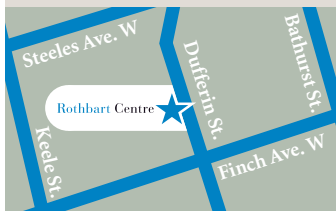




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Clinic Hours

Monday to Friday:
7:00 am - 5:00 pm

Rothbart Centre Fact Sheet



Specializing in chronic pain care of the head, neck, face and back





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Rothbart Centre Fact Sheet | Overview

- The Rothbart Centre for Pain Care is a Toronto-based medical treatment centre specializing in the management and treatment of chronic pain. The Rothbart Centre sees over 30,000 patient visits per year. We provide pain care for patients with chronic pain of the head, neck and back.
- We offer advanced treatments towards pain relief and an experienced team of pain management physicians and staff to support our patients on their path to wellness.
- Many patients come to the Rothbart Centre in search of relief after years of unsuccessful treatment.
- Our caring doctors specialize in interventional treatments and minimally invasive techniques that can offer relief to patients suffering from everything from chronic headaches to degenerative disc disease.
- Our specialty pain clinic was designed with patient needs in mind. Our experienced team of pain specialists develops an individualized pain treatment program to support pain relief through a multi-disciplinary approach.
- Our team includes over 25 physicians, anesthesiologists, and nurses, as well as several specialists trained and certified in physical medicine and rehabilitation.

Conditions We Treat

- Back Pain
- Joint Pain
- Neck Pain
- Chronic Headaches
- Herniated Discs
- Facial Pain (including Trigeminal Neuralgia)
- Degenerative Disc Disease
- Muscle and Fibromyalgia Pain
- Complex Regional Pain Syndrome (CRPS)
- Arthritic Pain
- Whiplash Injuries

- For patients currently living in Ontario who are referred to the clinic by an Ontario physician, our services are offered at no cost to the patient and are covered by the Ontario Health Insurance Plan (OHIP).
- Canadian residents outside Ontario can call our offices to discuss medical plans and coverage options.



What is Chronic Pain?

- Chronic pain is defined as pain that has lasted for longer than three months.
- Millions of Canadians suffer from chronic pain daily, and, quite often, have suffered for years without adequate relief.
- Treatment can include medications, non-invasive pain control treatments, and psychological support.

Chronic Pain in Canada

From the Canadian Pain Coalition

- One in five Canadians suffer from chronic pain; children are not spared and the prevalence increases with age (Moulin, Clark et al. 2002; Schopflocher, Jovey et al. 2010).
- Chronic pain is associated with the worst quality of life as compared with other chronic diseases such as chronic lung or heart disease (Schopflocher, Jovey et al. 2010).
- Chronic pain sufferers experience double the risk of suicide as compared with people without chronic pain (Tang and Crane 2006).
- Veterinarians get five times more training in pain than people doctors and three times more training than nurses (Watt-Watson, McGillion et al. 2008).
- Pain research is grossly under-funded in Canada (Lynch, Schopflocher et al. 2009).



Available Treatments

- Epidural Steroid Injections
- Caudal Epidural Steroid Injections
- Transforaminal Epidural Steroid Injections
- Selective Nerve Root Pulsed Radiofrequency
- Facet Joint Blocks
- Sacroiliac Joint Injections
- Sympathetic Blocks
- Rhizolysis
- Peripheral Joint Injections/Arthrograms
- Peripheral and Cranial Nerve Blocks
- Knee, Hip and Shoulder Injections of Cortisone
- Botox Injections
- Synvisc and Durolane Lubricant Joint Injections

At the Rothbart Centre, we utilize the latest procedures to diagnose and treat chronic pain. Procedures are often performed with:

Fluoroscopy

Fluoroscopy-guided procedures use x-rays that allow the doctor to see real-time images of the patient when performing procedures.

Ultrasound

Our physicians use diagnostic ultrasound to guide chronic pain treatment procedures, reducing the risk of complications and improving successful treatment outcomes.



A few of the procedures we perform include:

Epidurals

Epidural steroid injections are a common treatment for many forms of back and leg pain, including sciatica. An epidural injection is a minimally-invasive procedure, performed right in the doctor's office, that can often relieve discomfort from pain radiating from the lower (lumbar) spine to the buttocks and down into the legs.

Patients suffering from this type of pain complain of a variety of symptoms, and the severity of the pain varies from patient to patient, from mild aches and pains to sharp burning sensations and severe discomfort. An epidural involves the injection of medicines into the lumbar area, which blocks the transmission of signals through nerve fibers around the spinal cord, thus relieving pain.

Although some patients find immediate relief from the injection, the results vary from patient to patient. Approximately 50% of patients experience pain relief following lumbar epidural steroid injections. Some patients are offered a treatment plan that includes a series of up to three injections per six-month period.

Patients, on average, feel up to six months of relief from the injections. In addition to low back and leg pain, epidural steroid injections are most effective for patients with radicular leg pain (sciatica). Conditions that may cause radicular pain include spinal stenosis, lumbar disc herniation, or degenerative disc disease.

Radiofrequency Neurolysis (Rhizolysis or RFN)

RFN utilizes heat to destroy selected nerve fibers and effectively block pain signals to the brain, which can reduce or eliminate various types of pain, particularly back and neck pain.

During a minimally invasive procedure, a tiny puncture is made in the skin and a small electrode is introduced that uses a radiofrequency current to heat up and disable the involved nerve. RFN is often prescribed after intermittent anesthetic injections fail to provide adequate or extended pain relief. Patients often experience significant and rapid reduction or elimination of pain from the RFN treatment. Proven safe and effective as a treatment for some forms of chronic pain, patients undergoing RFN treatments experience pain relief that can last six to 12 months and in some cases, even longer.

Pulsed Radiofrequency (PRF)

Pulsed radiofrequency (PRF) is an alternative to standard radiofrequency. This treatment applies radiofrequency energy with a pulsed time cycle that delivers short bursts of current instead of a continuous flow. The intermittent application allows the tissue to cool slightly between each pulse, keeping the temperature very low, which reduces the risk of harming nearby tissue and prevent long-term damage to the nerve.

Radiofrequency procedures can take just 15-45 minutes from start to finish. Patients often experience relief once the procedure-related inflammation resolves. Patients who are candidates for radiofrequency treatments are typically in their 50s, 60s and 70s.



Lidocaine Infusions

Lidocaine infusions are often used to treat fibromyalgia and neuropathic pain disorders. Infusions are performed intravenously (IV) to calm nerves and provide relief from chronic pain.

A lidocaine/saline mixture is infused by IV into the patient's body for approximately two hours. Lidocaine infusions are usually administered in a series of treatments. Patients can often find relief for up to one to two months at a time with the infusions.

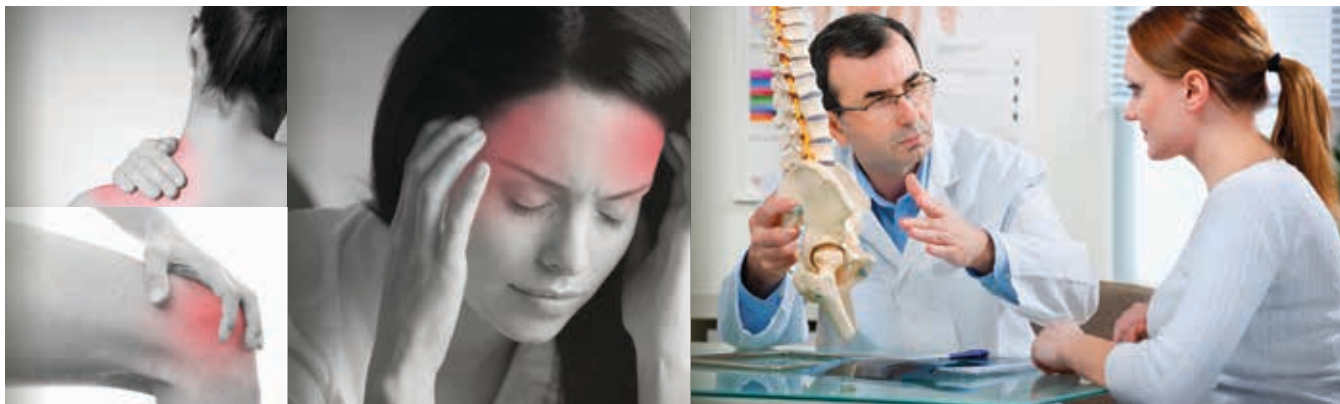
Cognitive Behavioral Therapy

Cognitive behavioral therapy can be very effective in helping patients deal with their chronic pain symptoms. A preferred mode of treatment is to eliminate the source of the pain. Studies have shown that when pain is relieved, patients revert to their normal selves psychologically. Since complete pain relief is not always possible, psychotherapy is an important part of helping patients deal with their chronic pain symptoms.

Our Patients Say:

“ I receive top rate care from my doctors at the Rothbart Centre and the staff is professional and friendly. I was never this pain-free! ”
– **Laurel B.**

State of the Art Facilities



Modern x-ray room on site for image-guided procedures.



17,000 sq. ft. facility with a dozen private exam and treatment rooms means shorter wait times.



Recover in comfort in our 15-bed recovery unit and post-treatment lounge.



Emergency medical equipment on hand.

Leadership Team



Peter J. Rothbart, MD, FCRP(c), Founder & Medical Director

Dr. Peter Rothbart founded the Rothbart Centre in 1987, using his expertise in pain management to help Ontarians find relief from chronic pain. Dr. Rothbart has more than 30 years of practice experience in Canada, the U.S. and the U.K. He is a member of the Canadian and Ontario Medical Associations, and the Royal College of Physicians and Surgeons of Canada. He is a diplomate of the American Academy of Pain Management and the American Board of Pain Medicine.

Dr. Rothbart has been recognized with an Award of Excellence by the Canadian Academy of Pain Management and served many years as the chairman of the Chronic Pain Section of the Ontario Medical Association. Dr. Rothbart is also a past president of the North American Cervicogenic Headache Society.



Faisal Motlani, MD, DABA

Dr. Motlani is board-certified in anesthesiology and interventional pain management by the American Board of Anesthesiology. He is proficient in spinal cord stimulation techniques as well as intrathecal pump therapy. He is a member of the American Society of Interventional Pain Physicians, the American Society of Anesthesiologists, and the American Society of Regional Anesthesia and Pain Management. Dr. Motlani joined the Rothbart Centre in 2012.



Vladimir Djuric, MD, AAPM&R

Dr. Djuric is board-certified in both Pain Medicine and Physical Medicine. He is also a certified Independent Medical Examiner. He completed his residency at Ohio State University Hospital and a fellowship in Musculoskeletal and Sports Medicine at Louisiana State University Medical Center. There he trained with world renowned experts in Spine Medicine. He has recently been appointed Clinical Assistant Professor at McMaster University, and as a Clinical Instructor at the Ohio State University Hospital. Dr. Djuric is a frequent guest lecturer on topics including spinal pain, fibromyalgia and chronic pain syndrome. He joined the Rothbart Centre in 2012.



Sue-Ellen Solger, RPN

Sue-Ellen received her Registered Practical Nursing Certification from Ross Memorial Hospital in Lindsay, Ontario. Her experience includes practicing in a hospital and clinic setting, as well having served as an International Flight Nurse. Leading the clinic as Nurse Manager since 2010, Sue-Ellen brings on board over 28 years of expertise in fields as diverse as pediatrics, surgery, emergency medicine and geriatrics.



Jessica Redfield, Chief Administrative Officer

Jessica joined the Rothbart Centre as our Chief Administrative Officer in 2002. She holds an Honours Bachelor of Arts in English and History from the University of Toronto. Before joining the Rothbart Centre, she held various IT positions, including as an instructor at the Institute for Computer Studies. Jessica is a member of the Rothbart Centre Joint Health and Safety Committee.

Our Physicians



George D. Gale, MD

Dr. George Gale has more than 20 years of experience as a practitioner expert in the management of chronic pain. He is a diplomate and founding member of the Canadian Academy of Pain Management. He is a fellow of the Royal College of Physicians and Surgeons of Canada and is certified in the evaluation of disability and impairment rating (CEDIR) and is a fellow in the American Academy of Disability Evaluation Physicians (AADEP). Dr. Gale has published over 20 research papers on subjects related to chronic pain. Areas of special interest are headache and face pain, fibromyalgia, and the treatment of tinnitus.



Trevor N. Glazman, MD

Dr. Glazman completed his medical education at the University of Western Ontario and completed residencies at Victoria Hospital in London, Ontario and at the Rothbart Centre for Pain Care. He received his certification from the College of Family Physicians of Canada. He is certified in advanced cardiac life support. Dr. Glazman has been a surgical assistant at Sunnybrook Hospital in the fields of orthopaedic joint replacement and trauma since 1999 and joined the Rothbart Centre in 2006.



Fernando Gonzalez, MD

Dr. Gonzalez is a member of the American Academy of Physical Medicine and Rehabilitation, the International Spine Intervention Society, and the American Society of Interventional Pain Physicians. He is a published author and presenter on such topics as transforaminal epidural steroid injections, and ultrasound guided procedures. His main interest is to help his patients recuperate function which has been compromised by pain, and help them return to their activities and productive lives. He joined the Rothbart Centre in 2013. Dr. Gonzalez also has outstanding Spanish communication skills.



Maria Horani, MD

Dr. Horani has been specializing in the treatment and management of chronic pain at the Rothbart Centre since 1997. She received her medical training at Charles University in Prague, Czechoslovakia. She completed internships at North York General Hospital, and St. Joseph's Hospital in Toronto, before finishing her residency at Toronto General Hospital.



Katherine Isles, MD

Dr. Isles is a fellow of the Royal College of Physicians of Canada and of the Canadian Board of Occupational Medicine. Dr. Isles specializes in the treatment of spinal and neuromusculoskeletal impairments, chronic pain management, and psychotherapy and stress management. Dr. Isles joined the Rothbart Centre in 2006.



Ali Khajehdehi, MD

Dr. Khajehdehi is a diplomate of the Canadian Academy of Pain Management, and a member of the Ontario Medical Association's Chronic Pain Section. He earned a certificate for independent practice in chronic pain from the College of Physicians and Surgeons of Ontario. He completed residency training and a research fellowship in anesthesia at the University of Toronto, and a residency in family medicine at the University of Western Ontario. Dr. Khajehdehi joined the Rothbart Centre in 2014.



Joseph C. Kim, MD

Dr. Kim is board-certified in anesthesiology by the Royal College of Physicians and Surgeons of Canada. He completed his residency in anesthesia at the University of British Columbia. Dr. Kim received a clinical teaching award at the University of British Columbia and served as a Clinical Associate in the Intensive Care Unit at the Royal Columbian Hospital before joining the Rothbart Centre in 2010.



Valerie L. Powell, MD

Dr. Powell is a member of the Canadian Medical Association and the Chronic Pain Section of the Ontario Medical Association. She is a fellow of the Royal College of Physicians and Surgeons of Canada in anesthesia. Dr. Powell is also a member of the Canadian Pain Society and the Canadian Academy of Pain Management.



Tahira Siddiqui, MD

Dr. Siddiqui is an anesthesiologist from Quebec with a special interest in chronic pain. She has more than 12 years of experience in chronic, non-cancer pain management. She is a member of the Canadian Medical Association, the Ontario Medical Association, the Canadian Pain Society, and the American Academy of Pain Medicine. Dr. Siddiqui has been with the Rothbart Centre since 2002.



Clement K. Sun, MD

Dr. Sun has more than 30 years of experience as an anesthesiologist focused on pain control and addiction. He served as a faculty member of Cognitive Behavioural Therapy Canada and is certified in cognitive behavior therapy by the University of Toronto and the Centre for Addiction and Mental Health. Dr. Sun joined the Rothbart Centre in 2005.



References

Canadian Pain Coalition:

http://prc.canadianpaincoalition.ca/en/canadian_pain_fact_sheet.html.

Lynch, M. E., D. Schopflocher, et al. (2009). "Research funding for pain in Canada." *Pain Res Manage* 14: 113-115.

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Tang, N. and C. Crane (2006). "Suicidality in chronic pain: review of the prevalence, risk factors and psychological links." *Psychol Med* 36: 575-586.

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Infection Control Procedures and Protocols

FACT SHEET

Infection Prevention and Control (IPAC) Policies

The Rothbart Centre for Pain Care is committed to the highest level of patient safety and has in place comprehensive infection prevention and control (IPAC) policies and procedures. The entire Rothbart team takes the safety of your health care very seriously. Our IPAC policies are closely supervised by our medical staff and public health authorities.

Rothbart's infection control policies govern all aspects of the clinic environment and the work performed at our Centre. Policies include the following areas:

1. Hand washing
2. Use of personal protective equipment (PPE)
3. Safe handling of medications
4. Correct aseptic techniques
5. Facility cleaning
6. Proper cleaning of equipment
7. Staff training and incident reporting
8. Correct handling and disposal of waste

1. HAND WASHING

Did you know hand washing is the simplest way to prevent up to 50% of infections and illnesses?^[1] Antibacterial soap or alcohol-based hand rub are available throughout the Centre for both staff and patients. [See figure 1 for a demonstration.](#)

Staff hand washing is always performed:

- Before and after patient contact
- Before and after using gloves
- After contact with used equipment and
- Following contact with bodily fluids.



Figure 1: Proper hand washing.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

When necessary, medical staff don new personal protective equipment (PPE) including a mask, gloves, gown and eye protection. This equipment helps protect patients and staff from being exposed to bodily fluids and transmitting germs.

3. SAFE HANDLING OF MEDICATION

Medications are kept secure in a locked room and delivered to the doctor each day. Before being used, medication vials are cleaned and checked for safety and expiry date. All needles are single-use, sterile and individually packaged for enhanced patient safety. [See figure 2 for a demonstration.](#)

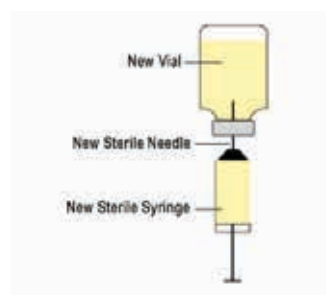


Figure 2: Safe handling of medication.

4. CORRECT ASEPTIC TECHNIQUES

Prior to any medical procedures, nurses prepare each patient with what is called the 'aseptic zone'. Only sterile items and medical equipment are used in the aseptic zone. Proper aseptic technique is used to protect patients against infection and medical staff is trained annually to ensure we provide the safest care to our patients. See figure 3 for a demonstration.



Figure 3: Correct aseptic techniques.

5. FACILITY CLEANING

It is the responsibility of all Rothbart staff to ensure we create a safe and sterile clinic environment for our patients. Operating rooms are disinfected between patients and waiting areas are cleaned daily. Everything is properly cleaned and fully documented.

6. PROPER EQUIPMENT CLEANING

Any item that comes in contact with patients is cleaned twice with Caviwipes (single-use antibacterial wipes) between patients. This includes counter tops, stretchers, blood pressure cuffs and oximeter cables, just to name a few. Our nurses document each time an item is cleaned and when they have completed cleaning procedures. See figure 4 for checklist examples.



Figure 4: Examples of our 25-pages of checklists.

7. STAFF TRAINING AND INCIDENT REPORTING

All medical staff is trained in the Centre's infection control procedures and those involved in patient care are provided with additional on-going training in this area. Staff members not adhering to the infection control policy are subject to disciplinary action, up-to and including dismissal. Incidents of non-compliance with the infection control policy are to be reported immediately to the Nurse Manager.

8. CORRECT WASTE HANDLING

Having our staff trained in the best practices of handling and disposing of waste ensures the Centre stays free of bacteria and pathogens that could make patients ill.

I have some concerns or further questions about this situation. Who should I talk to?

Should you want to discuss your concerns or believe you may have been affected, we are here to help. Please call 416- 512-6407 ext. 219 for an appointment with one of our doctors or email us at nursemanager@rothbart.com. More information about our procedures will be available on our website at: www.rothbart.com.

References

- [1] http://www.uhn.ca/PatientsFamilies/Patient_Services/Infection_Control Fig 1. CPSO handbook.
Fig 2. CDC safe handling of medication information. Fig 3. Alberta Health Services.



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