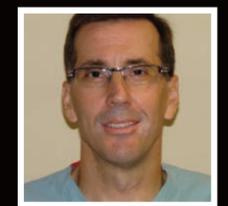




Picture+perfect

Picture-perfect— that’s how people see the Sullivan family. They are good-looking, talented and they work together as a team.



Tork Harman, MD
Medical Director of Mercy’s
Interventional Pain
Management Center

But there’s a secret behind their perfect façade. The reality is that life is painful on many levels for Tracey Sullivan, the matriarch of this family of five. She’s been living with severe chronic pain and pain-related emotional and relational issues for years. Her family suffers alongside her as they live with the repercussions of her condition.

“I’ve always been pretty private,” says Tracey. “But I think it’s important to tell the story of a normal family who deals with something that happens to a lot of other people and nobody knows. People perceive that everything is perfect.

“I’m pretty sure most people don’t understand chronic pain – because I have trouble

understanding it. The pain doesn’t ever go away – the intensity may change, but it never leaves,” says Tracey. “It affects every part of my life, my friendships, activity level, social life and I even needed to quit work.” Some days she hurts so badly she doesn’t even answer the phone.

“People think ‘Well why can’t you just take something?’ But I don’t want to live on pain pills; they make me sick, cloud my thinking and change who I am. There are times I have to use them, but I don’t like them. I take an anti-seizure medicine to relax the nerves in my leg, but it affects my thinking and things, like dates, get foggy.”

Tracey’s husband, Brad, is a football coach at Jefferson High School. He struggles to



Luke Hansen, Psy D
Pain psychologist

understand why there isn’t a winning game plan for a long-term solution to Tracey’s suffering. She often lives life on the sidelines, missing out on events with her children, Ryan, 28, Kilee, 18, Layne, 15, and her two young granddaughters.

“I was an active person. I used to walk five miles on the trail,” Tracey says regretfully. “I’ve always pushed myself – but now I suffer if I do too much. Everything becomes 10 times worse.”

Her medical chart reveals a collection of terms like multiple disc bulges, severe low back pain, painful burning in her leg due to nerve damage, joint pain and severe disc degeneration. Tracey’s roller-coaster ride with pain began in 1998 with a ruptured disc. She had back surgery at that time and experienced great results – for a few years, that is.

“Then slowly, I started having issues again,” she says. “I visited a chiropractor often, had massages and took over-the-counter pain relievers. Those things helped, but they didn’t last. My mom has had six back surgeries, so a lot

may be genetic. She was seeing Dr. (Tork) Harman, so in 2005, I began to see him, too.” Tork Harman, MD, is the Medical Director of Mercy’s



Interventional Pain Management Center.

Since that time, Dr. Harman has utilized various oral medications and X-ray guided spinal injections to help Tracey manage her pain. He also referred her to Mercy’s Physical Therapy for additional tools to help manage her pain.

In December 2010, Dr. Harman recommended a visit with Mercy’s new pain psychologist, Dr. Luke Hansen. Combining medical interventions with physical therapy and pain psychology is a holistic approach to helping those suffering from chronic pain.

At first Tracey was apprehensive about seeing a psychologist. But at their first meeting, she immediately relaxed. “Dr. Hansen understands what this is like for me – it’s a safe place. I feel like that with Dr.

Harman, too. I don’t know what I would do without the Pain Clinic.”

Dr. Hansen focuses on helping patients with the emotional side-effects of their physical condition. “In most cases, by the time they reach me the pain is not something that there is going to be a cure for. People with this kind of pain often struggle with depression and grief from losing the ability to work or do things they once enjoyed. They deal with anxiety or fear, wondering if this will last

forever, if they will feel better and if they will be able to manage.

“Anxiety or depression can exacerbate pain. Anxiety makes muscles tense and can make legitimate pain all the more difficult to manage. The type of pain she is dealing with is something that would significantly limit any person, regardless of how tough they think they are. Tracey is a person who was very active, very athletic and worked throughout her life. She is not someone looking to avoid something or get secondary gain out of it,” he says.

“Just recently I had that A-ha moment when I realized this pain was probably not ever going to leave me,” says Tracey.

That A-ha moment, adds Dr. Hansen, is bittersweet. “It is painful to accept you will be in the pain the rest of your life, but the ultimate goal of working through grief and loss is to reach the stage of acceptance. Then the focus turns to living with and managing it.”

For example, Tracey tries to go to all of her family’s activities. Her choice is to miss those events and feel discouraged, or to go and then pay for it physically for a few days. Long car rides, hard bleacher seats and cramped spaces that limit room to sit, stand or walk as needed to alleviate discomfort all wreak havoc on Tracey’s body. But she attends what she can, bringing along a special seat Brad got for her. And, if she’s not feeling up to it, she doesn’t go.

Tracey notes, “I rely on the support and love from my family. But I still struggle. That’s why I seek help from a pain psychologist, a medical pain interventionist and have had physical therapy – and Mercy offers all of them together!”