

THE FUNCTIONAL RESTORATION PROGRAM

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Ventura County Occupational Medical
Center

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The Staff

Richard Figueroa, MD

Dr. Figueroa presides as a medical director for Ventura County Occupational Medical Center. He received his medical training at UCLA. He has 30 years of experience with formal training in emergency, orthopedic, family and occupational medicine. Dr. Dr. Figueroa maintains staff privileges at St. John's Hospital and Pleasant Valley Hospital.

Doug Peterson, PhD

Doug Peterson is a clinical psychologist specialist on the team. He received his doctorate in Psychology from State University of New York at Binghamton. Cognitive behavioral therapy is his approach to psychotherapy. Dr. Peterson has special interest in issues associated with aging and the management of chronic medical conditions.

Bradford Alex, DC

Dr. Alex is a chiropractor that specializes in functional rehabilitation programs. He received his chiropractic training at SCUHS. He has worked with the insurance companies within utilization review, determining medical necessity and developing musculoskeletal injury care protocols. His commitment is to functional restoration of the patient that is safe, effective, evidence-based and efficient for the best possible outcomes.

Chronic pain

A lack of mechanism-specific treatments may risk leaving components of a patient's pain untreated. There is an unmet need among both clinicians and researchers for an up-to-date taxonomy of chronic pain that reflects the current level of understanding of scientific research and clinical knowledge to enhance pain management.

Woolf CJ and Max MB. Mechanism-based pain diagnosis.
Anesthesiology. 2001;95:241-249.



Now What???



A FUNCTIONAL RESTORATION PROGRAM

For patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented, and goal-specific has been found to be the most effective treatment approach.

- Re-evaluate diagnosis and review medical records.
- Improve pain control with physical activity
- Better function at home/work (ADLs – activities of daily living)
- Reduce patient fear of re-injury.
- Promote pain-control modalities other than drugs.

FUNCTIONAL RESTORATION

Typically, full-time functional restoration entails a daily schedule that is similar to a working day of 8 or 9 hours. Three week programs are common, but they range from two to six weeks. Return to work or 'workability' are often used as outcome measures, but so too are measures of specific functions (eg. aerobic capacity, flexibility and coordination) and specific tasks (eg. stair climbing, sitting tolerance, lifting capacity, etc.). Encouragement for the resumption of life roles and recreational activities is also provided.



COGNITIVE BEHAVIORAL THERAPY

The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence.



WORK CONDITIONING

There is a heavy emphasis on physical rehabilitation through the use of muscle training addressing coordination, trunk control, lumbar flexibility, aerobic capacity, lifting capacity and sitting/standing tolerance.



MEDICATION OPTIMIZATION

The physician tailors medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician is knowledgeable regarding prescribing information and adjust the medications to the individual for the lowest effective dosing or elimination.



Chronic pain care

Coaches the patient to be proficient at the tools to manage symptoms and to re-engage their life....



The Industrial Athlete

