

MY PAIN MANAGEMENT Plan

Name:	Date:
The state of the s	
What is important to me?	
what is important to me:	
-	
Goal: (What do I want to be able to achieve in the next 6 months ?)	
How can I start working on this today?	
Who can help me stay on track?	
,	
How will I monitor my progress?	
How will I monitor my progress:	
When will I review my progress?	







My issues

My actions

Understanding Pain	eg: Why do I feel pain where I have no sensation?	eg: I will watch "Understanding Pain after SCI" film online
Building my health team	eg: My healthcare team doesn't understand SCI Pain	eg: I will show my healthcare team the SCI Pain Navigator
Physical Activity & Exercise	eg: I am not sure what exercise options are best for me	eg: I will talk to a physiotherapist about setting up an exercise program
Lifestyle 4 Nutrition	eg: I eat too many processed foods	eg: I will add more fresh fruit and vegetables to my diet
Medications	eg: I am worried about side effects of medication	eg: I will discuss medications with my GP or spinal doctor
Thoughts → Feelings	eg: I feel that nothing can help improve my pain	eg: I will watch the SCI Pain Management films online to help develop a plan
Pain and Sleep	eg: I am unable to get to sleep at night	eg: I will try relaxation practice 15 mins before bed
Flare Up Management	eg: I don't know what to do when my pain flares	eg: I will make a 'flare up plan' of 3 options to try when I get a flare up
Other	eg: I am not able to find recreation options that interest me	eg: I will visit <u>www.d-ability.org</u> and other links from the website for ideas



