GUIDING CHANGE

Therapists and People with Chronic Pain Working Together

Nicole Carr
Occupational Therapist
Chronic Pain

Pain is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.

- The International Association for the Study of Pain

Pain is said to be chronic if it persists beyond the normal healing time of about three months and is experienced most days of the week

- Australian Pain Management Assoc

"Chronic pain has a distinct pathology, causing changes throughout the nervous system that often worsen over time. It has significant psychological and cognitive correlates and can constitute a serious, separate disease entity."

- Relieving Pain in America, Report by US Institute of Medicine, 2011
Prevalence
- 1995 and 2004–05 National Health Survey (NHS).
- National Pain Strategy

Chronic Pain Is:-
- Experienced by more women than men
- More common with increasing age
- Becoming more prevalent
- Experienced by approximately 1 in 5 Australians
Examples of Chronic Pain in Other Medical Conditions

**Neuropathic Pain:**
- CRPS
- Multiple Sclerosis
- Diabetic neuropathy
- HIV neuropathy
- Phantom Limb pain
- Post herpetic neuralgia
- Post stroke pain
- Carpal Tunnel Syndrome
- Reflex Sympathetic Dystrophy
- Trigeminal neuralgia
- Degenerative disc disease
- Spinal cord injury
- Fibromyalgia

**Nociceptive Pain:**

**Somatic (muscles and joints):**
- Arthritis
- Tendonitis
- Neck pain
- Low back pain
- Osteoarthritis
- Chronic headache

**Visceral (organs):**
- Appendicitis
- Angina
- Irritable bowel
- Pelvic pain
- Pancreatitis

---

**Cancer Related Pain**
The approach to managing cancer related pain is different to non cancer chronic pain and will not be discussed today.
## What Can A Therapist Do?

### Physical
- Aerobic conditioning
- Hydrotherapy
- Strengthening
- Stretching/range of movement
- Yoga
- Manual handling
- Video feedback
- Body mechanics

### Pharmacology
- Medication
- Surgery
- Neurostimulation

### Behavioural/Lifestyle Management
- Pacing
- Fatigue management
- Work simplification
- Graded activity exposure
- Sleep hygiene
- Ergonomics
- Environmental modifications
- Equipment prescription
- Weight management

### Mind-body
- Meditation
- Relaxation
- Diaphragmatic breathing
- Graded motor imagery
- Guided imagery
- Muscle tension
- Stress management
- Mindfulness

### Education
- Functional goal setting
- Body processes, neurophysiology of pain
- Anatomy
- Self-management techniques
- Cognitive restructuring – depression, anxiety
- Problem solving
- Maintenance and relapse prevention
- Medication use/management
- Diet and lifestyle factors

**Patient centred approach with goal-orientated treatment**
A Patient Centred Approach

- Build a therapeutic relationship
- Motivate and facilitate health behaviour change
- Empower people with decision making
- People are the experts on themselves
- Balance expectations and desires with achievable goals
Goal Orientated Treatment

Therapist vs Patient focus

“S” stands for Specific.
Make sure that your physical activity goal is really clear, or specific.

“M” stands for Measurable.
Make sure that you can measure the activity. This could be with time, distance, weight, or repetitions. Any activity that has a start and a finish can be timed.

“A” stands for Achievable.
Make sure the goal is achievable. If the goal is set at a level that is too easy, then there is nothing to strive towards. If the goal is too difficult, then it is likely to lead to disappointment if the goal is not achieved. It is best to predict the target you can achieve in a week with hard work and determination.

“R” stands for Realistic.
Make sure the goal is realistic, taking medical advice, your timetable / calendar / things around you, into account.

“T” stands for Time.
Make sure the goal has a time target, with a clear beginning and end timeframe. A one week timeframe is appropriate to start with for your physical activity goal.
Goal Setting Considerations

- Is the goal concrete or abstract?
- Does the person believe the goal is attainable?
- Is a comfort level for function (baseline) known?
- What is the importance and meaning of the goal for the person?

You need to do more than just set the goal!
I will drive my car within 4 weeks in my local area for up to 10mins.

Subgoal 1 = I will drive with another adult in the car within 1 week
Subgoal 2 = I will drive with my son and another adult in the car within 2 weeks
Subgoal 3 = I will drive with my son and no other adult in the car within 3 weeks

To help me achieve this goal I plan to:-
- Do daily stretching, balance and strengthening exercises
- Go to hydrotherapy each week
- Practice relaxation each day
- Practice deep breathing each day
- Use positive self-talk – rephrase the doubts
- Talk about the plan with husband and parents
- Walk at home with 1 crutch
- Practice a semi-squat
Reviewing Goals

• Is the goal achieved?
• What changes are working well?
• What difficulties are being experienced?
• What skills, knowledge or experience have been gained?
• What needs to change?
• What’s next?
Resources

- “Brainman” video series
- National Chronic Pain Strategy 2010
- Pain Australia - [www.painaustralia.org.au](http://www.painaustralia.org.au)
- Chronic Pain Australia - [www.chronicpainaustralia.org.au](http://www.chronicpainaustralia.org.au)
- International Association for the Study of Pain [www.iasp-pain.org](http://www.iasp-pain.org)
- Body In Mind - [www.bodyinmind.org](http://www.bodyinmind.org)

- America, Canada and Britain also have chronic pain associations and resources on their websites.
REFERENCES

ARTICLES

- Australian Bureau of Statistics (2011) - 4841.0 - Facts at your Fingertips: Health
- Coppack, R. J., Kristensen, J., & Karageorghis, C. I. (2012). Use of a goal setting intervention to increase adherence to low back pain rehabilitation: a randomized control trial. Clinical rehabilitation, 26(11), 1032-1042.

BOOKS

- Nicholas, M et.al. (2011) Manage Your Pain 3rd Ed. HarperCollins Australia