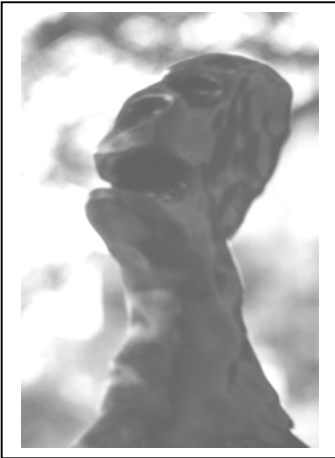


The simple fix / control of FIBROMYALGIA



Fibromyalgia, the most common Chronic Pain Syndrome

Fibromyalgia is a pain amplification disorder triggered and kept active by traumas, big and little. Its activity depends on continued traumas, especially the many tiny, ignored micro-traumas in daily living, (breathing, sleeping, standing, walking, sitting, driving, etc..)

To calm fibromyalgia remnant trigger-traumas and all the enabling daily micro-traumas must be identified & neutralized. Daily activity management, modification of behaviors, ergonomic improvements and medical treatment for underlying conditions contributes to recovery. Selective pharmacologic agents, physical medicine and mobility enhancement can be important adjuncts in treatment, but can not fix the condition in themselves.

One needs a clear airway; restorative sleep position; comfortable standing, sitting & driving positions; and unstressed neck-shoulder-arm usage to get rid of Fibromyalgia.

People with work injuries and fibromyalgia return to "pre injury status" most quickly when the underlying fibromyalgia triggers and enablers are addressed and quieted as well.

(The greatest aggravators that I see delay the fibromyalgic's recovery in the occupational medicine arena are 1) chronic allergic sinusitis /rhiniitis; 2) sleep position problems; 3) stick-shift vehicle; 4) flexible pes planus, uncorrected; 5) delayed or inadequate provision of ergonomic changes; and, 6) adversarial employer / co-worker attitude.



WHERE TO LOOK FOR COMMON MICRO-TRAUMA ENABLERS (daily traumas):

Breathing - upper airway (168 hours/week): * allergic sinusitis/rhiniitis, chronic allergy/infection, nasal polyps

Sleep dysfunction (esp. position) (50 hours/week): *Sleep position: neck, shoulder, back strains, arm numbness, brachial plexus strain, along with bedroom allergies

Standing/walking (40 hours/week): *Foot/arch dysfunction, pes planus, flexible pes planus, esp. from a pes cavus foot

Sitting (40+ hrs/week at work/home): *height/ depth/ firmness/knees /back stability/ arm rests/ table height/recliner

Travel (10+ hour /week): * Automobile or such: *Stick-shift, posture, seat fit, pedals, cockpit-fit, vibration, hard seat bus-train, airplane

Costume, grooming, and posture (100+ hour/ week:) *shoes, straps, warmth, abdominal binding, wallets , purses, back pack, grooming

Employment specific activities (include home office /school) (50 hours/week): * computer, desk table heights, type of arm movements

Second job or school in addition to job (5-50 hours/week): *desk/ work station, beautician, driving, book bags, chauffer kids, car seats, cooking-height/tools, vacuuming, laundry, sweeping

Fitness/Sports (5-+ hours/week): *Impact trauma, rushed workout, pounding, awkward postures

Environment. Conditions (168 hours/week): *temperature, climate, smoke, dust, mold, vibration, noise,

Video/T/ Hobbies (20+ hours/week): * esp. positions, prolonged postures

Social-economic, psycho-social (100+ hours/week): * emotional tension, disruptive schedule, work-home stresses, divorce, etc.

What, in addition to major disease/traumas, must be addressed to calm Fibromyalgia

1. **Airway**, breathing and sinuses - need a **clear airway 24/7**. Learn abdominal breathing.
2. **Sleep position** (7 hours+): never on stomach; back with pillows under knees and elbows; sides with **squared pillow** under head & pillow between legs and one under upper arm. Neck & above waist warm from clothing. Only on side or back. No arms overhead.
3. **Feet**: (with any lower body problems) **fulltime flexible arch supports** (not pads) -at all times when standing- which reach top of relaxed arch -- mold up for caves. (i.e., Spenco=nylon; Flexi-fly=plastic). Close relationship to hip girdle-abdominal muscle spasm and IBS
4. **Automobile> No stick shift** driving. Replace vehicle if top-mount pedals strain ankles. Low-vibration vehicle. No hard seats. Learn ergo-driving (arms, elbows neck).
5. Clothing. Nothing in back pockets. Tiny or no purse/backpack. Keep neck warm. No constriction of abdomen.
6. **Work-station>** At /below relaxed elbow height with forearm support. **Fat pens. Track-ball**, no mouse.
7. **Exercise> At least 30 gentle minutes per day**. Water-aerobics-good, no swim fins, stretching, low-stress yoga. No high impact...bouncing, run on cement/hard surface, jump-rope, etc. Weights - elbows always in front of body, no straight-bars, thumbs always semi-upwards.
8. **Necessary physical medicine>** Reduce subluxations (cervical-thoracic): home, exercise, chiropracter, osteopath, massage,physical therapyetc. Release muscle spasms (esp., neck & scapula): TheraCane, massage, etc.

Pharmacology -- Drugs that I find useful

******Non-sedating antihistamines +/- /w decongestant** (++++):**loratadine (Claratin), **fexofenadine (Allegra), **cetirizine (Zyrtec): not the same! !.; anti-leukotrienes : **montelukast (Singulair), etc.

******Nasal steroids** (++++) **Beconase, **Fluonase, etc.

Decongestants (+++)**psuedphedrine (Sudafed), **phenylpropanolamine HCl, /w guaifenesin(++++) (Entex LA, Hismanil LA)

Antibiotics, long-term , i.e., six weeks plus (**doxycycline 100mg)(++++)

Nerve-muscle calming agents (anti-convulsants): short acting anti-neuro-myo spastic drugs:

*******gabapentin (Neurontin)**, 100 mg increments, prn (+++++), up to 400 mg q 4 hr --(special ormlulation as low as 5, 10, 30 mg) wide dose range, must determine patient-specific dose range -- can sedate, no withdrawal, essent. no interactions, renal clearance - unchanged; **baclofen 5 mg increments, prn (++) up to 20 mg tid---potential withdrawal problem; **carbamazepine (Tegretol)

Tricyclic antidepressants: **amitriptyline (Elavil) max 25 mg, HS (+++) ; or, **imipramine (Tofranil), **desipramine (Norpramin)**nortriptyline (Deseryl)

Muscle relaxants: **cyclobenzaprine (Flexeril) 10 mg HS (+++), (like Elavil); **carisoprodol (Soma);** TheraCane (++++), usually superior to drugs

Analgesics / pain relief: **tramadol (Ultram) (+++), **Other analgesics (+ +)are sometimes helpful: narcotics; medicines characterized as *anti-inflammatories (Motrin, Naprosyn) (+); **cox-inhibitors (Celebrex, Vioxx); *aspirin; *acetaminophen

******Combine** **gabapentin (Neurontin) with analgesics, often useful (+++) (There's no inflammation in FM, NSAID's have some analgesic value...)

Psych / sleep ** trazadone (Desyrel) (++) for sleep; **zolpidem (Ambien) (+) for initial insomnia; **clonazepam (Klonopin) 1-2 mg (++) for sleep broken by twitching/jerking; **alprazolam (Xanax) 0.25 mg prn (++) for anxiety;

SSRIs - mood drugs for specific indications **sertraline (Zoloft);** paroxetine (Paxil)] (++)

**bupropion (Wellbutrin)] (+++)