



Let's Do Shots! A Treatment to Get Pain Off the Brain.

What interventional injections actually do

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"Shots" for pain get a mixed reputation. The truth sits between miracle cure and temporary numbing trick, and it depends heavily on which type of injection is used and why.

KEY TAKEAWAYS

- Diagnostic blocks confirm the pain source; therapeutic injections calm it for weeks to months.
- Common types include epidural steroid injections, facet joint injections, and peripheral nerve blocks.
- Injections work best paired with physical therapy and activity changes, not as a standalone cure.

THE FULL PICTURE

Interventional pain injections generally serve one of two purposes: diagnosis or treatment. A diagnostic block places a small amount of numbing medication precisely at a suspected pain generator. If the pain disappears for the expected duration of the medication, that confirms the target.

A therapeutic injection, often combining an anesthetic with a steroid, aims to calm inflammation and interrupt the pain-signaling cycle at that same location for a longer stretch of time, sometimes weeks to months. Common examples include epidural steroid injections for nerve root irritation, facet joint injections for arthritic spine joints, and peripheral nerve blocks for more localized nerve pain.

None of these are meant to be a one-and-done cure for a chronic condition. They are tools, often used alongside physical therapy, activity modification, and sometimes medication, to break a pain cycle long enough for the body and nervous system to reset.

By reducing the intensity and frequency of a pain signal, injections can help unwind some of the central sensitization that drives chronic pain. Whether an injection is the right next step depends on your specific diagnosis, so it is worth a conversation rather than an assumption either way.

This handout is for general patient education and does not replace individualized medical advice. Discuss your specific diagnosis and treatment options with your physician.

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