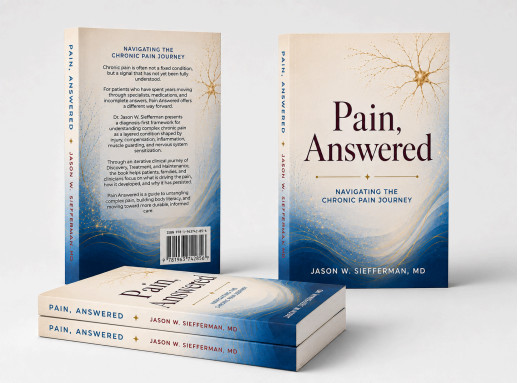
FOR IMMEDIATE RELEASE

Complex Pain Is Too Often Treated Before It Is Understood, Says Manhattan Pain Medicine Founder Jason W. Siefferman, MD

Pain, Answered reframes chronic pain as a clinical journey for people caught in cycles of treatments, specialists, and incomplete explanations



NEW YORK, NY, DATE. Medication. Physical therapy. Imaging. An injection. Another specialist. Another diagnosis. Another treatment.

For patients living with complex chronic pain, years of medical care can sometimes become a sequence of individually reasonable interventions without producing a clear explanation for why the pain persists.

Jason W. Siefferman, MD, founder and medical director of Manhattan Pain Medicine, believes that pattern raises a fundamental clinical question: **How can treatment be expected to address the problem if the problem itself is not sufficiently understood?**

> *"Complex pain is too often treated before it is truly understood."*

Treatment and diagnosis should remain connected throughout care. When symptoms or treatment response no longer fit the working explanation, that new information should prompt reconsideration of the clinical hypothesis.

That principle is central to *Pain, Answered*, Dr. Siefferman's book, which reframes chronic pain as a clinical journey and provides a framework for how patients and clinicians can approach diagnosis, treatment response, and the path toward healing.

Treatment Failure Can Be Information

Dr. Siefferman views an unsuccessful or unexpected treatment response as potentially useful clinical information. If an intervention intended to address a particular problem does not produce the expected result, that response can help confirm, refine, or challenge the working hypothesis.

A diagnosis may be valid while explaining only one component of a more complex problem. New symptoms may emerge. Clinical circumstances may change. Several mechanisms may coexist. The important question becomes what the new information teaches the patient and clinician.

> *"How do you decide a treatment before you identify the problem?"*

Absolute certainty is not always possible or necessary before treatment begins. But the diagnostic process should remain active, particularly when the patient's response introduces information that does not fit the original expectation.

The challenge can become particularly significant when several specialists are involved. Pain medicine, neurology, rheumatology, rehabilitation, orthopedics, gynecology, psychology, and other specialties may each contribute important expertise. Yet multidisciplinary care alone does not guarantee that someone is maintaining responsibility for the complete clinical picture.

A Connected Process for Complex Care

At Manhattan Pain Medicine, the clinical framework is organized around Discovery → Treatment → Maintenance.

Discovery focuses on understanding what hurts, why it hurts, how the problem developed, and why it may be persisting. The goal is to develop and test a working clinical explanation using the patient's history, examination, imaging, symptom patterns, previous treatment responses, diagnostic procedures, and multidisciplinary input when appropriate.

Treatment is guided by what Discovery reveals, but the process is iterative. The response to treatment becomes additional clinical information that can confirm, refine, or challenge the working explanation and, when necessary, return the process to Discovery.

Maintenance begins once meaningful progress has been achieved. The goal is to protect that progress, improve patients' understanding of their own bodies, recognize flares or meaningful changes, and give them the knowledge and tools to manage their health as independently as possible, with ongoing support available when needed.

The model does not assume every person with chronic pain has an undiscovered diagnosis, nor does it suggest treatment should be delayed until absolute certainty exists. Instead, it keeps diagnostic reasoning active throughout care and treats the patient's response as additional information that can refine the path forward.

That broader discussion will also continue through *Care Beyond the Pain*, Dr. Siefferman's filmed podcast launching in September 2026. Through conversations with physicians, clinicians, patients, caregivers, healthcare leaders, and other experts, the series will explore the chronic pain journey from multiple perspectives, including diagnosis, treatment, recovery, support, and the realities of navigating complex care.

For Dr. Siefferman, the issue extends beyond pain medicine. It is a question about how healthcare responds when a patient's clinical story becomes more complicated than a single diagnosis, specialty, or treatment plan can explain.

About Jason W. Siefferman, MD

Jason W. Siefferman, MD, is founder and medical director of Manhattan Pain Medicine and is triple board-certified in Physical Medicine and Rehabilitation, Pain Medicine, and Headache Medicine. His clinical focus includes complex chronic pain and conditions that may cross conventional diagnostic and specialty boundaries. He is the author of *Pain, Answered* and host of Care Beyond the Pain.

About Manhattan Pain Medicine

Manhattan Pain Medicine is a multidisciplinary medical practice in New York City focused on the evaluation and management of complex pain. Its clinical model is organized around Discovery, Treatment, and Maintenance, emphasizing diagnostic reasoning, individualized treatment, multidisciplinary collaboration, patient education, and long-term support.

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