Pain Education for adults with cerebral palsy

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- I have no financial relationships to report

Therapeutic neuroscience education

- Current best-evidence research shows that when health care professional explains the neurobiology and neurophysiology of pain and client truly understands it, they will have less pain, less disability, move better, perform better in rehabilitation and have improved cognitions regarding their pain

- On average, will decrease pain 3 points on 10 point pain scale and this will be maintained for 6 to 12 months after education

- Metaphors can be useful to break through unhelpful beliefs


Key Concept

- Re-conceptualizing pain is the activity and responsibility of the person with cerebral palsy

- Providing education, incorporating updated concepts of pain neuroscience is the health care providers role
Pain Education

• Doesn’t stand alone
• If can eliminate pain with intervention, do that!
• Combine with appropriate activities/interventions, such as stander use, TENS, stretches, aerobic exercise, etc.
• This maximizes benefit and efficiency

Goals of healthcare team to help patients to:

• Help to break activities up into small achievable goals
• Increase function/quality of life and to decrease pain (often can’t totally eliminate pain)
• Great life, despite the pain.
• Instructions—not “no pain, no gain” and not to “stop when you feel any pain.” Instead, “tease it, touch it, nudge it.” (go to edge of pain and explore)

Four Pillars of Pain Education and Treatment

• No matter where client’s areas of pain are, teach principles of:
  • 1) Therapeutic Neuroscience Education
  • 2) Instruction in sleep hygiene, positioning
  • 3) Aerobic exercise
  • 4) Goal attainment

• Avoid reference to anatomical or patho-anatomical models. These are not helpful for our clients with chronic pain and may increase catastrophization and fear avoidance.

Chronic versus acute pain

- Acute pain pathways which have evolved may prevent further damage. When we break a leg, it is important to have pain so that we stop walking.
- When we get our hand too near a flame, it is important to quickly withdraw our hand to minimize the burn.
- With chronic pain, pain no longer has a protective function and pain will always or often be present even when there is no danger.


When Pain Persists

- All pain is real.
- Clients must feel that we in health care believe them and that we don’t think that the pain is “in their head.”
- The fear of pain can be worse than the pain itself.
- Explain that there is “good pain” such as growing pain, protective pain, overuse pain, acute pain—acute pain is there to protect.
- Chronic pain is no longer protective.
- Can ask patient to fill out PCS or FABQ if would be helpful to direct treatment/gain insights into their perspectives.

Re-conceptualizing pain

- Teach clients via metaphor and stories that show that:
  - Chronic pain does not mean that an injury hasn't healed
  - That many people have pain in joint regions well past normal healing time for tissues
  - Pain can occur without injury, injury can occur without pain (bruise example)
  - Worse injuries do not result in worse pain (paper cut versus being shot during battle but unaware examples)


FABQ

<table>
<thead>
<tr>
<th>Complexity</th>
<th>Degree</th>
<th>Unsure</th>
<th>Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My pain was caused by physical injury.</td>
<td></td>
<td></td>
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<tr>
<td>2. My pain was made worse by my own fear.</td>
<td></td>
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<tr>
<td>3. My pain is too constant.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. I think I should make my pain worse.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. I think physical activity might make my pain worse.</td>
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PCS

<table>
<thead>
<tr>
<th>Degree</th>
<th>How often do you experience pain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At all</td>
<td>I worry all the time about whether the pain will return.</td>
</tr>
<tr>
<td>2. In a moderate degree</td>
<td>I can't go about my business as usual.</td>
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<tr>
<td>3. In a great degree</td>
<td>I can barely do anything as usual.</td>
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<tr>
<td>4. All the time</td>
<td>I have to stay in bed.</td>
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<tr>
<td>5.</td>
<td>I can't get up.</td>
</tr>
<tr>
<td>6.</td>
<td>It's awful and I tell everyone about it.</td>
</tr>
<tr>
<td>7.</td>
<td>I keep my schedule as usual.</td>
</tr>
<tr>
<td>8.</td>
<td>I can't get anything done.</td>
</tr>
<tr>
<td>9.</td>
<td>I can't do anything about the pain.</td>
</tr>
<tr>
<td>10.</td>
<td>I can't forget about it even when I'm not in pain.</td>
</tr>
<tr>
<td>11.</td>
<td>I can't forget about it even when I'm not in pain.</td>
</tr>
<tr>
<td>12.</td>
<td>I can't think of anything else.</td>
</tr>
<tr>
<td>13.</td>
<td>I can't think of anything else.</td>
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<tr>
<td>14.</td>
<td>I can't think of anything else.</td>
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<tr>
<td>15.</td>
<td>I can't think of anything else.</td>
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<tr>
<td>16.</td>
<td>I can't think of anything else.</td>
</tr>
</tbody>
</table>
Placebo versus nocebo effect

- Language, demeanor, educational materials, explanations influence patients for better or worse
- Explain PAIN physiology in detail while avoiding frightening images
- Many people with CP have undergone many painful procedures from childhood on
- Overuse injuries, dysplasia of hips, issues with excessive tone and difficulty changing positions all can contribute to chronicity of pain, but pain education can still be very beneficial
- Concepts such as “sore but safe” and “motion is lotion” can be helpful and reassuring


Help the client to experience success

- Process starts with goal setting initial evaluation and updating goals mid-way. Can include ADL’s, sports, hobbies, etc.
- What is important to client? Be specific! SMART goals.
- Break up goals into smaller steps so can successfully achieve goals. Modify and refine as needed.
- Success breeds success!
- Growth, self-efficacy, non-dependence on health care team
- Motivational interviewing technique-highlight previous successes and highlight strengths and skills