

Medical offices treat chronic pain

**By DONNA SANTI**  
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Dr. Terri Dallas-Prunskis, co-director of the Illinois Pain Institute, considers herself a medical detective. As a specialist in pain management, she receives patients who are suffering – often for months or years – with mysterious symptoms.

It is her job to diagnose the source and devise a plan to beat the pain.

Nearly 50 million Americans suffer from chronic pain, and 21 million adults routinely take prescription pain killers, according to the Journal of the American Medical Association. "Medications tend to mask the pain ... We pinpoint what's going on and treat it," Dallas-Prunskis said.

The reasons patients come for pain management vary. Some have lingering pain after hernia or gastric bypass surgery. Some are hurting as a result of disease such as lupus, cancer, rheumatoid arthritis, or osteo-arthritis. Some are recovering from an accident or work-related injury. But usually the patients arrive at the Illinois Pain Institute after many other procedures were tried and failed. Patients directly can come to the clinic or be referred by a doctor. The average age of Dallas-Prunskis' patients is 30 to 40.

"It's a topic a lot of people still don't know about, although it's gaining more and more momentum," Dallas-Prunskis said. "There are many new things on the horizon. I think we're going to see pain management move more to the forefront of medicine. We'd like to see patients early on, rather than when nothing else has worked."

The Illinois Pain Institute has four offices in Chicago's northwest suburbs, including McHenry and Woodstock. Others are in Elk Grove Village and Elgin. The 13-year-old private practice is affiliated with Alexian Brothers Hospital in Elk Grove Village and Centegra Health System, which operates hospitals in McHenry and Woodstock.

Pain management is a medical specialty that grew about 25 years ago, Dallas-Prunskis said, from the field of anesthesiology. Dallas-Prunskis and her partners, Dr. John V. Prunskis and Dr. Maunak V. Rana, are anesthesiologists. "We're familiar with nerves, anesthetizing areas for surgery. It branched out of that," she said.



Often a pain management physician is used in addition to a chiropractor, orthopedic surgeon, physical therapist, massage therapist, or acupuncturist. Insurance covers most pain treatments, Dallas-Prunskis said. However, some higher-end procedures might not be covered because insurance companies view them as experimental, she said.

One of the simpler procedures involves an epidural injection, which acts as an anti-inflammatory for someone with disc herniation.

An example of a mid-range treatment is IntraDiscal Thermal Therapy, which involves the insertion of a catheter into a torn disc and heating it to promote healing.

A more advanced procedure is a spinal-cord stimulator. A battery-operated device is surgically implanted under the skin. It sends electrical impulses to the spinal cord, intercepting pain signals to the brain.

"Some patients, we are able to treat, and they're on their way," Dallas-Prunskis said. "In some cases, we have to work with the patient over a period of time, where they get to a point they are better."

Woodstock resident Roy Williams was one of the more difficult cases. He has been seeing Dallas-Prunskis in her McHenry office since 1992, referred by his orthopedic surgeon after a work injury. An electrician working in construction, he ruptured a disc in 1989.

Early treatments included physical therapy and cortisone injections. Later, he underwent a spinal fusion, and metal Steffe plates were surgically inserted to hold the spine together as it healed.

The 55-year-old said the pain returned and worsened. The plates were removed, and the pain returned once again. He said he had limited mobility and could stand no longer than an hour. "No one could figure out why I was in so much pain. ... It was pretty constant."

Williams initially visited the pain institute weekly trying therapies starting with the least invasive: trigger point injections. After 11 months with little progress, Dallas-Prunskis recommended a test that revealed scar tissue from earlier surgeries were pressing against Williams' spinal cord.

"It couldn't be detected during x-rays," Williams said.

When saline injections failed to soften the scar tissue, Dallas-Prunskis suggested a spinal cord stimulator.

"I was so frustrated," Williams said. "Everything I tried, it got worse. At one point I was taking five Vicodin a day to be good enough to mope around the house."

The 1994 surgery was successful, but not a miracle cure, he said.

"I got relief, and at that point, it's been a slow progression to where I am today."

He describes the pain as "manageable." He takes some pain medication and visits the pain clinic twice a year.

After being on disability for five years, then working an office job, Williams returned to work as an electrician full time in 2001. He rides motorcycles and plays volleyball in a church group.

"Every other doctor, if they can't see the cause of pain on an x-ray or MRI, it's in your head. [The pain institute understands] chronic pain, and they know you're not crazy."

### **Illinois Pain Institute**

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