Living with Chronic Pain: A Client's Perspective
Diana L. Thompson, LMP

- Personal Story
- Pain Statistics
- Definitions and Theories
- Patient-Centered Pain Management
- Treatment Planning
- Assessments and Measurement Tools

Session Outline

Integrative Pain Management: Massage, Movement and Mindfulness Based Approaches

- Integrative Healthcare
- Neuro-Anatomy of Pain
- Pain Theory
- Massage, Movement & Mindfulness
- Clinical Care Pathways

Diana Thompson and Marissa Brooks
HandSpring Publishing
My Personal Story

- MVCs ‘83, ‘85
- CAM care
- Flare-up 2000
- Flare-up 2012
- 7-level fusion 2015

Pain is a Biopsychosocial Issue.
Between ½ and 2/3 of people with chronic pain are less able or unable to exercise, enjoy normal sleep, perform household chores, attend social activities, drive a car, walk or have sexual relations. (WHO)

30% are unable or less able to maintain an independent lifestyle due to pain (IASP)

Cost of pain in U.S. approx. $560 - $635 billion (IOM)

Pain Statistics
1 in 5 adults suffer from pain (1 in 4 over 65)
1 in 10 adults are diagnosed with chronic pain each year
In the U.S, the number of people reporting pain:
Back pain (66 million), headaches (37 million), neck pain (36 million), jaw/face pain (11.5 million)

Pain Theories
- Often a disease in and of itself
- A complex pathology:
  - Cognitive, behavioral impairment - fear dictates
  - Anxiety, depression, sleep disturbances
  - Neuroplastic changes
  - Pain signals active even when resting
- The original injury is no longer the source of pain
Definitions

- **Biopsychosocial**: A medical problem or intervention that combines biological, psychological, and social aspects or treatment.

- **Chronic pain**: Pain that occurs on at least half of the days for six months or more.

- **High-impact chronic pain**: Pain associated with substantial restriction of participation in work, social, or self-care activities.

- **Disease management**: Integrated, multi-disciplinary, multi-modal care in which self-care efforts are significant.

- **Central sensitization**: Complex change in central nervous system induced by abnormal peripheral activation.

- **Hyperalgesia**: Lowered pain threshold, or increased perception of pain from a stimulus that normally provokes pain.

- **Allodynia**: No pain threshold, normally non-painful stimulus (warmth, light touch) cause pain.

- **Hyperpathia**: Elevated pain threshold, learned pain suppression, delayed response, often associated with depression.

- **Neuroplasticity**: Increased nociceptor branches.

- **Loss of pain filters**: Dysfunctional pain modulating pathways.
Symptoms of Chronic Pain

- Sleep disturbances and fatigue (pain signals active even during rest)
- Muscle weakness and compensational patterns, spasms, loss of balance
- Anxiety, stress and depression; fear and abandonment

Symptoms of Chronic Pain

- Cognitive impairment
- Decreased ability to function
- Loss of libido, loss of appetite
- Increased inflammation
- Suppressed immune function
- Delayed healing

Treatment

Over-the-counter and prescription pain medication

Self-Care management
- Nutrition/Weight management
- Exercise/conditioning

Integrative care:
- Behavioral therapy
- Physical therapy
- Manipulative therapy (International, not U.S.)
- Surgery
As a sole treatment may be inadequate to effectively address persistent pain as a disease process ... comes with significant societal expense and treatment failure, and fails to treat the patient as a whole human being.” (Dubois, 2009)

**Opioid and NSAID use**

- Globally, 15 million people suffer from opioid dependency (WHO)
- 69,000 die from opioid overdose annually, (WHO) many of whom are on low doses with acute and intermittent use (Fulton-Kehoe, ’15)
- Prolonged use of pain medications has been shown to worsen pain symptoms and pose substantial risk (Menard, Fulton-Kehoe)
- In the USA alone, non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen send 100,000 people to the ER annually (Adams, ’11)
- NSAID use is associated with increased risk of GI bleeds, impaired renal function, and cardiovascular death (Menard, ’14)

**CAM Use**
CAM Users
The association of CAM use and health care expenditures for back and neck problems (Martin, 2012):

- CAM users had significantly better self-reported health, education, and co-morbidity than non-users
- Medical costs among CAM users was lower for spine-related costs and for total health care costs
- CAM users did not add to the overall medical spending in a nationally representative sample with neck and back problems

Trends: Massage, Movement, Mindfulness

Principles of Pain Management: IOM

- A moral imperative, professional responsibility, and the duty of people in the healing professions
- Value of comprehensive treatment: biopsychosocial
- Need for interdisciplinary approaches, assessment and Tx
- Results depend on therapeutic relationship: clinician, patient and family working together
- The conundrum of pain medication: safety and effectiveness
- Public health and community-based approach
National Healthcare Strategy

- Patient-centered care
  - Shared decision-making
  - Diversity of options

- Integrated Teams
  - Communication
  - Evidence-informed

- Multi-modal
  - Biopsychosocial

- Interdisciplinary
  - Biomedical, complementary, community

High Quality Pain Care

- Cost effective
- High patient benefit
- Low risk
- Comprehensive (biopsychosocial approaches)
- Coordinated care plans
- Patient-centered care, individualized outcomes
- Social support system

Patient-Centered Care

- Listen
  - Empathy, compassion, respect
  - Hear their story

- Breathe
  - Be a role model

- Investigate
  - ADLs
  - Self-Care

- Customize
  - Cultural, social, family support
  - Preferences, options, shared decision-making, shared responsibility
**Biopsychosocial Approaches**

**Massage**
- Passive: Invite awareness, focus on breathing
- Active: Self-massage, add topicals, tools

**Movement**
- Classes: Yoga Therapy, Tai Chi/Qi Gong
- Family/community: walking, biking, gardening
- Exercises

**Mindfulness**
- Awareness
- Meditation
- Imagery

**Treatment Planning: Critical Guidelines**
- Consider individual needs and preferences
- Do not cause pain
- Address the entire body; do not think that the original injury/condition is the only issue at play
- Be flexible: alternate between specific and general, active and passive treatments
- Give the body time to rest during the session
- Always consider self-care between sessions

**Treatment Planning: General Ideas**
- Consider individual needs and preferences
- Normalize biomechanical restrictions
- Reduce visible and low grade inflammation
- Create new neuroplastic pathways
  - Balance compensations
  - Mobilize and differentiate movements
  - Provide awareness and options for movement
- Improve balance and posture
Increase Options for Movement

- Movement should include multiple options: no repetitive movements in same pattern of movement
- Advance movement to include balance: use a roller or a ball
- Invite clients to experiment with multiple ways of doing simple movements—sitting down, standing up, walking, reaching—during self-care homework
- Invite clients to rest and reflect on what feels different and how

Objective Assessments: Pre and Post

Test balance: Stand on floor or balance pads
- Eyes open, eyes closed
- One leg then the other leg
- Test for stability and time

Mobility
- Pelvic clock: 6:00-12:00, 3:00-9:00, rotate
- Sitting, lying down with knees bent, sitting on ball
- Test for smoothness and blind spots

Differentiation
- Twist shoulders one way and hips the other while facing forward
- Test for range of movement

Pain Assessment Tools: Subjective

- VAS, 0-10, L, M, S

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Unbearable Pain</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>4, 5, 6</td>
<td>7, 8, 9, 10</td>
</tr>
<tr>
<td>L = All ADLs</td>
<td>M = Modify ADLs</td>
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Full Function Disabled
Pain Assessment Tools: Disability

- Vernon-Mior
- Oswestry
- Functional Rating Index (FRI)
- Patient Specific Functional Scale (PSFS)
- Hospital Depression and Anxiety Scale
- http://www.incamresearch.ca/content/framework-health-outcome-domains

Vernon-Mior Disability Index (Neck)

Oswestry Disability Index (Low Back)
Scoring Disability Indexes

- 10 questions
- 6 possible answers
- Score 0-5
- Highest score possible 10 x 5 = 50
- Multiply x 2 = 100%
- Add up scores x 2 = #/100%

Functional Rating Index

Permissions: FRI

- License for use:
  - General practice for health care
  - Educational use
  - Research
- Electronic use requires fee
- Citation: Functional Rating Index: A New Valid and Reliable Instrument to Measure the Magnitude of Clinical Change in Spinal Conditions. Ronald J. Feise, D.C.; J. Michael Menke, M.A., D.C. From the Institute of Evidence-Based Chiropractic, Fort Collins, Colorado; and Palmer College of Chiropractic-West, San Jose, California. SPINE 2001;26:78-87
Chronic Pain Specific Scales

<table>
<thead>
<tr>
<th>Definition</th>
<th>Item</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>Chronic pain severity (intensity)</td>
<td>Over the last six months, on about how many days have you had pain?</td>
<td>Chronic pain is pain on at least half the days over the past six months:</td>
</tr>
<tr>
<td>• Patient-centered</td>
<td>• I have not had pain</td>
<td>• I have had pain, but on less than half the days</td>
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<tr>
<td>• Biopsychosocial</td>
<td>• I have had pain on more than half the days, but not every day</td>
<td>• I have had pain every day, but not all the time</td>
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<tr>
<td>• Emphasis on self-care</td>
<td>• I have had pain all day, every day, without break</td>
<td>•</td>
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Summary: Treating Chronic Pain

- Patient-centered
- Biopsychosocial
- Emphasis on self-care
- Assessment and measurable outcomes
- Communication with multi-disciplinary healthcare team
  - Describe role in pain management
  - Scope of practice
  - Contribution to team
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