set achievable daily goals to promote success and optimism.
Programs and Resources

Hospital for Special Surgery offers a variety of wellness exercise classes designed to help you gain endurance, strength and flexibility. Meditation, relaxation and general wellness programs are also offered.

Pain and Stress Management Series
This series includes lectures and workshops that introduce techniques such as yoga, meditation, and exercise to manage pain and stress.

Therapeutic Yoga
The slow, controlled physical movement of yoga can provide pain relief, relax stiff muscles, ease sore joints and help build strength.

Pilates
A series of specific movements designed to strengthen the powerhouse muscles of the abdomen, back and waist.

Yogalates
A popular form of exercise that blends the best of yoga and Pilates.

T’ai Chi Chih®
Simple, rhythmic movements that provide benefits such as improved balance, strength, flexibility and maintenance of bone mass.

Dance for Fitness and Fun
Studies have shown that dance maintains cardiovascular fitness, enhances emotional well-being, strengthens weight-bearing bones and slows loss of bone mass.

For more information on the schedule, location and cost of these classes, visit hss.edu/pped or call 212.606.1613. Additional programs and offerings can be found by visiting hss.edu/pped.

Integrative Care Center (ICC)
The ICC, located in mid-Manhattan and affiliated with Hospital for Special Surgery, offers alternative care services including Pilates, acupuncture, massage therapy, chiropractic medicine and pain management. Please visit hss.edu/icc for more information or call 212.224.7900.

Pain Management Resources
- American Chronic Pain Association: theacpa.org
- Academy of Nutrition and Dietetics: eatright.org
- Arthritis Foundation: arthritis.org/living-with-arthritis/pain-management
- Centers for Disease Control and Prevention (CDC): cdc.gov/drugoverdose/prescribing/patients.html
- Tai Chi for Health Institute: taichiforhealthinstitute.org

Health Video Library
Check out our complimentary HSS health video library at hss.edu/health-videos. Featured topics include:
- Active and Aging
- Osteoarthritis
- Bones Health
- Pain and Stress Management
- Inflammatory Arthritis
- Health and Wellness

A short video excerpt on “Meditation for Pain Management” is also available for patients via our YouTube playlist. Education for Public and Patients.

2016 Report to the Community
The HSS Community Benefit Report provides information about the Hospital’s contributions to the community in the areas of community programs and services, research and health professional education. Visit hss.edu/community for more information and to download a copy of the 2016 Community Benefit Report and the 2015–16 HSS Community Service plan or the Community Health Needs Assessment.

HealthConnection FastFacts
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View the latest edition at hss.edu/hcfastfacts
For more information, visit hss.edu.

To make an appointment, call our Physician Referral Service at 800.796.0486.

Most major insurance plans are accepted.

Financial Assistance
Hospital for Special Surgery (HSS) offers a Financial Assistance Program to patients who have limited or no insurance coverage and experience difficulty in meeting their financial responsibility for our services. For further information, please contact the HSS Financial Advisory Department at 212.606.1505 or visit hss.edu/financial-assistance.

2014 National Health Information Bronze Award
HealthConnection Newsletter
Winter 2014 Aging Well issue

2015 Graphic Design USA
Health and Wellness Design Award
HealthConnection Newsletter
Summer 2015, Healthy Feet issue

2016 Gold Aster Award
HealthConnection Newsletter
Winter 2016, Keeping Your Children Healthy Issue

Locations
Hospital for Special Surgery
535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan (recently open)
1233 Second Ave at 65th Street
New York, NY 10065

HSS Long Island Outpatient Center
333 Earle Ovington Boulevard,
Suite 106
Uniondale, NY 11553

HSS Paramus Outpatient Center
140 East Ridgewood Avenue, Suite 175 S
Paramus, NJ 07652

HSS Queens Outpatient Center
176-60 Union Turnpike, Suite 190
Fresh Meadows, NY 11360

HSS Stamford Outpatient Center
1 Blachley Road
Stamford, CT 06902

HSS Orthopedics at Stamford Health
Stamford Hospital (recently open)
One Hospital Plaza
Stamford, CT 06904

HSS Orthopedics at Stamford Health
Tully Health Center
32 Strawberry Hill Ct.
Stamford, CT 06902

HSS Westchester (opening Q4 2017)
1133 Westchester Avenue
White Plains, NY 10605

Sports Rehab at Chelsea Piers CT
1 Blachley Road
Stamford, CT 06902

Integrative Care Center
635 Madison Avenue, 5th Floor
New York, NY 10022

The Public and Patient Education Department of Education Institute provides information to the general public and patients through a variety of health education programs. Professionals provide practical information to help prevent or manage orthopedic and rheumatological conditions. Programs are held at the hospital as well as in the community. The department is dedicated to providing education today, so that everyone can have a healthier tomorrow.

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