MANHATTAN
PAIN MEDICINE

Welcome!

Thank you for choosing Manhattan Pain Medicine to expand your care with our team. We look forward to working with you. Here's a brief overview of what to expect:

Our Approach

Your journey with us unfolds in three phases:

- **Discovery:** Identify what is causing pain, how, and why. Comprehensive diagnosis.
- **Treatment:** Partner with us on a stepwise path to durable relief that aligns with your priorities.
- **Maintenance:** Understand how to manage your body for long-term wellness.

What to Expect

- **Comprehensive Visits:** Two One-Hour Visits Conducted in Two Parts
    1. **Part 1:** Intake Visit with the Physician Assistant (PA):
       The first visit focuses on discovery and information gathering. The PA will review your medical history, symptoms, prior treatments, imaging, and any relevant clinical details to help build a complete understanding of your case.
    2. **Part 2:** Consult Visit with the Medical Doctor (MD):
       The second visit focuses on physician review and care planning. The MD will review the intake findings with you, discuss the clinical impression, and outline potential treatment options, next steps, and long-term maintenance considerations.
    - Additional consultations may be recommended when needed to support a more complete evaluation and coordinated treatment plan.
    - Patients are encouraged to take notes during their visits and may record discussions for future reference.
- **Insurance Help:** We optimize your out-of-network benefits and provide transparent pricing. (Ask if unsure!)
- **Support:** Stay connected between visits and join our monthly pain support group.

What to Bring

For your first visit, please bring:

- Government-issued ID and **active insurance card**
- List of current medications and dosages
- Care team contacts - anyone you would like us to be in contact with.

- All radiology images/CDs/online portal login **- we need to see the pictures**
- Notepad or phone to record your visit
- **Completed new patient forms** (available online or via your appointment email) For questions, contact **PEC@manhattanpainmedicine.com**.

Find out more

To learn more about our specialists, our expertise, and our approach to pain medicine, you can:

- Read more on our website
- Explore our YouTube videos and shorts about treatments and conditions
- Join us on Facebook and Instagram for news, updates, and more.

Recording Your Visit for Personal Reference

Why this may help
During your visit, a lot of important information may be discussed, including symptoms, diagnoses, treatment options, medications, tests, and next steps. Some patients find it helpful to record the conversation or use a note-taking app so they can review it later and share it with a family member or caregiver if needed.

Our recommendation
For added privacy, we suggest using the built-in tools already available on your phone whenever possible.

  On iPhone, Apple Voice Memos and Apple Notes may be helpful options.

 On Android, Google Recorder on supported devices, your phone's built-in voice recorder, or Live Caption may also be useful.

Other patient-friendly app options
Some patients may prefer apps designed specifically to help organize medical visits.

 MedCorder
Apple App Store: Medcorder for iPhone
Google Play: Medcorder for Android

 Doctor Notes
Apple App Store: Doctor Notes for iPhone
Google Play: Doctor Notes for Android

Both apps are available for download on the Apple App Store and Google Play. These apps may offer features such as recording, transcription, summaries, and easy sharing with family members or caregivers.

If you choose to use an app on your own phone, it is considered a personal tool selected and controlled by you. These apps are not provided, managed, or integrated by our Manhattan Pain Medicine. Before using any app, please review its privacy settings and terms of use.

Tackling Pain: The MPM Approach

Pain is the body's signal that something needs attention. When pain is new, the signal is often more direct. When pain has been present for months or years, the picture can become more complex. Over time, the nervous system, immune system, muscles, joints, and movement patterns may all become involved. Secondary or compensatory pain can also develop, and sometimes that pain becomes more noticeable than the original problem.

At Manhattan Pain Medicine, we take a collaborative, multi-specialty approach to understanding pain. Our goal is not only to ask where the pain is felt, but to understand what is generating it, why it started, what is keeping it from healing, and what needs to be addressed for meaningful improvement.

The Pain Care Journey

Our approach often follows three phases:

Discovery

This is the diagnostic phase. We gather information from your history, symptoms, physical examination, prior imaging, prior treatments, and any patterns that may explain how the pain developed.

Treatment

Once we have a clearer understanding of what may be driving the pain, we begin a treatment plan. Treatment is also part of the learning process. How your body responds to a treatment gives us more information and helps guide the next step.

Maintenance

Once the pain drivers are better understood and treatment is working, the goal becomes long-term management. This may include a home plan, follow-up care, periodic treatment, or ongoing coordination depending on the condition.

Pain care is often a journey. Some problems can be identified quickly, but chronic or complex pain may require an iterative process. Each visit, test, treatment, and response helps us better understand the full picture.

Discovery: Understanding the Layers of Pain

One of the first things we assess is whether the body has become sensitized. Sensitization means the body is reacting more strongly than expected to pain, inflammation, movement, touch, stress, or other triggers. Sensitization can make the pain experience louder and can make it harder to identify the original source of the problem.

There are three major areas we consider:

Neurologic Sensitization

The nervous system may become overactive after repeated pain signals. This can cause pain to feel amplified or spread beyond the original area. Examples may include nerve pain, migraine-related sensitivity, complex regional pain syndrome, or whole-body pain sensitivity.

Immune or Inflammatory Sensitization

Inflammation can also contribute to pain. Sometimes the immune system reacts when it should not, or reacts more strongly than expected. This may happen with autoimmune conditions, post-infectious syndromes, mast cell activation, or other inflammatory patterns.

Psychological and Emotional Pain Processing

Chronic pain can affect how the brain and body respond emotionally and physically. Fear, frustration, exhaustion, and loss of trust in the body can make the pain journey harder. Pain psychology, support, education, and coping strategies can help patients stay grounded and engaged in care.

When sensitization is present, it may need to be addressed before more localized structural pain generators can be clearly identified.

Identifying the Pain Source

After we assess broader pain drivers, we look closely at specific anatomic structures that may be involved. This may include joints, discs, nerves, muscles, tendons, ligaments, pelvic structures, or other areas of the body.

Sometimes the area where pain is felt is not the true source of the problem. Pain can be referred from another area, or it may develop because the body is compensating for instability, weakness, inflammation, or altered movement. For example, hip, back, pelvic, abdominal, or nerve-related pain can overlap and require careful evaluation.

We may use physical examination, imaging, diagnostic injections, medication trials, or other tools to clarify what is involved.

Treatment: Building the Plan

Treatment is designed to do two things at the same time:

1. Help the patient feel better.
2. Confirm and refine our understanding of what is causing the pain.

Depending on the findings, care may include medications, injections, nerve blocks, anti-inflammatory treatment, migraine treatment, physical therapy, pain psychology, rheumatology care, rehabilitation, or other targeted interventions.

The treatment plan is individualized. The right approach depends on what is causing the pain, why it developed, and what is needed to help the body recover or stabilize.

Maintenance: Moving Forward

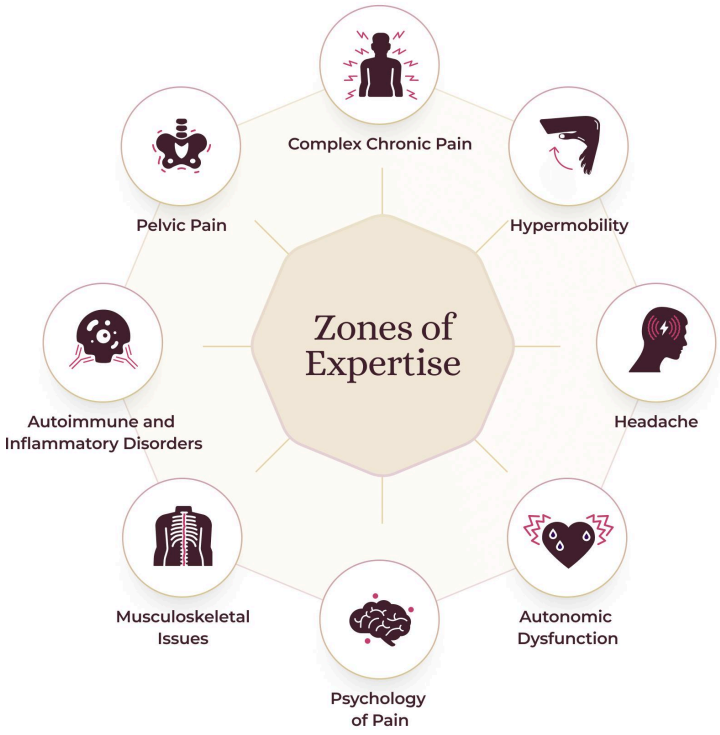
Once the main pain drivers are understood and treatment is helping, we focus on maintaining progress. Some patients may not need ongoing care. Others may benefit from periodic follow-up or continued treatment for an underlying condition.

The goal is for patients to understand what happened, what helped, what to watch for, and what to do if symptoms return. Our role is to help patients move from uncertainty toward clarity, function, and a more manageable path forward.

Zones of Expertise

At Manhattan Pain Medicine, we treat a wide range of pain-related conditions. Our providers work collaboratively across specialties, which allows us to approach complex clusters of symptoms with deeper coordination and clinical focus.

We call these areas our Zones of Expertise. Some affect the whole body, while others are more specific to one region or system. Many patients fall into more than one zone, and part of our role is to identify the primary drivers of pain while also recognizing secondary contributors.



Complex Chronic Pain

When pain is new, it often gives the body a clear warning signal. When pain becomes chronic or recurrent, the picture can become more layered. Over time, the nervous system, immune system, joints, muscles, posture, and emotional stress of living with pain can all become involved.

At MPM, we approach complex chronic pain as a journey of discovery, treatment, and maintenance. We work to understand what is causing the pain, how it developed, why it continues, and what can be done to improve it. Treatment often has two goals at the same time: helping the patient feel better and confirming our understanding of the pain source.

Hypermobility

Hypermobility refers to joint or ligament looseness that can create instability in the body. It may affect one area after an injury, or it may be part of a broader condition such as Hypermobility Spectrum Disorder, Ehlers-Danlos Syndrome, or certain autoimmune and inflammatory conditions.

When joints are unstable, muscles often work harder to protect them. This can lead to compensation, altered posture, overuse, injury, and pain. Our approach begins by determining whether the issue is localized or body-wide. We may consider imaging, bloodwork, genetic testing, and related conditions. Treatment may include addressing underlying inflammation, regenerative medicine, physical therapy, and stepwise care to improve stability, biomechanics, and function.

Autoimmune and Inflammatory Disorders

Inflammation is part of normal healing, but in some conditions the immune system becomes overactive or poorly regulated. This may happen with autoimmune diseases such as lupus or psoriasis, after infections such as Lyme, EBV, or COVID, or with immune system dysfunction such as MCAS or immunodeficiency.

Excessive inflammation can irritate tissues, sensitize the nervous system, increase widespread pain, and sometimes contribute to joint instability. Our goal is to identify what is driving the inflammatory response, control excessive inflammation, treat the underlying condition when possible, and support the patient's pain and function throughout the process.

Autonomic Dysfunction

The autonomic nervous system controls many automatic body functions, including heart rate, blood pressure, digestion, sweating, temperature regulation, and the body's fight-or-flight and rest-and-digest responses.

Autonomic dysfunction means these automatic systems are not regulating properly. It may occur with hypermobility, autoimmune conditions, migraine, post-COVID syndromes, small fiber neuropathy, SIBO, and other complex conditions.

At MPM, we work to identify the underlying cause while also helping manage symptoms. Care may include medication management, sympathetic nerve blocks, infusions, biofeedback, physical therapy, pain psychology, and collaboration with other specialists when needed.

Psychology of Pain

Chronic pain affects more than the painful body part. Over time, it can affect mood, sleep, relationships, work, identity, confidence, and hope for the future. The process of searching for answers can also be frustrating, expensive, and exhausting.

Pain psychology helps patients understand how pain affects the brain, body, emotions, and daily life. It can support coping, emotional regulation, treatment planning, symptom tracking, and communication with multiple providers. This work helps patients become active

participants in the healing process. Understanding the pain, making intentional choices, and tracking progress can help patients regain a stronger sense of control.

Musculoskeletal Dysfunction

Many pain conditions arise from mechanical problems involving muscles, joints, tendons, ligaments, the spine, and the nerves that control and sense these structures. Mechanical pain usually has a reason. It may begin with injury, instability, overuse, poor movement patterns, or progressive wear and tear.

Our goal is to identify which structures are painful, then understand why they became painful. For example, knee pain may involve arthritis, but also instability, muscle imbalance, or altered biomechanics. A disc herniation may involve the disc, but also posture, ligaments, joints, and movement patterns. Treatment may include medications, injections, physical therapy guidance, rehabilitation, and targeted interventions based on the underlying mechanics.

Headache, Facial Pain, and TMJ Dysfunction

Headache includes pain in the head, face, jaw, and related structures. Because head pain can significantly affect concentration, mood, function, and quality of life, it is often prioritized in treatment planning.

We begin by identifying all sources of head, face, neck, and jaw pain. There may be overlap between migraine, neck pain, TMJ dysfunction, facial pain, inflammatory conditions, craniocervical instability, or other causes. Our team, including a board-certified headache specialist, works to clarify the pain pattern and guide treatment.

Pelvic Pain

The pelvis is a complex region where multiple systems meet, including the spine, hips, pelvic floor, nerves, ligaments, reproductive organs, urinary system, and digestive system. Pelvic pain may come from the pelvis itself, or it may be referred from another area.

Our pelvic pain specialists use a discovery-based approach to identify which structures are involved, how they are contributing to pain, and what treatment or care coordination may be needed. Conditions may include pelvic ring instability, sacroiliac joint pain, hip dysplasia, pelvic floor dysfunction, pudendal neuralgia, endometriosis, pelvic congestion syndrome, hernias, Bertolotti syndrome, Tarlov cysts, and other sources of pelvic pain.

Our Goal

Across all Zones of Expertise, our goal is the same: to understand the full picture, identify the main pain drivers, coordinate care across specialties, and create a clear treatment path that helps patients move toward better function, greater confidence, and more sustainable relief.