



International Association for the Study of Pain

# **MULTIDISCIPLINARY PAIN CENTER DEVELOPMENT MANUAL**



*Created by the IASP Multidisciplinary Pain Center Toolkit Advisory Group*

[www.iasp-pain.org/MPCManual](http://www.iasp-pain.org/MPCManual)

# 3

## **MULTIDISCIPLINARY PAIN MANAGEMENT CENTER SERVICES AND FACILITIES**



## Treatment services




Treatment facilities can be classified into several types (see summary in **Table 3.1**). The different types of pain treatment facilities mostly reflect the health system in which they operate and the nature of the funding available to support the services.

This Toolkit is intended primarily for Multidisciplinary Pain Centers (MPCs) which will develop capacity to offer a range of services, including service delivery, training for other pain services within their country, and research. However, regardless of the type of clinical service involved, the skills and roles outlined in the toolkit are still very relevant to clinicians of all disciplines working with chronic pain patients.

**Table 3.1. Classification of pain treatment facilities.**

CHARACTERISTICS	UNIMODAL PAIN CLINIC	MULTIMODAL PAIN CLINIC	MULTIDISCIPLINARY PAIN CLINIC	MULTIDISCIPLINARY PAIN CENTER
<b>Center Staff</b>				
<ul style="list-style-type: none"> <li>• Pain Medicine Clinician</li> <li>• Pain nurse</li> <li>• Mental health professional (Clinical psychologist, psychiatrist)</li> <li>• Physiotherapist/Occupational Therapist</li> </ul>	1	1-2 1 nurse	3-4 disciplines (e.g. Medical, nursing, psychology, physiotherapy)	All 4 disciplines working in an interdisciplinary style
<b>Clinical services</b>				
Pain modalities offered	Single (e.g. medications and/or nerve blocks/procedures only)	Several (e.g. meds, procedures, TENS, education)	Multiple (e.g. Meds, Procedures, TENS, exercise, counselling, cognitive-behavioral therapy, self-management skills training, education)	Multiple (all of the previous, plus group programs in self-management)
Pain assessment	Mainly medical (biological)	Mainly medical (biological)	Comprehensive, biopsychosocial, with as needed case conferences	Comprehensive, biopsychosocial, with regular case conferences
<b>Pain Conditions</b>				
Pain conditions treated	Often only single organ-system/site (e.g. joints, headache, spine, etc.)	Broad range of pain conditions, different organ-system/ sites, mechanisms	Broad range of pain conditions from different organ-systems, sites, mechanisms, more complex cases	Broad range of pain conditions from different organ-systems/sites. mechanisms, more complex cases.
<b>Education and Training for health care professionals</b>				
Educational activities offered for health care professionals	No	Yes/No	Yes/No	Yes
Pain management skills training for different health professionals	No	No	No	Yes
<b>Research</b>				
	No	Yes/No	Yes/No	Yes

TABLE 3.2:

Team	Characteristics
<b>Intra-disciplinary</b> 	<ul style="list-style-type: none"> <li>• Provide unimodal and multimodal treatment</li> <li>• Involves members of the same discipline</li> <li>• Tend to treat and view patients as a compartmentalized entity</li> <li>• Not ideal for chronic pain management</li> </ul>
<b>Multi-disciplinary</b> 	<ul style="list-style-type: none"> <li>• Provide unimodal and multimodal treatment</li> <li>• Involves members of different disciplines</li> <li>• Work separately on their respective therapeutic aims</li> <li>• Do not necessarily communicate with each other</li> </ul>
<b>Inter-disciplinary</b> 	<ul style="list-style-type: none"> <li>• Provide unimodal and multimodal treatment</li> <li>• Involves members of different disciplines</li> <li>• Work closely with regular team meetings</li> <li>• Align on diagnosis, therapeutic aims, and treatment plans</li> <li>• The model outlined in this manual follows this approach.</li> </ul>

### Typical Range of Services Provided in MPC

1. Triage for suitability
2. Assessment (by different disciplines, including case formulation)
3. Treatment planning (case conferences)
4. Individual treatments (may include family members)
5. Group treatments (often include family members)
6. Outcome report and recommendations for each patient

### Facilities: Recommendations and Growth Anticipation

The following recommendations are for the ultimate goal of an ideal MPC. To start, most centers will have to make use of available resources. Center space may need to be shared with other services and the Center may only operate 1-2 days per week. Rooms large enough for groups may also be limited and only accessible for a few hours a week (e.g. a Physiotherapy Department gym or exercise area may be accessible for group pain management sessions when not required by the Physiotherapy Department).

#### The recommended (ideal) facilities include:

1. **Space:** Access to three consulting rooms, reception area, waiting room for patients, washrooms, staff meeting room, staff pantry, large group room (suitable for group exercises), store room, procedure room with a recovery area, file room. (See [Appendix 6](#) for Model Clinic Layouts)
2. **Utilities:** Internet access and technological capabilities; office supplies including a photocopier
3. **Equipment and materials:**
  - a. Offices/consulting rooms: computers, telephones
  - b. Group Program Room: exercise mats, stationary exercise bikes, whiteboards in groups, steps and chairs for physical therapy exercises, small weights, video recording equipment (can be smartphone, tablet, etc.) and screen for replays
  - c. Procedure room: PCA pumps, bed or gurney for blocks, ultrasound machine (optional), Fluoroscopy C-arm (optional), syringe pumps, monitoring equipment, oxygen supply, IV stands, light box, sterile packs, prep materials, scrub area.
4. **Medicines** (see [Appendix 7](#))



## **ACKNOWLEDGMENTS**

**This manual was produced independently by IASP with the support of an unrestricted grant from Pfizer Independent Grants for Learning & Change.**

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