ClinicalClues

www.BraceLab.com
Support@BraceLab.com
2609 Atlantic Ave., Suite 213
Raleigh, NC 27604 USA

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A Tool to Use with Your Chronic Pain Patients

Jerry Ditz, DPT, Dip. Osteopractic, Cert. SMT, Cert. DN

In our last HandLab Clinical Pearl about Complex Regional Pain Syndrome (CRPS), we explored how pain and a patient's response to treatment should be logical. As clinicians, we all struggle with what to do when the patient's response is not logical. The work of Adriaan Louw and his approach for all patients who have pain—therapeutic neuroscience education (PNE)—may be a useful alternative.

Therapists traditionally use an anatomical approach when explaining the causes of pain to a patient. However, patients in pain do not care about anatomy or biomechanics—they care about pain. Louw's very different approach is challenging to explain quickly; below are some highlights, but those who find them of interest should read Louw's full article (1).

One might initially think that the PNE approach requires talking the patient's pain away, but Louw is systematic with how he approaches each patient. His first recommendation is a thorough physical exam (about 10 minutes) prior to starting patient education. If your exam determines it is safe to proceed, or you see the patient is developing a chronic pain syndrome, proceed with a skillful patient interview of about 20-25 min. The interview goal is to establish a relationship with the patient while identifying issues to be addressed. Examples of questions are:

- What do you think is going on with your back?
- Why do you think you hurt?
- What do you think should be done for your back?
- Where do you see yourself in five years?

Interesting answers will evolve from the interview that are the basis for the education strategy directed toward changing the patient's view on pain.



The therapeutic neuroscience education process begins by un-educating your patient about what they have heard in the past about their diagnosis. Instead, teaching about pain is achieved through metaphors, examples, and pictures.

A common example is a patient with low back pain who has been diagnosed with a herniated disc. Explaining that a herniated disc is a common finding on a MRI in patients without pain and that most herniated discs resolve in a year moves the patient away from thinking of the disc as the uncontrollable cause of pain. Louw compares the nervous system to an alarm system, suggesting to the patient that things other than the musculoskeletal system can trigger the alarm system to go off (e.g., fear, anxiety, stress, money problems, life issues, and misconceptions of pain). The session finishes with strategies on ways to calm down the alarm system

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(i.e., knowledge, aerobic exercise, relaxation, mediation, diaphragmatic breathing, pacing, graded exposure, manual therapy, modalities, and goal setting).

The session concludes by giving the patient a homework assignment: writing down questions about pain, exercise, aerobic exercise, and creating a list of five goals.

The goal of this post is to stimulate your thoughts about your approach to patients with chronic pain. The PNE approach gets proven results (2). Perhaps this is an approach you have not yet explored that will allow you to be more effective with chronic pain patients. Perhaps it can be a step in the fight toward reducing the opioid epidemic as well.

1. *Physiother Theory Pract. 2016 Jul;32(5):385-95. doi: 10.1080/09593985.2016.1194652. Epub 2016 Jun 28. The clinical application of teaching people about pain. Louw A1, Zimney K2, O'Hotto C3, Hilton S4.*

2. *Archives of Physical Medicine and Rehabilitation. 2011 Dec;92(12):2041-2056. The Effect of Neuroscience Education on Pain, Disability, Anxiety, and Stress in Chronic Musculoskeletal Pain. Louw AI, Diener In, Butler Da, Puentedura Em.*

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