FOR IMMEDIATE RELEASE

Why Women With Complex Pain Can Spend Years Moving Between Specialists

Manhattan Pain Medicine founder Jason W. Siefferman, MD, examines how

NEW YORK, NY, DATE. A woman experiencing pelvic pain may see a gynecologist. Migraine may lead to neurology. Joint symptoms or inflammatory concerns may lead to rheumatology. Hypermobility or musculoskeletal pain may involve rehabilitation, orthopedics, or pain medicine.

Each referral may be entirely appropriate. The difficulty arises when the patient's symptoms cross several specialties and no single clinical framework reconnects the pieces.

Jason W. Siefferman, MD, founder and medical director of Manhattan Pain Medicine, believes that complexity deserves greater attention, particularly when women's symptoms may already be at greater risk of being underestimated or written off.

> *"The patient experiences one body, while medicine necessarily divides expertise among many specialties. **For complex patients**, the challenge is not eliminating specialization. It is making sure we continue asking how the different pieces of the clinical picture may relate."*

overlapping symptoms, fragmented specialty care, and the under-recognition of women's pain can complicate the path to understanding complex pain

Dr. Siefferman is triple board-certified in Physical Medicine and Rehabilitation, Pain Medicine, and Headache Medicine. His clinical work includes complex pain, migraine and headache, pelvic and pudendal neuralgia, hypermobility and instability, spine and nerve conditions, and other disorders in which symptoms may cross traditional specialty boundaries.

One Patient, Multiple Medical Pathways

The presence of multiple symptoms does not mean they necessarily share one underlying cause. Nor does seeing multiple specialists mean a patient's care has been inappropriate.

Complexity itself can create a fragmented journey. Symptoms may appear at different times. Some diagnoses may be straightforward while others remain uncertain. Treatment of one problem may improve part of the clinical picture while another symptom persists.

For the person experiencing it, the process can feel less like multidisciplinary care and more like managing several separate medical narratives simultaneously.

That creates an important distinction: Having multiple specialists is not the same as having an integrated understanding of the complete clinical picture.

For women, that fragmentation can be compounded by another problem: pain complaints may be underestimated, attributed too quickly to emotional factors, or treated as less clinically significant. Dr. Siefferman does not view complex pain itself as gender-specific, but believes that under-recognition can add another barrier to an already difficult diagnostic journey.

Connecting the Clinical Picture

At Manhattan Pain Medicine, complex cases are approached through Discovery → Treatment → Maintenance.

Discovery begins by asking what hurts, why it hurts, how the problem developed, and why it may be persisting. The process considers the chronology and relationship among symptoms, previous diagnoses, imaging, treatment responses, physical findings, and input from other specialists.

The objective is not to force several conditions into one diagnosis. It is to understand which findings may relate, which may be independent, and what each contributes to the patient's overall experience.

That philosophy is also reflected in Dr. Siefferman's book *Pain, Answered*, which reframes chronic pain as a clinical journey and provides a framework for navigating diagnosis, treatment, and what should happen when multiple answers still do not produce a useful understanding of why pain persists.

> *Complexity calls for greater precision, not greater certainty than the evidence allows. Some symptoms may connect while others may be independent; the clinical task is to continue asking which explanation best accounts for the full picture.*

A Broader Conversation About Complex Care

The subject will also be explored through Care Beyond the Pain, Dr. Siefferman's filmed podcast launched in September 2026.

The series brings together physicians, clinicians, patients, caregivers, healthcare leaders, and other experts to explore the chronic pain journey from multiple perspectives, including diagnosis, treatment, recovery, support, and the realities of navigating complex care.

For women's-health stories in particular, Manhattan Pain Medicine can make additional specialists available when the subject requires expertise beyond Dr. Siefferman's scope, including rheumatologic and multidisciplinary perspectives.

The central issue is not that women with complex pain necessarily have one overlooked condition. It is that overlapping symptoms can create fragmented diagnostic journeys, and the

under-recognition of women's pain can make those journeys even harder to navigate. Both deserve thoughtful, coordinated clinical attention.

About Jason W. Siefferman, MD

Jason W. Siefferman, MD, is the founder and medical director of Manhattan Pain Medicine in New York City. He is triple board-certified in Physical Medicine and Rehabilitation, Pain Medicine, and Headache Medicine. His clinical work includes complex chronic pain, headache and facial pain, spine and nerve conditions, pelvic and pudendal neuralgia, hypermobility and instability, and other conditions in which symptoms may cross conventional diagnostic or 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.

Media Contact

Manhattan Pain Medicine
arose@manhattanpainmedicine.com
2 Fifth Avenue, Suite 7
New York, NY 10011
347-429-2959
www.ManhattanPainMedicine.com