



Dorset Pain Management Service
Soaring above pain



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MODULE 3

Practical strategies for Physiotherapists

Dorset Pain Management Service



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ASSESSMENT OF PAIN

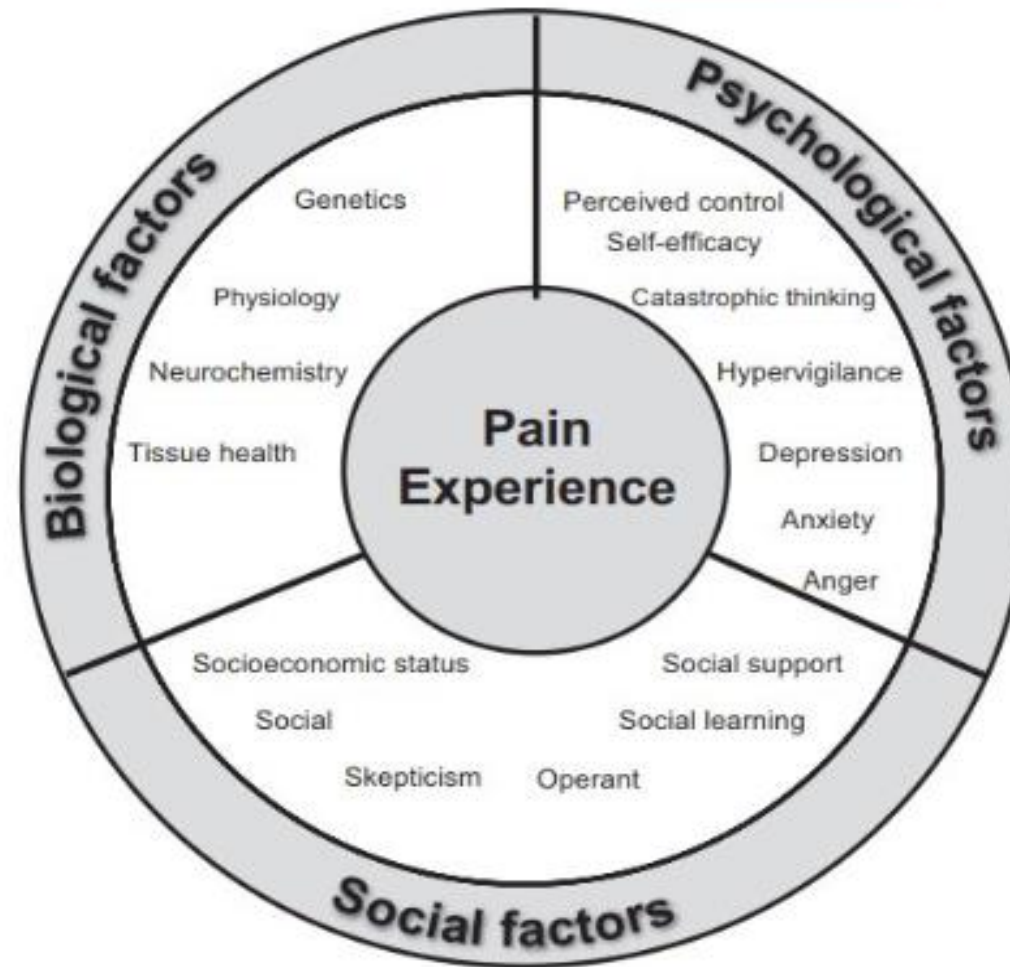


FIGURE 2 Biopsychosocial model of pain



Chronic Pain Assessment

Breivik et al. Assessment of pain. British journal of Anaesthesia 101 (1):17-24 (2008)

Are you worried about the outcome of your pain condition and your health?

How intense is the pain?

How does your pain affect your sleep?

Where is the

Your family life?

Neurological examination

pain?

Your social life?

What relieves the pain?

How did the pain start?

What treatments have you received?

General physical examination

Musculoskeletal system examination
Any adverse effects?

What aggravates the pain?

Effects of treatments?

Your physical functions?

Are you depressed?

Musculoskeletal system examination

Are you involved in a litigation or compensation process? Assessment of psychological factors

The specific pain history must clarify location, intensity, pain descriptors, temporal aspects, and possible pathophysiological and aetiological issues

Description of the pain (e.g. burning, aching, stabbing, shooting, throbbing, etc).

Your

What is the time course of the pain?

Your mood?

Your economy?

Specific pain evaluation

Your sex life?

Your ability to work?



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THE MANAGEMENT OF PERSISTANT PAIN

“In a truly biopsychosocial framework of pain, the things we say, do, think, and hear are all potential modulators of pain itself and may all be suitable targets for rehabilitation”



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Here is a video of a volunteer who has put pain management into practice telling us her “golden nugget” which made a difference to her. Her personal examples of strategies for a recovery plan.



A PHYSIOTHERAPIST TOOLKIT INCLUDES

1. Education about pain.
2. Reassuring language about pain.
3. Promotion of movement.
4. Functional goals.
5. Relaxation
6. Promotion of self efficacy



EDUCATION ABOUT PAIN

Learning about pain is a therapeutic intervention, people need to know facts such as:-

- Pain is normal and always real
- We have danger receptors, not pain receptors
- Pain and tissue damage are not always linked
- Pain depends on balancing positive influences as well as the “danger” influences
- Pain relies on context
- The nervous system is adaptive and reversal is possible!



LANGUAGE ABOUT PAIN

We all know the value of the therapeutic alliance but this works both ways.

The words we use are powerful. As a medical professional words we use can influence the way a person regards their body for the rest of their lives.

Do not contribute to persistent pain from an acute pain situation!



EXAMPLES OF UNHELPFUL LANGUAGE

- Slipped disc
- Bone on bone
- Spine is crumbling
- It is unstable.
- No pain no gain



Situation	Thought	Feeling	Behaviour/ Action	Answer Back Thought
Wake up with pain	There's no point. I'm no better. I might as well give up.	Fed up	Spend day in bed. Eat chocolate!	My pain is the same but I'm doing more I'll get on top of this like I have other things before.
In the garden, the lawn needs doing	I should be able to do this, I used to do the whole lawn in one go.	Annoyed	Persevere and do the whole lawn (cause flare-up).	I'll do it in my own time It doesn't matter if it doesn't get finished today.

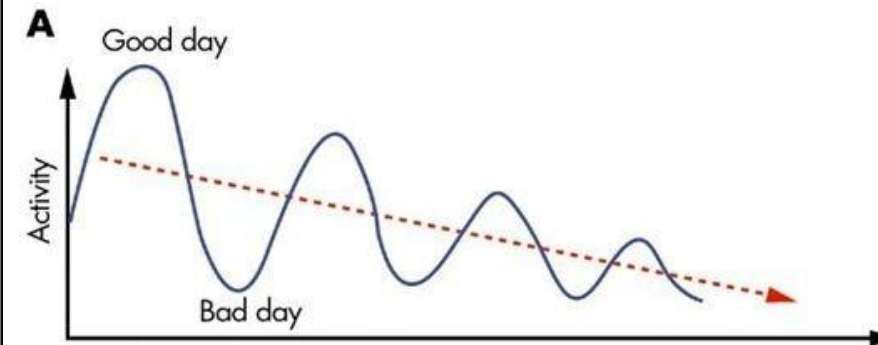
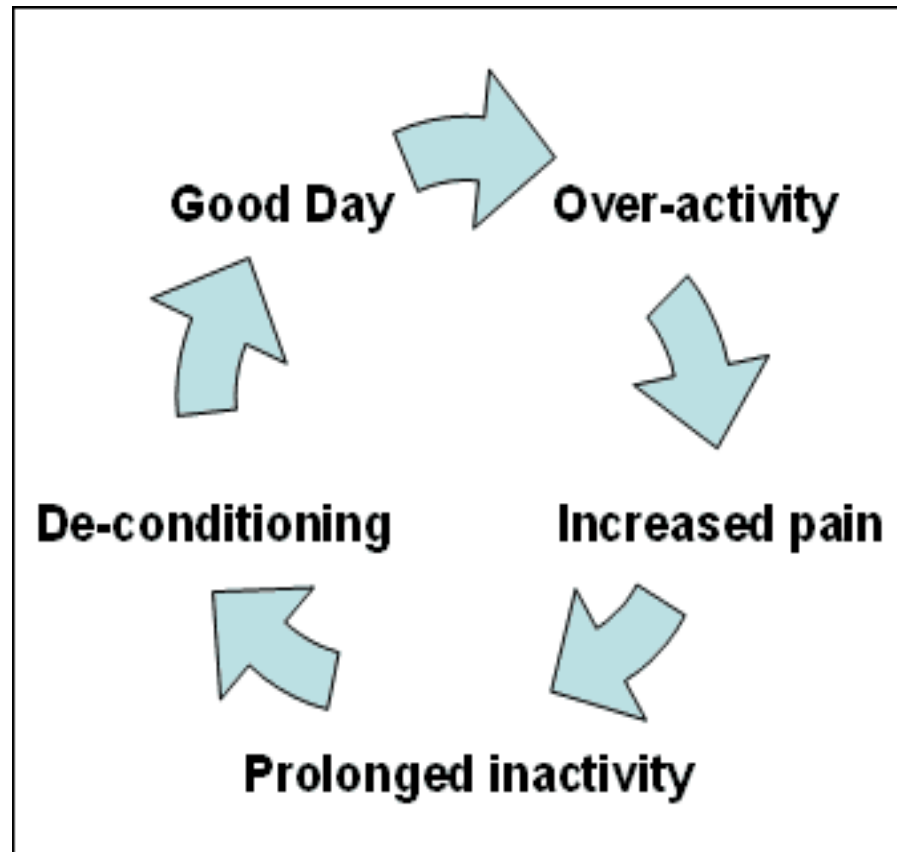


PROMOTION OF MOVEMENT

- Reducing the fear of movement.
- Helping someone pace themselves appropriately.
- Encouraging awareness of the mind body connection when we move, moving “mindfully”.
- Posture management and advice.
- Movement as part of a Functional goal.



What do we mean by 'pacing'?





Activity balancing

As well as working on pacing towards specific goals it is important to see this in the context of the activity balance in a day.

Are patients balancing the work, rest and play in their day? Are they including enough relaxation? Are they doing things they value and enjoy and minimising those which make their hearts sink?

We can work with our Occupational Therapy colleagues who have a wealth of experience in this area.



Why is it important to move mindfully?

If you live with constant pain, it is common to detach from the sensations in your body.

Ultimately this is not helpful because

“To feel better in your body, you first must feel your body better” (Diane Jacobs)

It is important to befriend your body to take care of it. This includes being aware of your thoughts.

- “do I feel safe, will I regret this later”
- “Keep breath calm, keep body calm”



**The best exercise is the one
that's done, and the one
that's done is the one
that's fun!**



FUNCTIONAL GOALS

Working towards a functional goal will improve someone's quality of life without focussing on their pain.

If the pain is not “curable” they can still enrich their life by adding in more of the good stuff.



RELAXATION

There is a large body of research to show the effect of relaxation on reducing pain by a number of processes including:-

- Reducing muscle tension.
- Increasing sense of calm.
- Encouraging parasympathetic nervous system to produce oxytocin (which is a pain killer).
- Reducing heart and respiratory rates.
- Improving blood flow to the brain and muscles.



Encouraging regular relaxation as part of an exercise regime or separately has been shown to directly reduce levels of pain.

Relaxation moves the body out of the “fight, flight or freeze” model.

A good place to start is to assess your patient’s breathing pattern.



PROMOTE SELF EFFICACY

“The belief in one’s capabilities to organise and execute a course of action.”

“Belief in having the required skills to perform a given task.”



Self-efficacy approaches

We are physiotherapists not mental health professionals but our practice can be informed by some therapeutic approaches such as:

Cognitive Behavioural Therapy – which focusses on how thoughts, behaviours, attitudes and beliefs affect feelings and actions.

Acceptance and Commitment Therapy – which uses mindfulness skills to help people live and behave consistently with personal values and develop psychological flexibility.



TAKE HOME MESSAGE

The therapeutic relationship is powerful.

Healing happens from within the individual, aim to facilitate a positive change in their pain and quality of life, by increasing resilience and healthy behaviours, whilst managing/reducing barriers to health.

Believe in yourself and believe in your patients!