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Simplifying Non-Pharmacological Treatments for Chronic Pain: Part 4

Motivating Movement in Patients with Chronic Pain

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Faculty/Presenter Disclosures

- Presenter: Lisa Diamond Burchuk & Todd Hill
- Relationships with financial sponsors:
 - No financial sponsors to disclose.



Faculty/Presenter Disclosures

- **Presenter: Lori Montgomery**
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** Hotchkiss Brain Institute; Ministry of Health; Alberta Health Services; ACFP; CFPC.
 - **Other:** No relationship with industry.

Faculty/Presenter Disclosures

- **Presenter: Lydia Hatcher**
- **Relationships with financial sponsors:**
 - **For Profits:**
 - **Grants/Research Support:** McMaster University, Cannabis Research Centre of Excellence
 - **Speakers Bureau/Honoraria/Consulting Fees:** MdBriefcase, Tilray, Canopy Growth, Knight Therapeutics, CMEaway; Emblem Inc., International Centre for Evidenced Based Medicine
 - **Advisory Boards:** Tilray, Canopy Growth, Scientus Inc, Eisai Limited
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 - College of Physicians and Surgeons of Ontario-Medical Inspector; Physician Expert - CMPA, Best Doctors; Alliance for Best Practice in Health Education- treasurer; Canadian Medical Association- Planning and reviewer for Joule CMA, Canadian Academy of Pain Management (CAPM)- lecturer



Learning objectives

At the end of the session, participants will be able to:

- develop basic concepts related to pain education for family practice patients
- discuss principles of movement goals with patients as a non-pharmacological treatment for pain
- learn strategies to build their patient's self-efficacy through movement and exercise principles
- develop strategies to engage and sustain exercise programs with patients by reaching common ground

Persistent Pain Management Timeline

Acute Phase: Persistent Pain Prevention			Chronic Phase: Persistent Pain Reduction/Management	
Injury to 3 weeks	3 to 6 weeks	7 weeks to 3 months	3 months to 6 months	6 months and over
Reassure that the prognosis of MSK injury is favourable*+				
Provide specific individualized self-care advice that encourages return to normal activity (including early return to work). +#				
Discuss healthy coping strategies that prevent fear and catastrophizing.+				
Educate on the neuroscience of pain perception using clear explanatory models for symptoms+*				
Provide education on measuring improvement with activity levels, not just pain levels.+				
Consider referral for pain symptom management (exercise prescription, manual therapy, acupuncture, massage)				
Education: use of heat and cold#				
Education: Posture, positioning, ergonomics, lifting and carrying				
			Consider referral to mental health professional if no resolution of trauma related to injury or presence of psychosocial risk factors**#	
			Educate: physical arousal and impact on pain; teach relaxation breathing and trial relaxation strategies	
			Consider referral for formal functional assessment or referral to a return-to work program**#	
			Consider supplementary symptom self-management	
			Education on link of thoughts, feelings and physical experience; cognitive distortions.	
			Consider referral for formal assessment of general conditioning and provision of exercise prescription*	
			(Re)establish healthy activity patterns and focus on gradual changes #*	
			Set obtainable yet challenging goals*	
			Consider referral to self-management program/group or chronic pain program/group#	

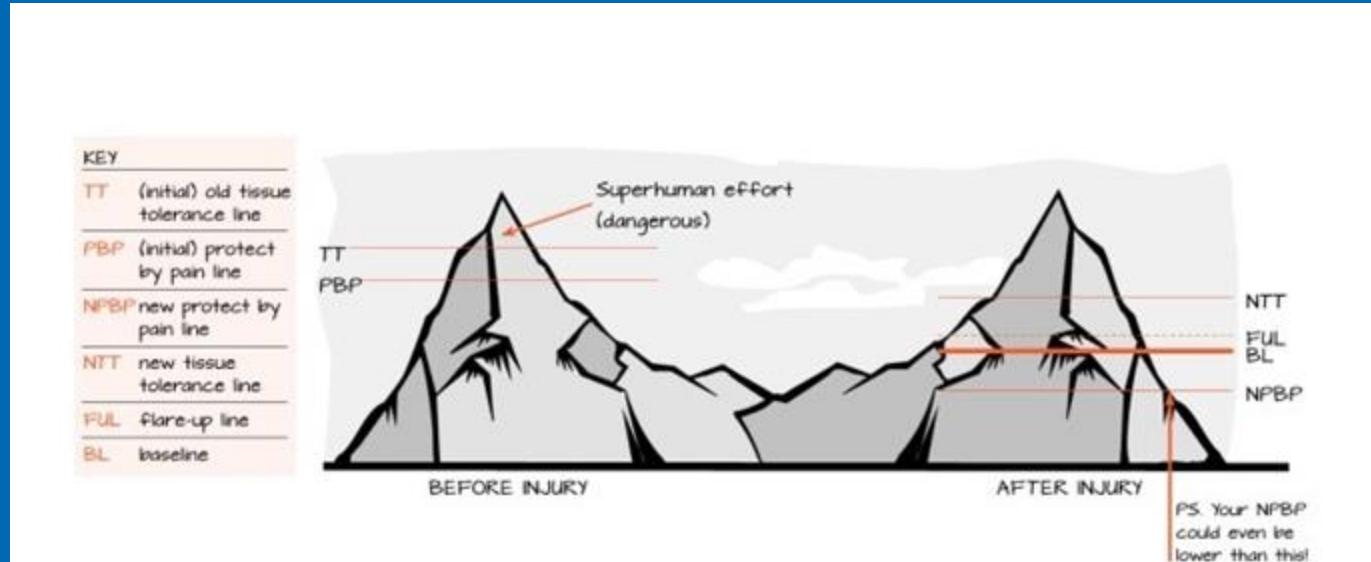
*National Health and Medical Research Council. (2008). Clinical guidelines for best practice management of acute and chronic whiplash-associated disorders. Australian Government.

+Delitto et al. (2012). Low back pain: Clinical practice guidelines linked to the International Classification of Functioning, Disability and Health from the Orthopaedic Section of the American Physical Therapy Association. J Orthop Sports Phys Ther, 42(2): A1-A57.

#Toward Optimized Practice. (2011). Guideline for the evidence-informed primary care management of low back pain. McMaster. Accessed from <http://nationalpaincentre.mcmaster.ca/documents/LowerBackPainGuidelineNov2011.pdf> April 4, 2016.

What keeps clients from moving?

- Central sensitization = Reduced pain threshold



What keeps clients from moving? Inactivity cycles



Help clients set a movement goal

Help the client identify a movement goal that is:

- Rewarding
 - Achievable
 - Gives them a sense of accomplishment
 - Activity keeps the client below the pain threshold
 - Can be done regularly
 - Is a baseline of activity that the client can start, then build up
- Ask them:
- S: specific**
- M: measurable**
- A: achievable**
- R: relevant**
- T: time oriented**

How confident are you that you can achieve this goal?



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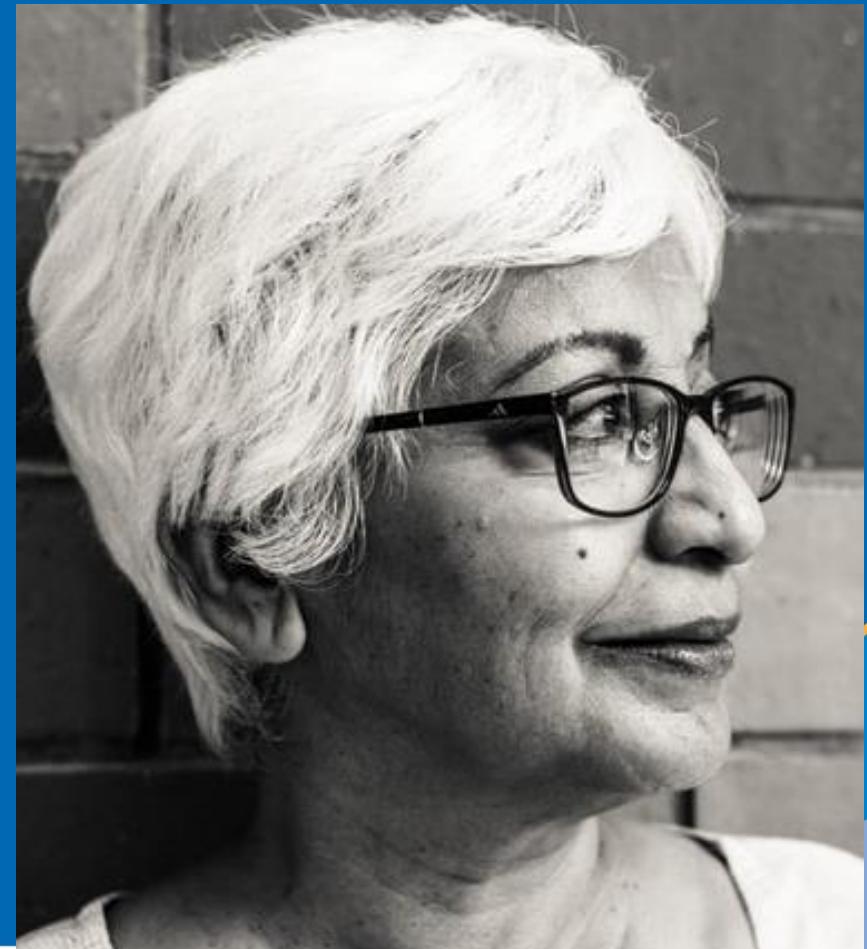
Ask them:

How confident are you that you can achieve this goal?



Case example: Valerie

- Diagnosis: Fibromyalgia.
- Diagnosed 10 years ago. Pain symptoms increasing over last two years.
- Pain is interfering with all aspects of life. Used to be able to go for walks with friends, but now she barely has energy to look after herself.
- Feels less confident as she is relying on husband more often.



Goal setting with Valerie

- Help Valerie identify an activity she enjoys.
- Ask her “how long can you do that activity, and not feel pain afterwards?”
- “Do you think you can do that regularly?”
- Ask how confident she is that she can achieve this?

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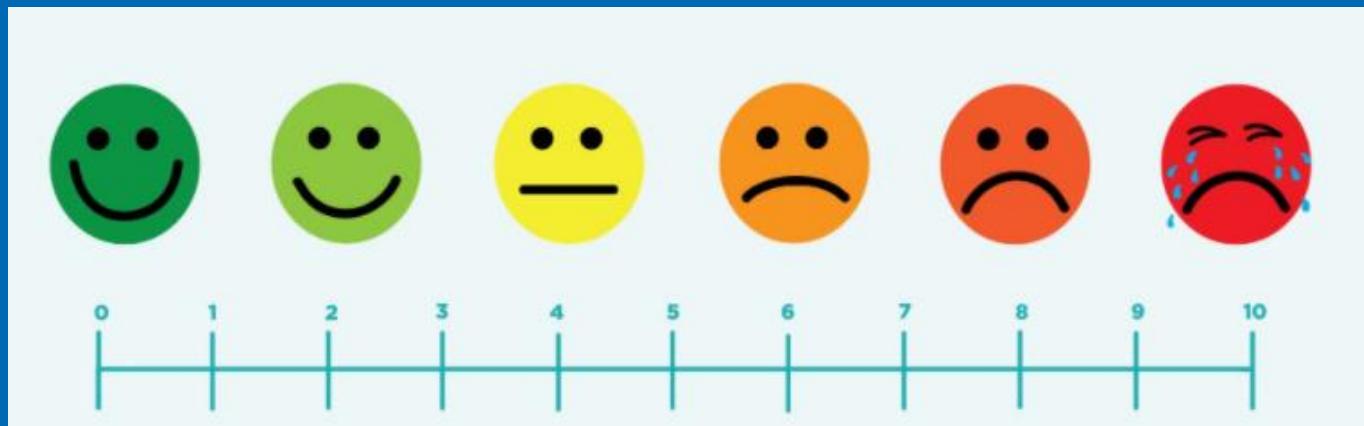


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Cheerleading success

- **Subjective Units of Distress (SUDS)**
 - Self rate their overall feelings of well-being, before and after the activity.
 - Allows patient and care provider to see changes
 - Shift focus from pain to sense of well being



Frequent pitfalls: “Yes, but....”

“More activity will cause me more pain.”

“I am active, but then I pay for it for days.”



Frequent pitfalls

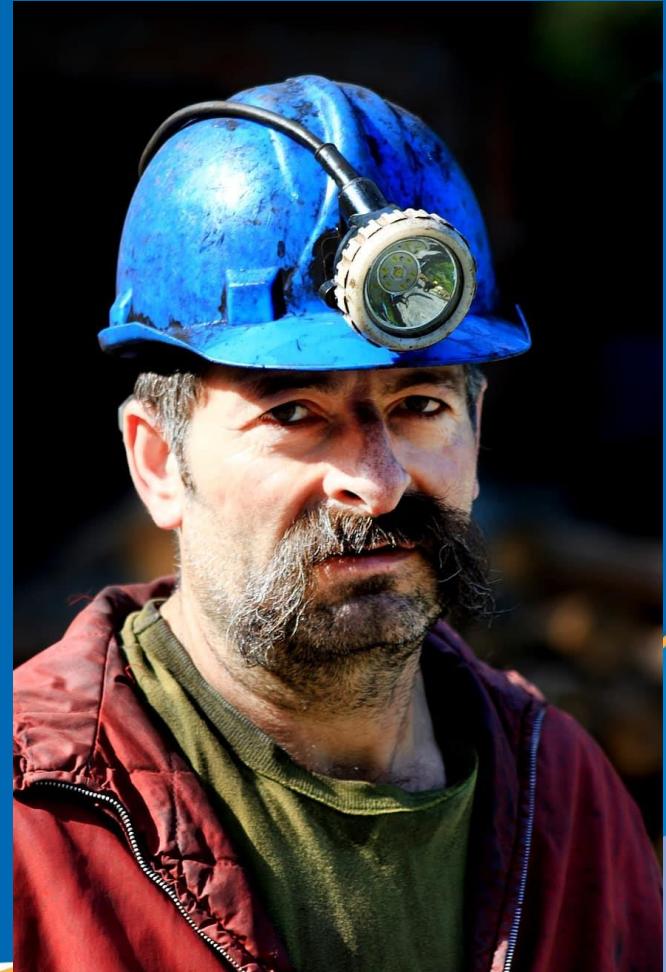
“I’m so out of shape that it would take forever for me to get back in shape. It’s impossible.”

“I tried doing exercises for my back before, but it didn’t help.”



Case example: Chris

- Diagnosis: Chronic mechanical pain. Instigated by multiple back injuries at work, off work now for one year.
- Pain increases any time he bends over; spasms last for days.
- Wants the pain to go away so he can get back to work.



Goal setting with Chris

“I want to get back to work.”

vs.

“I want to start doing something I am good at
and that makes me feel useful.”



Addressing pitfalls with Chris

“If I can’t do it like I used to do it, then why bother?”

“If I feel a twinge, that must be bad.”



Resources

Chronic Pain Explained:

- <https://www.youtube.com/watch?v=G7bBUDUFrQU> Understanding Pain
- <https://www.youtube.com/watch?v=aH9NG1c6mIY> Understanding Pain Rebrand
- <https://www.youtube.com/watch?v=Zv6RPoVZx9M> longer and more complex
- <https://www.youtube.com/watch?v=ikUzvSph7Z4> Tame the Beast
- <https://www.mycarepath.ca/understanding-pain/brain-and-nervous-system-change>
mycarepath.ca
- <https://www.mycarepath.ca/understanding-pain/what-is-chronic-pain>
- <https://www.youtube.com/watch?v=cLWntMDgFcs>
- <https://www.mycarepath.ca/understanding-pain/brain-and-nervous-system-change>



Resources

General Pain:

- <https://www.youtube.com/watch?v=l7wfDenj6CQ>
- Pain Meds:
- <https://www.youtube.com/watch?v=GmHGUTNoL-I>
- Threshold:
- <https://www.youtube.com/watch?v=jyHeAQbFs34>
- <https://www.mycarepath.ca/>
- <https://www.liveplanbe.ca/>

Affective Resources

- <http://calminthestormapp.com/>
- <https://www.anxietybc.com/resources/audio>
- <https://www.mycarepath.ca/managing-pain/the-mind-body-connection> <https://www.sunrisertc.com/distress-tolerance-skills/#tipp>
- <https://www.caot.ca/client/product2/513/item.html>
- <https://www.getselfhelp.co.uk/distresstolerance.htm>
- <https://www.dbtselfhelp.com/>
- <https://www.therapistaid.com>

Cognitive Resources

- https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf
- <https://www.therapistaid.com>

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