

Profiles

PUTTING ASSESSMENTS TO WORK

BBHI™ 2 TEST

Physiatrist Uses BBHI™ 2 Test to Investigate the Underlying Causes of Patients' Pain

Chris Ryan, MD, a physiatrist who operates a private practice in Denver, Colorado, describes himself as the Sherlock Holmes of pain assessment. "I am the last stop for patients who have gone through the usual evaluations and treatment modalities and not found relief," Ryan says. "My job is to take a fresh look at their cases, unbiased by any pressure from payers, and to detect and help address the factors influencing the patient's pain experience."

Ryan sees a wide range of patients, from individuals with identifiable diagnoses such as spinal cord injury to those whose symptoms defy categorization. About 65 percent of his patients are workers' compensation cases. Many of those who seek him out have suffered pain for a number of years. In conducting a thorough investigation of the patient's treatment history and biopsychosocial factors, Ryan often discovers that the cause of the pain was never correctly identified or was ignored and that, in many cases, relevant psychological issues have not been fully treated. Frequently, he finds that something more can be done to bring the patient relief.

In addition to acting as a diagnostician, Ryan coordinates care for his patients, making referrals as needed to psychiatrists, anesthesiologists, spine surgeons, orthopedists, and manual therapists. Throughout the patient's course of treatment, Ryan stays in close touch with the individual's other care providers, tracking all aspects of the treatment plan. "My role is to make sure that nothing falls through the cracks," he says.

BBHI 2 test reveals patient's perspective on critical issues

"Frequently, I provide the psychologists with my observations based on the [BBHI 2] test results, along with sending them a copy of the report."

One of the primary tools Ryan employs to uncover the source of his patient's pain is the BBHI 2 (Brief Battery for Health Improvement 2) test, which he began using in March of 2004. "The BBHI 2 test adds a very important extension to my clinical interview," he says. "It acts like a magnifying glass to give me a glimpse into a world that I wouldn't have otherwise seen—or not seen nearly as well."

Having already become familiar with the benefits of the BHI™ 2 (Battery for Health Improvement 2) test, Ryan was excited about the availability of the BBHI 2 test as a shortened version of this instrument. He administers the BBHI 2 test to many patients as part of the initial assessment and uses it with most patients to assess progress monthly. Ryan notes that the brevity of the test makes it well-suited for these purposes. He administers the BBHI 2 test using an electronic handheld device called the PAD (Patient Assessment Device), which offers a more convenient option for patients than pencil-and-paper administration and has minimal impact on staff time, Ryan comments.

Another feature of the BBHI 2 test that Ryan appreciates is that the instrument is normed on rehabilitation and chronic pain patients as well as a community sample. “The information generated by this test is directly relevant to the patients I am seeing, as opposed to tests that are standardized on a psychiatric population,” he says.

Ryan also emphasizes the value of the BBHI 2 test as a self-report instrument. “The beauty of this test is that it reveals patients’ perceptions of their own experience, as opposed to the opinions of others,” he says. “Our success with patients depends much more on how they think they are doing than on how well I or someone else thinks they’re doing—or on how well they perform on a physical assessment such as a functional capacity evaluation. The BBHI 2 test helps me understand how the patients themselves view such important aspects as their level of functioning and the physical symptoms they are experiencing in addition to the pain.

The information provided by the BBHI 2 test enables Ryan to make finer distinctions in determining which patients should be referred to a psychiatrist for an in-depth evaluation. Using the BBHI 2 test also has enhanced Ryan’s dialogue with the psychologists to whom he makes referrals, he reports. “Frequently, I provide the psychologists with my observations based on the test results, along with sending them a copy of the report,” he says.

A reliable detection tool

“[The BBHI 2 test] has always told me something about the patient that I didn’t know, but that absolutely fits with my picture of the individual.”

Ryan points out that the BBHI 2 test helps ensure thoroughness. “This instrument has always told me something about the patient that I didn’t know, but that absolutely fits with my picture of the individual,” he says. “It often gives me answers to questions I had neglected to ask in my interview. Unlike me, the test never forgets.”

In addition, the test helps flag critical issues, such as suicide ideation, that the patient might not bring up in the clinical interview. “Many times, the BBHI 2 test has disclosed that the impact of the patient’s condition is much more severe than had seemed to be the case from what I could gather by talking with the individual,” says Ryan. “The test results often have alerted me to a situation that calls for immediate action, such as starting the patient on an antidepressant or making a referral for a psychological evaluation on an urgent basis—steps I might not have taken based solely on what I had gleaned from my interview.”

Providing valuable insight on patient’s progress

“These [0-10 pain scale] numbers offer great insight into patients’ perception of their Pain and their coping ability and help us determine how we should treat both physical and psychological aspects of the patient’s suffering.”

Ryan finds the BBHI 2 test particularly useful for tracking changes in the patient’s condition over time, which he does with most patients on a monthly basis. “Even though I am aware that changes are occurring, it is truly eye-opening to see the detail provided by the BBHI 2 test,” Ryan says. The test asks the patient to indicate on a 0 to 10 scale the maximum and minimum amount of pain experienced over the last month; the amount of pain the individual is experiencing when taking the test; and the maximum amount of pain the individual can tolerate. “These numbers offer great insight into patients’ perception of their pain and their coping ability and help us determine how we should treat both physical and psychological aspects of the patient’s suffering.”

For example, if a patient reports on the first administration of the test a maximum tolerable pain level of 1 and then reports a maximum tolerable pain level of 3 the next month, this suggests that the patient is gaining awareness of the emotional versus physical elements of the pain, Ryan observes. On the other hand, if a patient reports “My pain never changes,” this suggests that the individual is not attuned to the variables that naturally occur in the pain cycle because he/she is fixated on the pain. “In such a case, the test helps us identify that we will need to teach the patient techniques to help avoid pain fixation,” Ryan says.

Ryan notes that the BBHI 2 test results are presented on an easy-to-read bar graph, giving him and other care providers a convenient snapshot of the patient's progress in key areas. He also finds that the report's straightforward format provides a useful platform for his discussion of test results with patients.

Discover the benefits

"It's so easy to introduce [the BBHI 2] instrument into your protocol—and once you do, the tremendous usefulness of the test will quickly become evident."

In his role as a dedicated sleuth of pain problems, Ryan has found the BBHI 2 test to be an invaluable investigative tool. He encourages other pain practitioners who are not yet using the BBHI 2 test simply to try the test. "It's so easy to introduce this instrument into your protocol—and once you do, the tremendous usefulness of the test will quickly become evident," he suggests that practitioners "use it for a couple of months with patients you think you understand; you may be amazed at what the test reveals that you didn't know."

About the Author

Christopher B. Ryan, MD, operates a physical medicine and rehabilitation private practice in Denver, Colorado, that focuses on the diagnosis and conservative care of complex musculoskeletal disorders and chronic pain, electrodiagnosis, medical-legal evaluations and impairment ratings. Ryan received his undergraduate degree from Yale University and his doctoral degree from Creighton University School of Medicine, Omaha, Nebraska. He is a diplomate of the American Board of Physical Medicine and Rehabilitation and a member of the American Academy of Pain Management. Since 1993, Ryan has served on the Independent Medical Examination Panel of the Colorado Division of Workers' Compensation.