Persistent Pain Education

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In the rehabilitation world, pain, and sometimes, chronic pain, are an unfortunate part of the patient condition. As therapists, trainers, and rehabilitative aquatic exercise specialists, strategies to help patients cope with or reduce pain are always important. Patient pain education can be a useful tool to increase understanding, encourage self-responsibility in the healing process, and improve quality of life.

This article will describe a successful **Patient Education Program** (PEP) that is being used at a physiotherapy clinic in Cambridge, Canada. The program has been in place for about a year, and is evolving over time. The PEP program was initiated to help patients and therapists alike. Formal teaching time is allocated for small groups of patients to learn about pain mechanisms, and the difference between acute, sub-acute, and chronic (we prefer the word 'persistent') pain. Education about pain, information about resources, practical coping strategies, empowerment of the patient, and improvement of quality of life are key goals of the PEP classes. The program was initiated because, in our clinic, we found that therapists often lacked the time during patient visits to fully explain these concepts. The PEP classes allow us this time.

This program has a very limited number of contact hours – only three sessions, with a total of less than four hours. Ideally, sessions would be expanded to double or triple that amount of time, but cost is always a concern. The program highlights what is available in our practice and in our community (beyond the scope of PEP) that can assist our patients in dealing with their pain. In the time we have, patients learn about: the mechanisms of persistent pain; that their pain is 'real' but may exist with no 'issue in the tissue'; that it is not their 'fault'; and that they have the power to do something about it!

Our PEP classes were created to help especially those people who, for reasons not fully understood, head down the persistent pain pathway. Therefore, we want to see patients early in their treatment program. They are informed about, and booked into their PEP sessions during clinic admission and orientation.

The shape of the program:

People attending the program are from all walks of life, ages, cultures, and educational backgrounds. Many have experienced workplace injuries or traffic accidents. Language is kept simple, with lots of opportunity for questions, explanations, or further depth of information, as required. People are made to feel comfortable, and encouraged to get out of their chair, move around, or lie on the floor and participate, if that is their most comfortable position. Our training room is quiet, private, and comfortable. We have no more than six patients per training session.

The program takes place over three sessions, usually held a week apart. The first session (1.5 hours) involves introductions and climate setting as a prelude to pain education. It is important to note that many people coming to the program are angry, frustrated and upset by their pain experience and their interaction with insurance, employers, the medical

system, and family members involved in dealing with their situation. They are also ***IN PAIN***! Therefore, climate setting is an important aspect of their introduction to this material. The instructor introduces herself, giving a brief overview of the session objectives, reinforcing personal comfort (in whatever shape that may take) during the session. When settled and comfortable, people are asked to briefly introduce themselves. They may share their pain issue (briefly!) if they wish. Finally, they are asked to tell us about something that brings them joy.

A slide presentation, handouts, analogies, examples and discussions are used to facilitate the understanding of the following concepts:

- What education about pain can do for patients with pain
- Pain terminology
- The nervous system and mechanisms of persistent pain
- How pain is influenced by our emotions, attitudes, beliefs and behaviors
- Strategies to improve quality of life when living with persistent pain
- Resources available to help patients in our clinic and our community.

We emphasize the role the patient can play by discussing stages of change, and how attitude affects health. The handouts for PEP Session #1 include information to help patients understand what they can expect to gain by better understanding persistent pain.

Handout Sample:

Why Try to Understand Persistent Pain?
(From: The Chronic Pain Control Workbook 2nd Ed., E. Mohr Catalano, K.N. Hardin, MJF Books, New York NY, 1996. ISBN: 1-56731-210-1)

People who have learned more about persistent pain and how to deal with it have been able to do the following:

- Put the pain in perspective.
- Relax away some or all of the pain.
- Make new decisions based on changes the pain has caused in their lives.
- Set realistic goals.
- Minimize the disruption the pain has caused in their lives.

Goals of a pain management program:
Improve quality of life in spite of pain.

All pain is real pain.

- Each person's pain is unique.
- You cannot prove that you have pain.
- All pain experiences are a normal response to what your brain thinks is a threat.
- **Real pain can exist without any damage to the tissues.**
- The construction of the pain experience in the brain relies on many sensory cues.
- Pain is a very complex electrical and chemical response.

- The brain interprets sensory information. It can intensify, act upon, or cancel danger signals coming from the body.
- **The intensity of pain is not necessarily related to the severity of the injury:**
    - Remember that people with very damaged bodies have been able to run from danger or rescue others while experiencing no apparent pain.
    - People can experience pain in limbs that no longer exist.

The Persistent Pain Mechanism:
The brain gets excited if any part of the brain thinks we are in danger of being hurt. Pain signals are turned up to get us to respond to a perceived threat. The pain is REAL. Your central nervous system is increasing the danger message based on many factors.

Your pain can be worse depending on:
- **Negative thoughts:** anger, depression, fear, stress, painful memories, negative attitudes and beliefs.
- **Physical state:** fatigue (lack of sleep), hunger, cold, heat, noise…

The brain controls pain, regardless of what is happening to the body. You can experience NO PAIN with extreme tissue damage. You can experience extreme pain with no tissue damage.

Examples are given to show patients that the brain does not always see things accurately – eye tricks / illusions are useful in this demonstration of how the brain can misinterpret reality. The important message is reinforced: their pain is real, but may not be related to tissue damage. It may be related to an over-protective autonomic nervous system response.

Session #2 focuses on sleep and relaxation. Patients are asked to fill out a brief sleep questionnaire as a catalyst for questions and discussion.

Sleep Questionnaire:

1. How well did you sleep last night?
2. When you don't sleep well, what is your pattern?
    a. Can't get to sleep
    b. Keep waking up
    c. Wake up way too early and can't get back to sleep
    d. Other?
3. When you sleep ***well***, what is it that helps you sleep better?
4. When you sleep poorly, what are some of the reasons you feel this happens?
5. In the space below, list some of the ideas you will try in order to improve your quality of sleep:

Next, we discuss factors affecting quality of sleep, and supply a list of practical solutions to sleep problems. These range from managing medications that might affect sleep, to having the appropriate mattress, pillow, and sleeping environment. Relaxation strategies are discussed and practiced (deep breathing techniques, simple stretches, tense-relax,

etc.). The clinic loans out a range of relaxation CDs and also has them for purchase. Patients find these very useful.

Session #3 deals with Humor for the Health of It, and physical activity. Handouts list the healthful benefits of a sense of humor and a positive attitude. Patients are treated to a slide show that includes lots of laughs, and a mini Laughter Yoga session. We discuss the importance of physical activity, how to get started, and how to stay below the 'pain radar' with exercise sessions. Whenever possible, persistent pain patients are assigned warm water exercise as part of their treatment plan.

Pool strategies for persistent pain patients include (done one-on-one):

- Orientation to the pool and discussion of personal comfort with / fear of water.
- Discussion of movements, stretches, activities, and positions that improve or aggravate pain and adaptation of helpful strategies to the pool.
- Coaching of 'ideal' alignment and stabilization in the water.
- Depending on the site of pain / injury and therapist / MD recommendations, the following aquatic movements will be explored: gait training, suspended core stabilization, immersed extremity movements to gently mobilize hips and shoulders; spinal stretches that reduce muscle tension and pain; deep breathing, visualization and relaxation.

When possible, the patient will be asked to try supine relaxation techniques in the warm pool. The patient will be appropriately supported with flotation equipment. Ear-plugs may be worn if desired. The therapist can then gently move the patient around the pool, encouraging him or her to imitate a piece of seaweed or cooked spaghetti. It is an excellent way to see and feel areas of tension in the body. It also promotes profound relaxation in many patients, and (no surprise to most of us), diminution or abolition of pain! It is perfect reinforcement of the classroom teaching about persistent pain. Patients quickly learn to appreciate the affects of deep relaxation on their pain responses. We discuss how they can duplicate this relaxation at home, to extend their pain free, or pain reduced time.

At present, we are evaluating our program based on patient feedback questionnaires. For many patients, the persistent pain experience is a long journey. The PEP sessions have proven to be beneficial to patients on the road to better quality of life.

References / Resources:

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