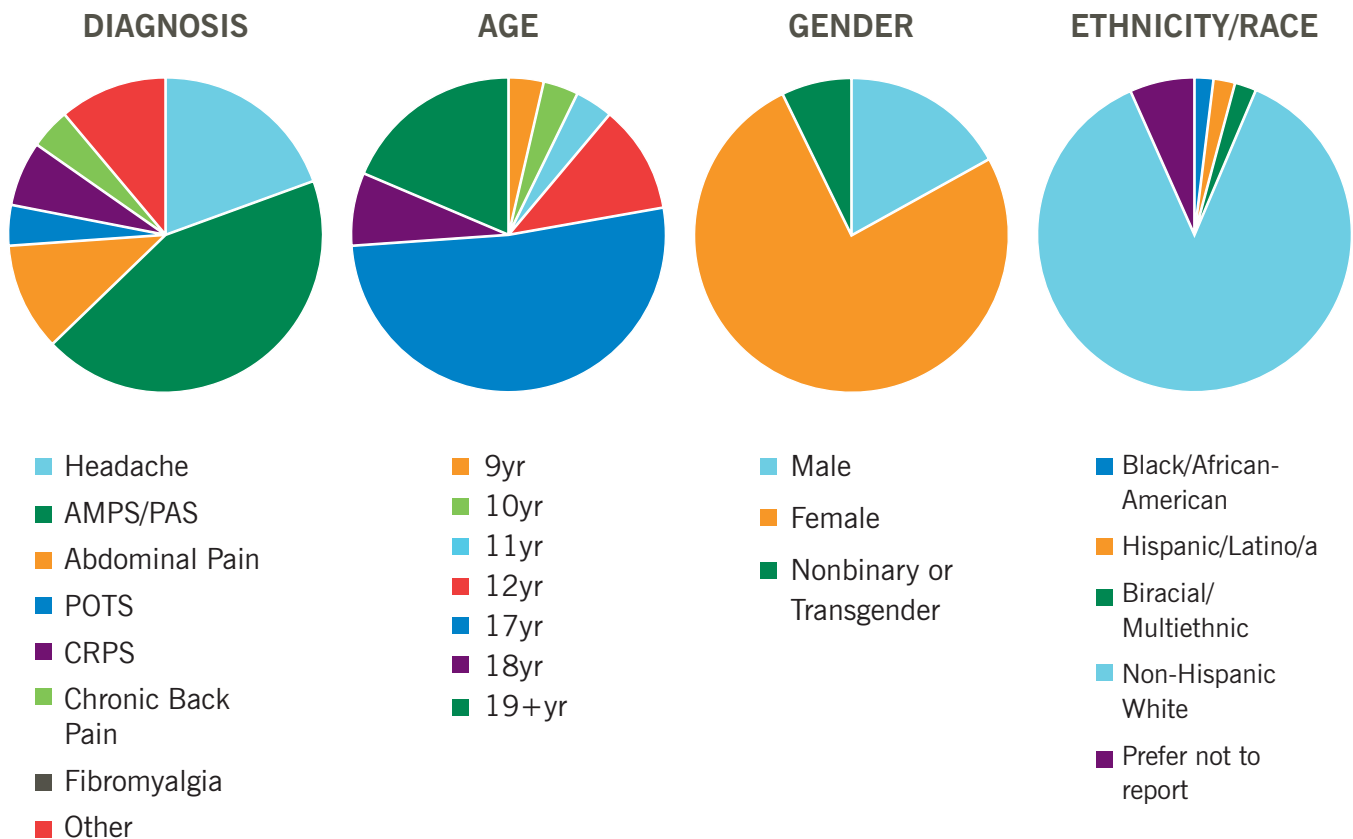


Pediatric Pain Rehabilitation Program

The Pediatric Pain Rehabilitation Program at Cleveland Clinic Children's Hospital for Rehabilitation is a unique and innovative program for children and adolescents with chronic pain that interferes with daily activities. As a result of their pain, these children may not attend school, interact with peers or participate in typical activities. Our program focuses on helping children manage their pain and return to daily life.

The program includes both inpatient and day treatment components. It blends pediatric subspecialty care, behavioral health and rehabilitation therapies in a coordinated, individualized approach. The program received the **American Pain Society Clinical Centers of Excellence in Pain Management** award and is the first pediatric interdisciplinary pain rehabilitation program accredited by the **Commission on the Accreditation of Rehabilitation Facilities (CARF)**.

In 2025, we served 60 patients, ages 9-18. (Data are available from 46 patients.)



my.clevelandclinic.org/pediatrics/departments/pain-rehabilitation

Of these patients, 87.2% presented with a comorbid psychological condition (e.g., anxiety/PTSD, depression, ADHD, learning disability, autism, avoidant/restrictive food intake disorder, functional neurological disorder, sleep disorder).

ACCESS TO CARE

- The median time from referral to first visit was 21.5 days (down from 31 days in 2024).
- The median time from first call to our office to first visit was 14 days (down from 19 days in 2024).
- The median time from assessment clinic to admission was 29 days (down from 39 days in 2024).
- In 2025, we saw 99 families in our assessment clinic, and 84 were referred to our program.
- Of those referred to our program:
 - 21 patients were also enrolled in a readiness program to address additional concerns and ensure they were best prepared to benefit from intensive rehabilitation.
 - 60 were approved by their insurance provider and admitted.
 - 1 was discharged before meeting discharge goals.

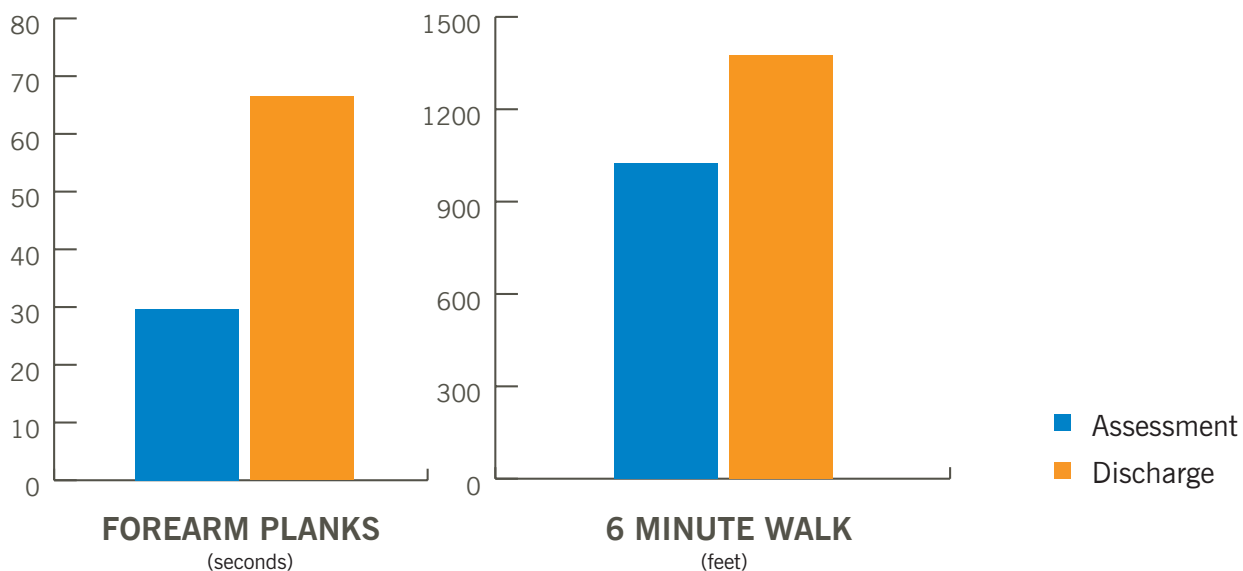
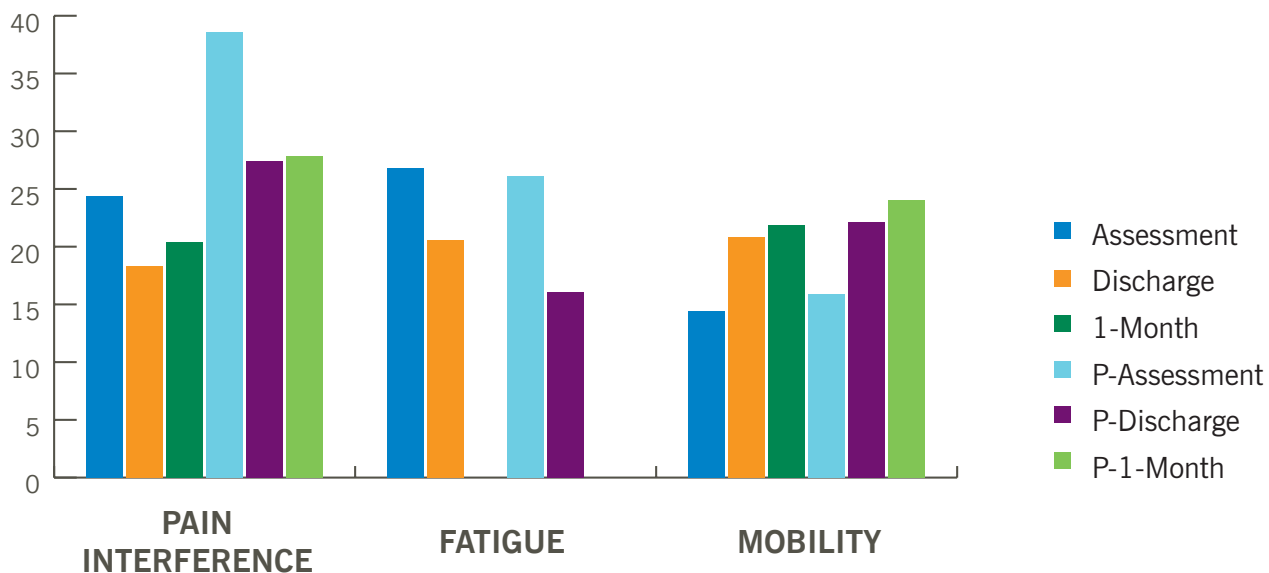
LEVEL OF CARE PROVIDED

- 11 of the 60 patients benefitted from four or more weeks of therapy (as opposed to three weeks).
- The median hours of therapy per day for inpatients was five hours (consistent with 2024 data).
- The median hours of therapy per day for day treatment was five hours (consistent with 2024 data).
- Average visits per service included:
 - OT: 25 (consistent with 2024 data)
 - PT: 20 (consistent with 2024 data)
 - Psy: 27 (consistent with 2024 data)
 - Psych: .6 (consistent with 2024 data)

DISCHARGE

- 1 patient discharged before meeting discharge goals.
- 0 patients had unplanned transfers of care.
- Location of discharge:
 - Home: 100%
 - Inpatient Acute Care: 0%
 - Urgent/Emergent Care: 0%
 - Other (e.g., Group Home, Skilled Nursing): 0%

PRIMARY FUNCTIONAL OUTCOMES



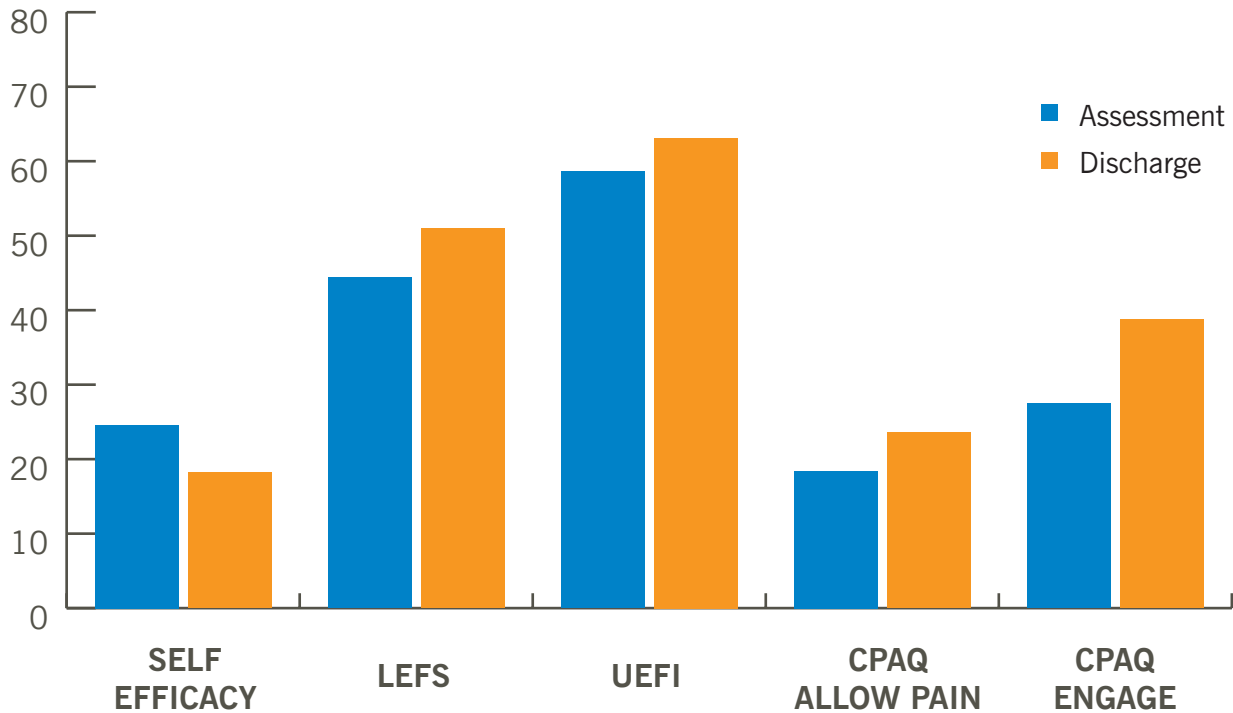
At discharge and one month following treatment, children and parents:

- Reported lower life interference from pain
- Reported less fatigue
- Reported increased mobility and use of body
- Demonstrated greater upper body and core strength
- Demonstrated greater lower body movement and walking

While we do not expect reported pain to notably reduce in the few weeks we provide treatment, we did see:

- Average self-reported pain intensity dropped from 6.6 to 6.0 by discharge.
- Average self-reported pain dropped further to 4.9 by one month after discharge.

SECONDARY OUTCOMES



We accomplish primary goals in part by addressing child behaviors, thoughts and attitudes. We are meeting our goals in terms of:

- Increased self-efficacy of children (i.e., “I believe I can do hard things.”)
- Increased belief in ability to use body (lower extremity and upper extremity)
- Increased allowance of nondangerous pain symptoms to seek valued life activities

REAL-WORLD OUTCOMES

One month following the program, children who responded reported:

- 7.4 fewer school days missed per month
- 2.2 fewer workdays missed per month
- 1.6 fewer specialty visits per month
- 0.5 fewer days in the hospital

SATISFACTION WITH CARE

At the time of discharge:

- 83.7% of parents “strongly agree” they would recommend this program.
- 66.7% of children “strongly agree” they would recommend this program.

For more detail on our outcomes and impact on families, please contact our team with questions or see these important articles:

Banez GA, Frazier TW, Wojtowicz AA, Buchannan K, Henry DE, Benore E. **Chronic Pain in Children and Adolescents: 24-42 Month Outcomes of an Inpatient/Day Hospital Interdisciplinary Pain Rehabilitation Program.** *J Pediatr Rehabil Med.* 2014;7(3):197-206.

Benore E, Banez GA, Rothner AD. **Outcomes of an Interdisciplinary Pediatric Pain Rehabilitation Program for Children with Chronic Migraine and Headache.** *Pediatric Neuroscience Pathways.* 2014;30-32.

Benore E, Banez GA, Evans J. **Hope for Pediatric Chronic Pain through a Cost-effective, Interdisciplinary Approach.** *Pediatric Research Perspectives.* 2017;6-7.

Benore E, Fahrenkamp A, Zhakunets O, Banez G. **School Re-Entry Following Chronic Pain and Disability: A Pathway to Success.** *Pediatric Pain Letter* (published online). 2020. http://ppl.childpain.org/issues/v22n1_2020/v22n1_benore.pdf

Buchannan K, Banez GA, Benore E, Senders P, Coker C. **An Initial Examination of Parent Satisfaction Following Intensive Rehabilitation for Pediatric Chronic Pain.** *Clinical Practice in Pediatric Psychology.* 2018;6(3)238-247.

Benore E, Brenner A, Banez G, Wang L, Worley S. **It Takes Two: The Importance of Attending to Parents within the Pediatric Chronic Pain Experience and Interdisciplinary Rehabilitation Treatment.** *Rehabilitation Psychology.* 2018;63(2)205-214.

Kempert H, Benore E. **Functionally Relevant Physical Exercise as an Objective Measure of Clinical Improvement in Pediatric Chronic Pain.** *J Pediatr Rehabil Med.* 2023;1-9.