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### Evaluating chronic pain patients using methods from Johns Hopkins Hospital physicians

Chronic pain patients are misdiagnosed 40%-80% of the time, according to research from Johns Hopkins Hospital physicians. The most common of these misdiagnoses is sprains or strains, which are listed in medical textbooks as self-limited disorders, which resolve in less than three weeks without treatment. Yet these diagnoses account for over 50% of diagnoses in patients with pain for more than three months. On the other hand, certain diagnoses are overused, and misapplied without attention to published diagnostic criteria. Therefore, complex regional pain syndrome (CRPS) formerly called reflex sympathetic dystrophy (RSD), and fibromyalgia, are over diagnosed 71% to 97% of the time, to the detriment of the patients. The leading causes of these errors in diagnoses are: failure to take a complete history, and using the wrong medical tests. As an example, MRIs fail to detect damaged discs 78% of the time compared to a provocative discogram, and CT fail to detect bony lesions 56% of the time compared to 3D-CT. Two expert system internet questionnaires are discussed. The pain validity test predicts the presence of abnormal medical testing with 95% accuracy, which validates the complaint of pain, and detects drug seeking behavior. Another internet based expert system the diagnostic paradigm, provides diagnoses with a 96% correlation with diagnoses of Johns Hopkins Hospital physicians. The associated treatment algorithm recommends the appropriate tests to use for confirm the correct diagnosis. The value of these two systems is documented by published outcome studies, which demonstrate patient improvement rates far higher than other methods. These publications report cost savings $20,000 to $175,000 a case, with an 89% reduction in narcotic use, and a 45% reduction in doctor visits. Between 50%-63% of patients need surgery to improve.

### Recent Publications

1. Hendler N and Baker A (2008) An Internet questionnaire to predict the presence or absence of organic pathology in chronic back, neck and limb pain patients. Pan Arab Journal of Neurosurgery 12(1):15-24.

2. Davis R, Hendler N and Baker A (2016) Predicting medical test results and intra-operative findings in chronic pain patients using the on-line pain validity test. Journal of Anesthesia and Critical Care: Open Access 5(1):00174.

3. Hendler N and Spurgeon D (2007) Comparison of clinical diagnoses versus computerized test diagnoses using the Maryland clinical diagnostics diagnostic paradigm (expert system) for diagnosing chronic pain in the neck, back and limbs. Journal of Anesthesia & Critical Care 6(5):00242.

4. Hendler N (2017) Facial pain from various sources-diagnoses, and differential diagnoses. Dental, Oral and Craniofacial Research DOI: 10.15761/DOCR.1000220.

5. Hendler N (2017) An internet based questionnaire to identify drug seeking behavior in a patient in the ED and office. Journal of Anesthesia & Critical Care, Open Access 8(3):00306.

### Biography

Nelson Hendler has graduated cum laude from Princeton University. He has an MD and MS in Neurophysiology from University of Maryland School of Medicine. He did his Residency in Psychiatry at Johns Hopkins Hospital and remained as the Faculty at the Medical School for 31 years. He has published 4 books, 33 medical text book chapter, and 65 articles. He has lectured in over 60 hospitals and medical schools in the US and in 10 other countries. He has served as the President of the American Academy of Pain Management and the Reflex Sympathetic Dystrophy Association of America and served on the board of the Lightning Strike and Electric Shock Survivors International.

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