

# Sleep Smart

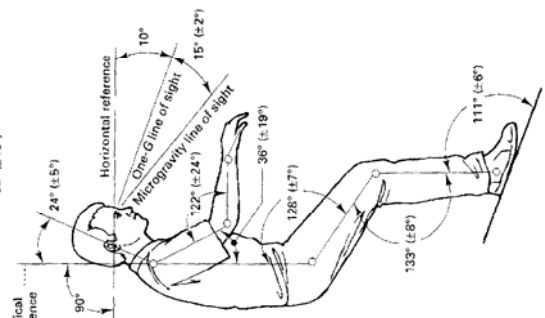
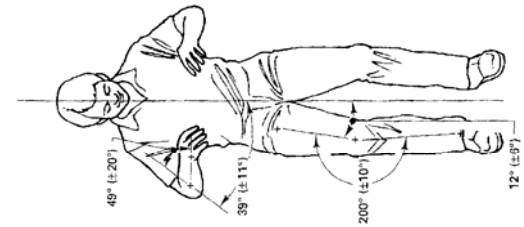
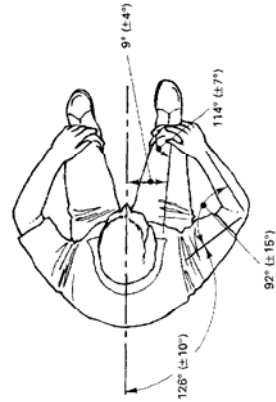
START WITH THE SUMMARY ON PAGE NINE – KEEP AT IT UNTIL YOU OWN YOUR SLEEP POSITION

## TWELVE KEYS TOWARD "SAFE" & EFFICIENT SLEEP POSITION

### 1. NEVER SLEEP ON THE STOMACH!

### 2. PROPER SLEEP POSITIONS ARE ON THE SIDE OR ON THE BACK,

ALWAYS with use of a proper-sized, contoured-like pillow to cradle the head and With attention to arm and shoulder position. (Sleeping in a recliner is also ok with attention to similar head & arm-shoulder positions.)



Relaxed posture assumed in space (NASA, 1) **Sleep like an Astronaut**

### 3. When sleeping on the **SIDE**: ---keep the spine straight and untwisted---

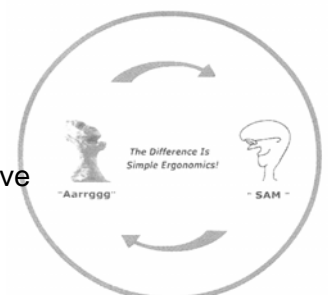
- Never pull a pillow under the shoulder
- Always use a pillow which cradles the head and cannot be pulled under the shoulder
- Always have the chin and nose straight forward.
- Always keep the neck and head straight-aligned with the rest of the spine
- Use a pillow between the knees, under the side or hips as indicated
- Have a soft enough bed for the down-shoulder to be comfortable
- Wrap the arms around a large pillow
- Always keep the elbows lower than the chin
- Never put the arms overhead

### 4. When sleeping on the **BACK**: ----keep the spine straight and untwisted---

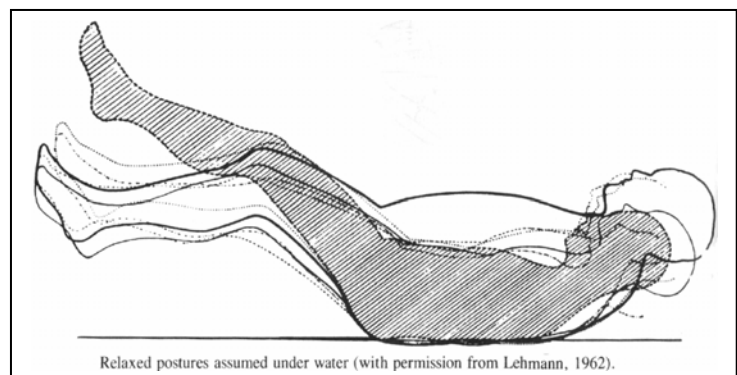
- Always keep pillows or cushions under the knees and lower legs
- Always support the elbows with cushions (or small pillows ) so they don't drop to the bed level
- Never put arms overhead
- Use a pillow that cradles the head (higher under the neck than the back of the head)
- Never kink the head to one side

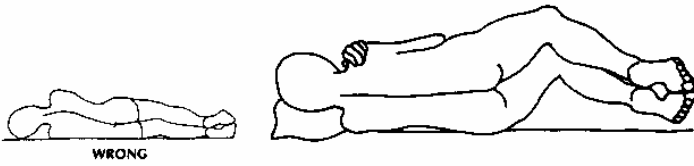
### 5. Use a multitude of pillows and bolsters to train & to maintain effective sleeping position

- Three to four pillows below the waist will make it harder to turn to the stomach and will provide pillows for under or between the knees / legs
- Head pillows must be nearly impossible to pull under the shoulder (i.e., squared off foam pillow or bolster with a soft topper if comfortable)
- The head pillow should be at a comfortable, relaxed level under the head and, must support the head and neck, must discourage the neck from side-twisting and should keep the weight of the head from putting excessive weight-strain on the down shoulder.



6. Control sleep breathing allergies (sniffing, coughing)
  - a. To improve the quality and efficiency of sleep
  - b. To keep air passages open (eases breathing and decreases noise-making)
  - c. All mattresses, pillows and carpets harbor allergens (dust mites, cockroach dust, molds, pet dander)  
-- Decrease the allergens (check it out: [www.AllergyLearningLab.com](http://www.AllergyLearningLab.com) )
  - d. Use appropriate anti-allergy medicines (non-sedating-antihistamines and nasal - topical- steroids) -- any sniffing, coughing is too much
  - e. Clean bedding (in hot 130 degree water) allergy bag all pillows and mattresses
  
7. Sleep time should be recovery time / recharging time. However, more ergonomic (behavior, position, habit) injuries are aggravated or caused by sleep position than any other single activity.
  
8. Protect the neck muscles from tightness, strain and nerve pinching by awareness of sleep position. When changing positions:
  - a. Wake-up, access current position, elect new position
  - b. Move into new position, set pillows and cushions
  - c. Go back to sleep
  
10. ALWAYS warmly clothe the neck, shoulders and upper chest so that they are warm without need for covers.
  
11. Gain control and stay in control of your sleeping positions. The body will only change sleep habits if forced by a persistent person. (Must be easier to keep proper position than not to.)
  - a. Learn the restful, non-injurious sleep positions
  - b. Sleep in "sleep-bites": awoken and control repositioning for more efficient sleep
  - c. Enforce the positions with cushions / pillows
  - d. If a person can modify / contain a teen's activities or an animal's activities then (s)he is capable of controlling his/her own sleep position.
  - e. If one notes pain or numbness at night or wakes up stiff or sore (s)he does not control a proper sleep position
  - f. Sleep is for recovery and rest
  - g. The body will only maintain restorative sleep positions with persistent attention.
  
12. Choice of bed / mattress:
  - a. More time is spent in bed than in any other single place (>45 hours/week)
  - b. Hard or firm doesn't mean better, pressure points must be avoided
  - c. More expensive does not mean better
  - d. Individualize, and don't be afraid to test and change
  - e. There is no single "best", must individualize to each person
  - f. Consider: "soft, but supportive"
  - g. Before you change a mattress for hip pain – control sleep position, get the wallet out of the back pocket, get fitting arch supports (see web site), and balance leg lengths and sitting hemi-pelvis heights (see Back Pain Puzzle).





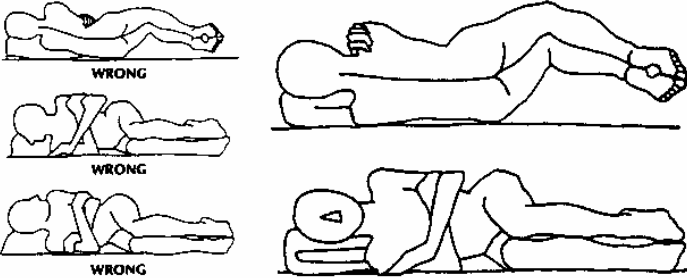
**HOW TO USE A PILLOW UNDER YOUR HEAD**

If you lie on your side without a pillow under your head, you will find that your spine at the neck has to bend to allow you to get your head to the bed.

Try to line up your spine so as to have it on one level horizontally.

Be sure that the pillow is not tucked under your shoulder. If it is a small or a very soft pillow, you may have to double it over.

Your nose must not be pointed either toward the floor or toward the ceiling, but straight ahead as you lie on your side. If the pillow is not wide enough to allow this, maybe a rolled-up blanket would be better.



**Illustrations: Positioning Help**

*These pictures are from:*

**Maggie's Back Book,  
Healing the Hurt in Your Lower Back**

*Written by Maggie Lettvin (©1976)*

*Illustrated by McCambridge*

*Houghton Mifflin Company, Boston  
ISBN 0-395-25147-8*

**NOTE:**

**1. Bilateral shoulder damage – gradual progressive:**

**From sleeping with arms overhead, stomach sleeping is the worst. The muscles and capsule get jammed by bone and deteriorate. This also happens with side sleeping on a raised arm or back sleeping with overhead arms. This is the most common cause of bad shoulders: impingement syndrome and labrial rotator cuff tears.**

**Note: EYE**  
**Eye abrasions and pterygium: from stomach sleeping with the face in the pillow.**

**Note: TMJ**  
**Idiopathic (unknown onset = 85+%) TMJ is most frequently caused or aggravated by upward jaw torque (displacement) due to stomach sleeping (this cause is also not suspected or reported)**

**Note: HEADACHE**  
**Twisting of the neck muscles, particularly the SCM and the levator scapulae muscles by twisted neck and arm-overhead sleeping with pinching of the the cervical plexus between the scalenes at night are the most common night-time triggers for headache—esp migraines.**

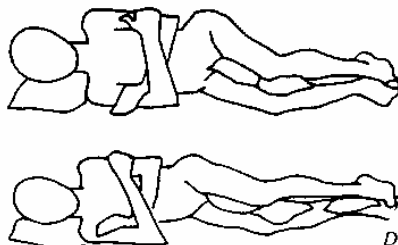


Once your head is set, check your shoulders. *Your upper shoulder must be in a vertical line with your lower shoulder.* If it leans either forward or back, it will pull your spine out of alignment.

**HOW TO USE A PILLOW BETWEEN YOUR LEGS**

A pillow used between the knees or thighs will be good for some, bad for others. *You must judge for yourself.*

*If you have a wide pelvis and thin legs, lying on your side will put a terrific strain on your upper hip joint and on your lower back. You must prevent your hip from being pulled over forward; it will drag on your lower back and cause more pain. One or two pillows between your knees or thighs — maybe a third between your ankles, or maybe even a rolled-up blanket — may be necessary to keep your knees in line with your hip joints.*



**Note: ARM NUMBNESS, CTS – Double Crush**

**Numbness, tingling, radiculitis of the shoulders, arms and hands comes from and are aggravated by sleeping with the neck kinked by side sleeping with the pillow under the shoulder, arm overhead sleeping, stomach sleeping with the head turned, arm pulled way back with back sleeping and arms flat or with arms overhead with back sleeping,— scaleneus anticus syndrome & costo clavicular syndrome – see SNSS paper.**

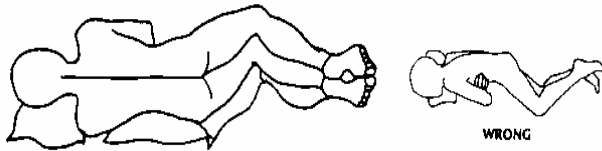


09/01/00

Simple-Ergonomics.com

4

EASING YOUR WAY OUT OF PAIN -- POSITION #1 41



### HOW TO MAKE YOUR SPINE LEVEL ON THE BED

An important point to watch at all stages of Position #1 is the distance of your spine from the bed. Try to have a friend around to help you check it. You'll quickly learn the "feel" of a level back. Use as many pillows as necessary to keep all parts of your spine level.

A sagging spine can cause pain. Your shoulders must be in a vertical line and so must your hips!

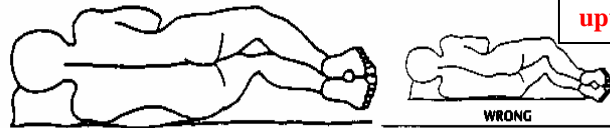
Any shifting of your shoulders or hips, either forward or backward toward the bed, exerts a twisting action on your spine that will make you less comfortable.

Be sure to check your shoulders and hips often to maintain them upright. Rotating or twisting can cause you pain.

### Narrow Waist

If you have an hourglass figure, you may find, while lying on your side, that your spine at the waistline dips way down toward the bed, leaving you with a lovely curve but an aching back.

Insert a folded towel under your waistline on the bed until, with a little experimenting, you find the right size or right number of folds in the towel to make you comfortable and to raise your spine to the horizontal.



42. MAGGIE'S BACK BOOK



### Wide Shoulders

If your shoulders are wider than your hips, when you do get into Position #1 you are going to have your spine at an angle, with your shoulders higher than your hips. This must be changed.

If you can, roll or scrunch your shoulders forward evenly, so that your spine at the shoulders is lowered and your spine is then level all along its length. Check carefully to make sure that you are not twisting at any point along your spine. If you find it impossible to roll your shoulders forward, try folded blankets or a clean shag rug under your hips and legs to bring them to the right distance from the bed. This is just another way to line your spine up evenly.



### Narrow Shoulders

If you have narrow shoulders, the level of your spine through your hips will be higher than the level of your spine at your shoulders.

Wedge pillows under your shoulders and chest until your spine is an equal distance from the bed all the way along its length. Watch carefully that there are no twistings at any point along your spine.



jpgillick

DrGillick@Simple-Ergonomics.com

DRAFT

### Illustrations: Positioning Help

These pictures are from:

**Maggie's Back Book,**  
*Healing the Hurt in Your Lower Back*

Written by Maggie Lettvin (©1976)

Illustrated by McCambridge

Houghton Mifflin Company, Boston

ISBN 0-395-25147-8

### Cervical arthritis, Spurs, DDD

**Cause is stomach sleeping with badly torqued (twisted vertebral bodies). This weakens the capsule and causes facet arthrosis – spondylosis – also a major cause of lumbar facet and disc injury.**

### Thoracic spine, Chest cage

**It is also a cause and aggravator of thoracic facet disease and frequent trigger of thoracic facet dysfunction – the usual cause of non-cardiac chest pain (usually happens on the body's 'long side'). Sleeping twisted or badly extended aggravates the thoracic spine.**

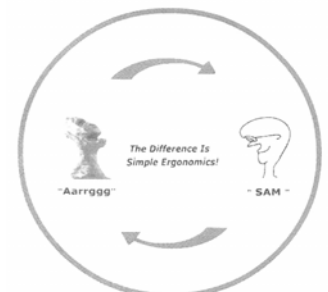
### Lumbar Spine

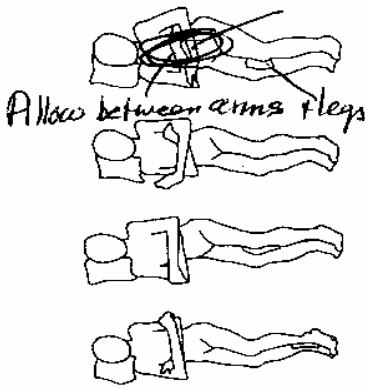
**Twisted or sway backed usually aggravate this. Side sleeping must be balanced, not twisted, stomach sleeping aggravates. Recovery position is on the back with a small pillow under the buttoch causing some pelvic upward tilt along with pillows under the knees and ankles.**

### BACK PAIN < GROIN PAIN < LEG WEAKNESS

**Ilio-psoas strain with groin- testicle or labial pain, temporary leg paralysis, numbness of the lateral thigh (meralgia paresthetica) is from sleeping with the knee sucked up to the chest, esp. stomach sleeping with shortening of the I-P muscle and entrapment of nerves in the groin area, (see Ilio-psoas and Back Pain Puzzle on the web site)**

**This back pain is long acting yet very fixable. For this to get better the leg on the effected side must be mostly straight at the knee through the night**





If your pelvis is wide but your legs are quite heavy, you may need only a small pillow between your knees, or none at all.

If your pelvis is narrow, most often you will not find it necessary to use a cushion or pillow between your thighs.

If your knees are bony or if you find that you have a tendency to let your hip tip toward the bed, put a folded towel between your knees. The folded towel will make you more comfortable if bony knees are your problem; if your upper hip tends to tilt forward or backward toward the bed, the towel will provide traction and will stabilize you.

You may even find that bony ankles cause you to position your legs in such a way as to pull your hip slightly off the position you need for comfort. Use a towel or pillow between your ankles also, if you need to.

**PAIN IN POSITION #1**

If your doctor tells you that you have an extruded disc, or if you have had low back surgery, or if pulling your knees up only as far as your hips gives you pain, try rounding your back in all the ways suggested in this whole section on Position #1.

Remain in that partly flexed position, chosen by you, that gives you the most relief from pain until the relief allows you to go further. Do not hurry!

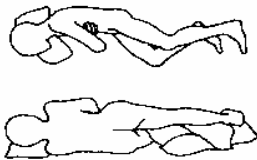
You must not cause yourself more pain. Be patient!

**SCIATIC PAIN**

Sometimes sciatic pain increases in Position #1 when you are easing your knees to your chest or your chest to your knees.

If sciatic pain increases, stretch out a little that leg in which you feel the pain, until you reach the point where the pain eases. Each day, test to see whether the irritation has lessened enough for you to begin to ease in the leg that was more painful.

The leg that gives you no pain may be eased in as far as is comfortable. When one leg is in and the other leg is out, proper support for the upper leg changes. Use more pillows, if you must, to keep the entire length of your upper leg level with your hip.



**Illustrations: Positioning Help**  
 These pictures are from:  
**Maggie's Back Book,**  
**Healing the Hurt in Your Lower Back**

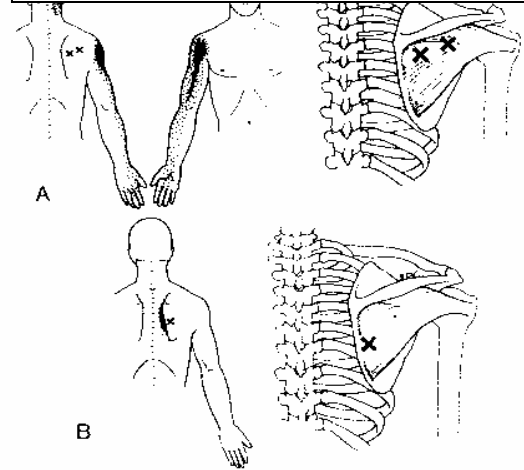


Figure 22.1. Referred pain patterns (red), and location of corresponding trigger points (X) in the right infraspinatus muscle. Solid red shows described referred pain zones, stippled red areas show additional zones. A - common location of trigger points; B - unusual trigger point location

EASING YOUR WAY OUT OF PAIN — POSITION #1 49

**UNDOING TOUGH SPASMS**

If you are lying in Position #1 with your knees easing toward your chest, your back spasms should begin to let up. If they do not, and the spasms occur in the area above your bottom and below your shoulders, there is a further step that you can take.

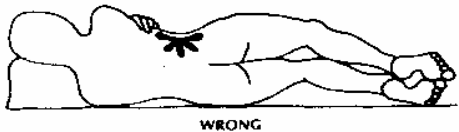
If the spasms are on your right side, lie on your left side; if the spasms are on your left side, lie on your right side. (For this explanation, we will assume that the spasms are on your right side.)

Lie on your left side. Ease your nose as close to your knees as possible. Slowly! No forcing!

This is the important next step: Fold a washcloth or a small towel and place it under your left side, right under the area that corresponds to the one on your right side where the spasms are occurring.

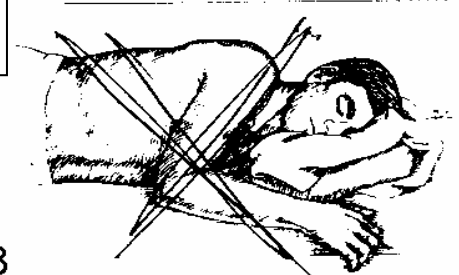
With a few adjustments, you should be able to place it just right so that it helps you to stretch out the muscles and undo your spasms more than you could manage by using only Position #1. Make sure that you use the breathing methods described throughout this section: inhale, and, as you exhale, concentrate on letting your whole back relax.

A small change... and it helps a lot!



jgillick

**Note: Intermittent FROZEN SHOULDER**  
**Frozen shoulder: from stomach sleeping or arms overhead sleeping or unsupported upper arm with side sleeping: cause stretch or shortening of the infraspinatus muscle.**



B

Figure 22.7. Pain-relieving and pain-producing sleep positions when right infraspinatus trigger points are active. A, mid-position of relief, with the affected arm supported by a pillow. B, poor position (red X) with the arm strongly adducted at the shoulder. This position places the infraspinatus on a pain-producing stretch

Travell & Simonds

DrGillick@Simple-Ergo



## COMMON PAIN CONDITIONS WORSENERD / CAUSED BY SLEEP POSITION:

### 1. Back strain :

- a. Stomach sleeping: hyper-extension causes back muscle bunching with cramping
  - Remedy: never sleep on the stomach
- b. Flat back sleeping: mild sway back leading to back pain - spasm
  - Remedy: keep pillows / cushions under the knees & lower legs
- c. Side sleeping - when twisted – upper, mid & lower back spasm - pain
  - Remedy: limit twisting by placement of pillow between the legs

### 2. Tingling, numbness and pain of the neck, shoulder, arm and / or hand

#### i. Stomach sleeping:

the chin is turned toward one or the other shoulder, kinking nerves in the neck. This causes numbness, tingling and pain in the neck, shoulder, arm and hand. It may also cause shoulder damage.

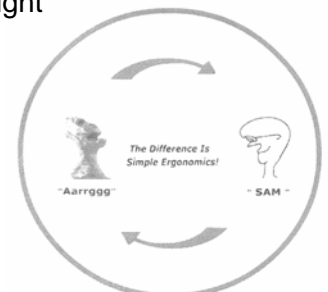
- Remedy: never sleep on the stomach

#### ii. Back sleeping:

1. When the arms are flat by the sides, ( nerves are pinched where they run under the collar bone at the base of the neck causing shoulder-arm pain and numbness in the small and ring fingers).
  - Remedy: put cushions under the elbows.
2. When the arms are put over the head, (nerves in the neck and shoulders are twisted between muscles and stretched /pinched under the chest to shoulder muscles causing numb arms and hands, esp. the thumb and index fingers). This is called *scaleneus anticus syndrome*. It is called *costo-clavicular syndrome* when the nerves are trapped between the clavicle and the first rib when the shoulders are braced back against the bed.
  - Remedy: Use of cushions under the elbows during back-sleeping, otherwise the arms will wind up overhead.
3. When the chin is turned side and down toward one shoulder or another (causing twisting of neck muscles which pinch the nerves to the shoulder arm and hand causing numbness and pain to include the thumb and index finger)
  - Remedy: use a contoured pillow with neck support, if necessary - one with an oval depression for the head. Don't twist the neck.

#### iii. Side sleeping:

- 1 When the pillow is pulled under the shoulder or no pillow is used, the nerves in the side-front of the neck are twisted (bruised, deprived of blood supply) resulting in tingling, numbness, and pain particularly in the shoulder, arm and the hand, especially the thumb side.
  - Remedy: get and use a pillow which supports(cradles) the head and the neck so that the upper spine and neck are in a straight line and the nose and chin look directly forward, no twisting.
2. When the pillow or head support is too high, the nerves are kinked on the up side of the neck
  - Remedy: Same as above



### 3. Shoulder joint pain / damage

#### I. Stomach sleeping:

1. This is probably the most common cause of shoulder joint damage. (Trauma damage or repeated overhead misuse injury is obvious when it occurs.) Sleep-position damage is silent and may be severely debilitating. (The cause is stretching of the arm backward, against / out-of the joint during the night while the protective muscles are all relaxed.)
  - Remedy: no stomach sleeping

#### ii. Back sleeping

1. If the elbows are allowed to drop to the bed, the shoulder joints are turned outward and the arms fall back toward the bed stretching-straining the joint capsules out of the safe neutral position and causing gradual, nightly joint capsule damage
  - Remedy: place cushions under the elbows
2. Shoulder pain occurs with the arms pulled overhead -- usually this causes numbness which makes the person change position the shoulders in front
  - Remedy: place cushions under the elbows, this allows the arms to comfortably relax on the chest which prevents overhead movement
  - If (a) doesn't work, place pillows above the head and the shoulders to make it uncomfortable to keep the arms in that place.
4. It also may occur in an adult who supports a spouse's or child's head on the shoulder for more than several minutes while relaxed lying on the back.
  - Remedy: keep the support arm on to a cushion or pillow
  - Don't support another's head-neck weight on the shoulder-chest.



#### II. Side sleeping:

1. The arm underneath is pushed up under the head or the pillow and the shoulder capsule is strained causing micro trauma and tears nightly in the shoulder capsule.
  - Remedy: use a contoured head-neck pillow to keep the neck neutral
2. The upper arm pulls down across the chest. This is usually only a problem if there has been a previous yank-strain like a fall-catch-strain of the involved shoulder.
  - Remedy: hug a large pillow in order to keep the arm up and out from the body. Preferably, keep the lower arm in front of the body around the hug pillow.



UCSD Healthcare, University of California, San Diego

**UCSD Healthcare**

**John S. Gillick, MD, MPH, FACP**  
Clinical Professor of Medicine & Anesthesiology, non-salaried  
Am Bd Cert: PreventMed/OccMed, IntMed, & Anesthesiology

TEL: (619) 471-9210  
FAX: (619) 471-9211  
EMAIL: jgillick@ucsd.edu  
MAIL CODE: 8799

**Center for Occupational  
& Environmental Medicine**  
330 LEWIS STREET, SUITE 100  
SAN DIEGO, CALIFORNIA 92103-2199

**PAIN MANAGEMENT  
/CONSULTATION**  
Non-invasive – Non-narcotic

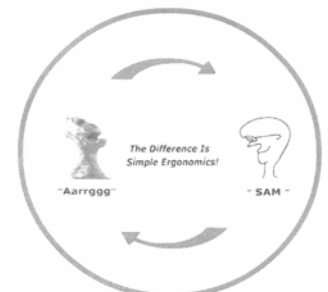
**John S. Gillick, MD, MPH**

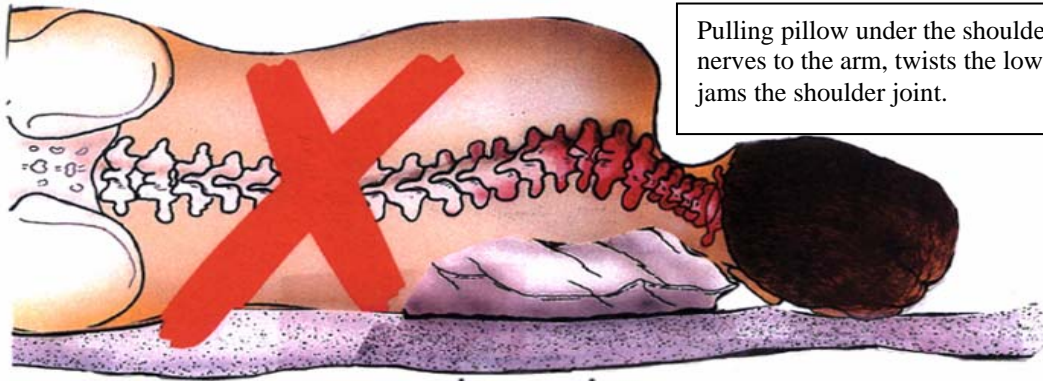
Diplomat American Boards: Internal Medicine, Anesthesiology  
Preventive Medicine, Certified in Occupational Medicine  
Clinical Professor of Medicine and Anesthesiology at UCSD, non-salaried

1947 Cable Street  
San Diego, CA 92107-2807  
Tel: 619/ 223-1652 Fax: 619/ 223-5443

[www.DrGillick.com](http://www.DrGillick.com)

[DrGillick@gmail.com](mailto:DrGillick@gmail.com)

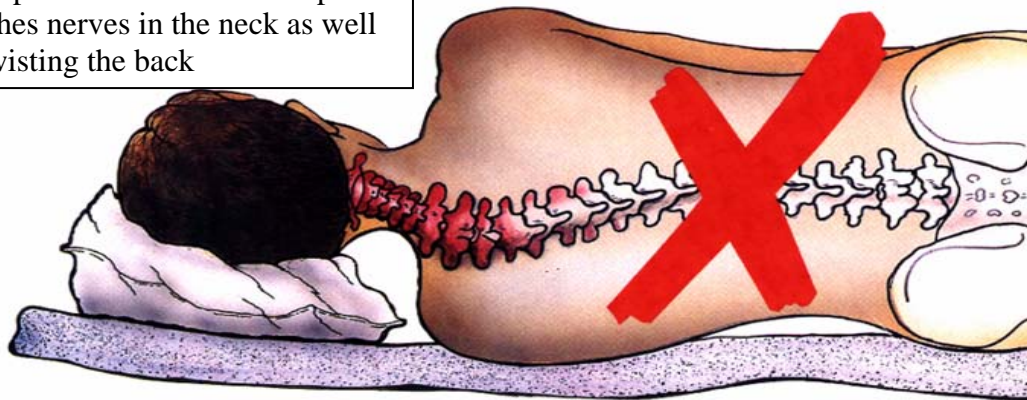




Pulling pillow under the shoulder pinches nerves to the arm, twists the low back, and jams the shoulder joint.

Incorrect

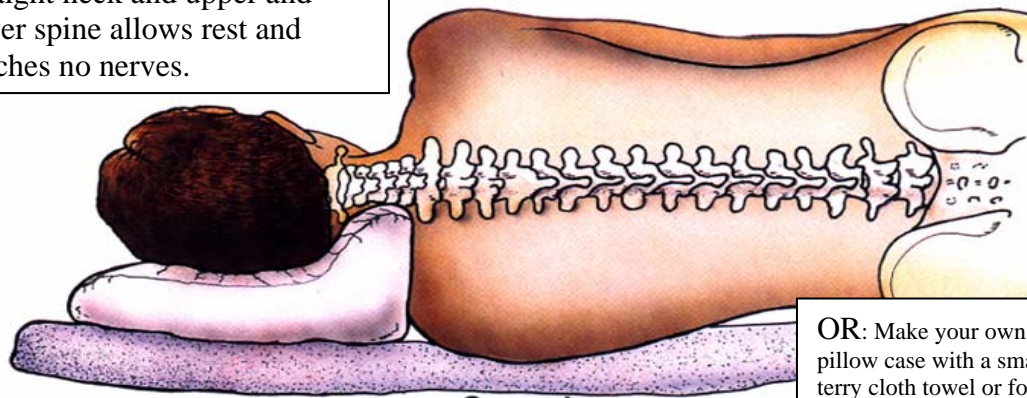
High pillow twists the neck up and pinches nerves in the neck as well as twisting the back



Incorrect

Make sure the mattress or foam are thick and soft enough to allow the shoulder and hip bones to sink in without twisting the shoulders or hips.

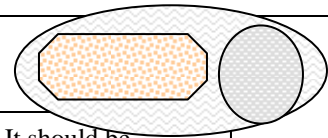
Straight neck and upper and lower spine allows rest and pinches no nerves.



Correct

Placing a soft pillow onto a hard, squared-off cushion will also accomplish the task, esp. for those with broad shoulders.

OR: Make your own cervical pillow: Use a regular pillow case with a small soft pillow inside and a rolled terry cloth towel or foam cylinder (round cervical pillow) on the side pulled under the neck:



The head support (pillow or such) the head and neck aligned with the rest of the back. It should be squared-off foam so it is nearly impossible to pull it under the shoulder. Example resources:

CERVICAL CONTOUR PILLOWS:

1. [www.SwedishPillows.com](http://www.SwedishPillows.com) ; 1-800-841-4104
2. [www.DrLeonard.com](http://www.DrLeonard.com) ; 1-800-785-088
3. [www.legPillow.com](http://www.legPillow.com) ; 1-800-950-0230

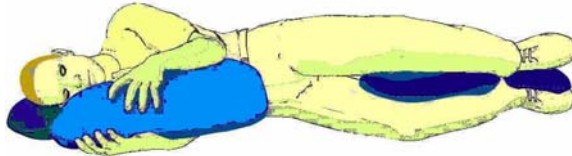
Tempur-Pedic makes an expensive one that also works well but is heavy and warm, some really like it. Target has one for \$22, COSTCO for \$25, often a pillow above or below will add needed thickness for those with wider shoulders. An absorbent bedtop is usually a large advantage.

Often the contour pillow or squared-off head cushion needs a soft topping or a raiser pillow for comfort or to raise the head so that it is aligned with the spine and keeps pressure off the shoulder.



Keep separate support under head (contour pillow/bolster), never under shoulder: hug a pillow (one arm over, one under)

Correct Side Sleeping



**SIDE SLEEPING:** The arms are in front of the torso – above and below a pillow, NEVER let the arms over the head. Keep the upper arm supported from dropping across the body and pulling on the shoulder muscles. Squared-off, Contour-like PILLOW is only under the head, supports the neck and cradles the face, ear and head. May cover the eyes or face with another soft cloth.

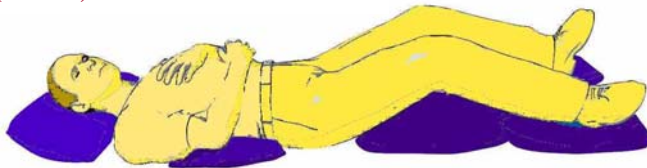
Head support pillow or bolster → shoulder high & only under head & neck



**BACK SLEEPING:** NEVER let the arms over the head, or flat at sides – the elbow height must be elevated higher than the back, along the sides, to mid chest level during back sleeping. - Keep the elbows below the chin. Keep hands on the chest-stomach or hugging a pillow.

Always keep elbows (& arms) below the neck/ head

Correct Back Sleeping



**PILLOW AND PILLOW HEIGHT FOR BACK SLEEPING** is usually different from that for side sleeping. The pillow needs: 1) to prevent (cradle) the head from rolling or twisting, 2) to support under the neck, 3) to gently support the back of the head (above and behind the ears); and, 4) sometimes to support the upper shoulders (depending upon the sleeper's anatomy – forward curved upper back).

**THE SIX-PILLOW FIX**

**Abbreviated Sleep-position rules**

1. Never ever sleep on the **STOMACH!**  
*(To break stomach sleeping: -- a) keep chest and shoulders warm with a light sweatshirt all night – do not rely on the covers; b) use a soft separate coverlet to shield the face and eyes)*
2. ALWAYS sleep: on your **SIDE** or **BACK**.
3. **SIDE:** Always- place a support - pillow under the head, never pull under the shoulder. (Pillow supports the head mid-shoulder high, never kink the neck -- a squared-off or contour pillow is usually best.)
4. **SIDE:** Support the upper arm and forearm on a pillow or cushion, when sleeping on the side.
5. Never place arms under or above the head; elbows must remain below chin-level and must be supported up off the mattress.

- 6 Position pillows or bolsters under the knees/legs & / or between knee.
- 7 Position bolsters under the elbows if sleeping on your back, to keep the hands on the chest /stomach never overhead & not flat at sides.
- 8 Sleep in "sleep-bites" -- wake-up when changing position and get into best position for optimal comfort.
- 9 BOTH: Keep your shoulders and neck warm, - independent of the bed covers. (wear loose, comfortable sweatshirt or other clothing above the waist.) Different pillow heights for **SIDE** and **BACK** positions – support the neck, cradle the head.

**BACK SLEEP:** Keep the elbows slightly elevated off the bed; never allow the arms overhead; pillows under knees/ legs; Support the head at a comfortable height

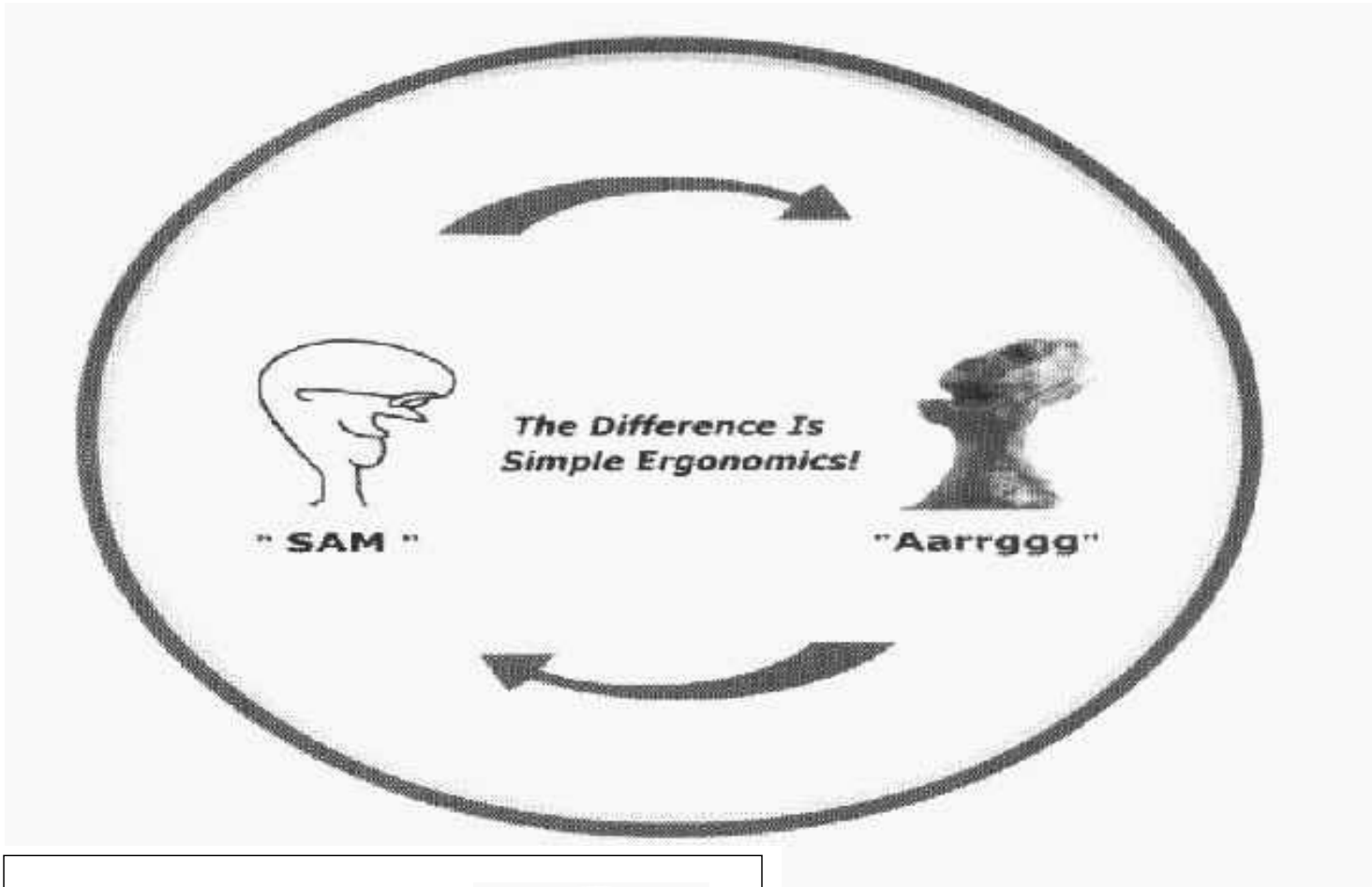


Figure 6.13 Relaxed restures assumed under water (with permission from Lab.

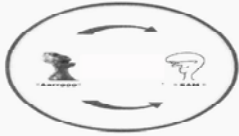
**PAIN MANAGEMENT /CONSULTATION**  
Non-invasive – Non-narcotic

**John S. Gillick, MD, MPH**  
Diplomat American Boards: Internal Medicine, Anesthesiology  
Preventive Medicine, Certified in Occupational Medicine  
Clinical Professor of Medicine and Anesthesiology at UCSD, non-salaried

1947 Cable Street  
San Diego, CA 92107-2807  
Tel: 619/ 223-1652 Fax: 619/ 223-5443  
[www.DrGillick.com](http://www.DrGillick.com) [DrGillick@gmail.com](mailto:DrGillick@gmail.com)



**PAIN MANAGEMENT  
/CONSULTATION**  
Non-invasive – Non-narcotic



**John S. Gillick, MD, MPH**  
*Diplomat American Boards: Internal Medicine, Anesthesiology  
Preventive Medicine, Certified in Occupational Medicine  
Clinical Professor of Medicine and Anesthesiology at UCSD, non-salaried*

1947 Cable Street  
San Diego, CA 92107-2807  
Tel: 619/ 223-1652 Fax: 619/ 223-5443  
[www.DrGillick.com](http://www.DrGillick.com) [DrGillick@gmail.com](mailto:DrGillick@gmail.com)

***The contents of this informational handout are the well-considered opinions of the author at the time of their writing. The author has no treating relationship what-so-ever with reader. Professional advice should be sought from your personal health care provider(s). Neither the author, nor the site, have any financial interest or connection with any referenced resources or sites other than his own office and websites.***

