

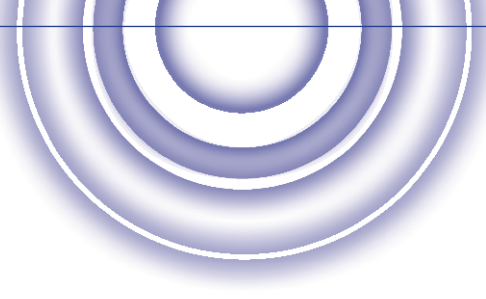
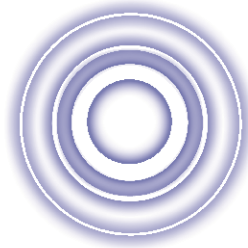


A guide to  
**Managing  
Pain**



**Liz Macleod** MCSP





# Preface

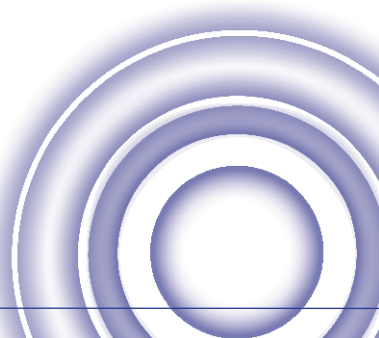
In this booklet, Liz Macleod brings together a lifetime's experience in helping people understand and manage their pain. Her practical approach gives encouragement to everyone who wants advice and support on living with pain.

I first met Liz when I attended Astley Ainslie pain management programme. As a practitioner, Liz inspired me to persevere when the going was tough. She believed that although there are no quick fixes, perseverance does get results, and she brings the same inspiration to this booklet.

Heather Wallace  
Chair of Pain Concern

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# Understanding your pain

**One of the most important steps in learning to manage your pain is developing your understanding of it. This can help reduce concern and increase your confidence in movement. Pain has different ways of behaving. Let's look at this a bit more and see if, by recognising your pain, you could find ways of managing your pain and exercising that would be helpful for you.**

## **Pain from tissues**

We can experience pain from our muscles, tendons, joints, etc., if we overdo activities or are not quite fit enough for that activity. If you are gardening, especially at the start of the summer, you may feel pain from the joints and soft tissues letting you know when they need a rest. You may stop from time to time for a stretch or a break, which helps, but if you carry on too long you find yourself creaking into the standing position! Usually a soak in a warm bath and a couple of paracetamol do the trick, and next day you're ready for the garden again.

This kind of pain is less of a problem if the joints and soft tissues are strong, healthy and well-conditioned. By the end of the summer, this pain becomes less noticeable as the muscles and

joints become stronger, fitter and more tolerant to the activity.

When pain behaves in this way, i.e., coming at the time of activity and settling down with soothers, an exercise programme can be planned and built up. The messages from the tissues at the time help you decide a sensible level and should you overdo it, the pain will settle quickly when you stop.

## **Pain from a 'sensitised' pain system**

Some folk have a different pain experience. Working in the garden may produce very little discomfort from the tissues at the time but later, whether the same day or the next day, the pain flares up. This increased pain can often last for days and a rest, warm bath, tablets or a combination of these may make things more bearable, but the pain takes its own time to settle down, and in many cases does not settle completely.

The same thing can happen after exercises given as part of a physiotherapy programme or from the fitness instructor at the gym. Getting no pain signals from the body at the time of exercising means it is difficult to set a level that can be kept going and increased over time.



### **Why does the system become sensitised?**

We know from pain scientists that this kind of pain is happening because of changes to the pathways carrying signals to and from the brain. These changes result in the pain messages remaining switched on even though nothing is happening to the tissues at the time. The trigger was the bending and kneeling in our gardening example, but because the sensitised pain system stays switched on, messages are still being sent to the brain hours or days after stopping the activity, and the brain continues to respond to them. This system dysfunction, although recognised, is not yet fully understood even by pain specialists.

### **I seem to have both kinds of pain**

Some people have pain at the time as well as flare-up pain later. Although this is hard to cope with, it sometimes

makes it easier to find a starting point for exercise. Setting limits within a comfortable range at the time is usually a good guide to reducing the chance of flare-up later.

### **So how do I manage to exercise without producing a flare-up?**

If you have a sensitised pain system you will have good days and bad days as well as flare-ups. Set a level of exercise that would be comfortable on a bad day and stick with that amount on a good day. You will be able to gradually build up the amount over time if you are patient and are prepared to go slowly. If you are not patient you will be tempted to do more on your good days and this will lead to flare-up and disappointment. Worse still, you might give up altogether and believe that exercise is unhelpful. The exercise is not the problem; the amount set is too high.

# Good days and bad days

**When you have chronic pain, you lose fitness, not just because you may have been unable to keep exercising, but also because of the time you need to rest and recover from pain flare-up. Do you have a good understanding of your flare-ups? Do you know why you have good days and bad days with your pain? Flare-up is a topic we will come back to, but first we'll look at the good days and bad days, and see if we can work out how to avoid the bad days.**

## What do you do on a good day?

Do you use it to catch up on all the things you have been unable to manage on your bad day? Many people describe this habit.

They wash windows, do shopping, get out into the garden, all in an attempt to catch up. Sometimes they know they will pay for it the next day but are driven on to do it anyway by feelings of guilt or frustration. Or maybe it's enjoyable to be in the garden and worth paying for. Sometimes they feel the pain is on the mend and carry on with fingers crossed! The result of this increased activity on a good day is almost certainly increased pain.

This in turn leads to enforced rest, probably an increase in painkillers, low mood and, as a consequence, less gets done. We call this cycle the "overactivity-rest cycle".

## So what is the answer?

If you use a paced approach to activities, gradually pacing or building up the amount you do, you will reduce the number of bad days and may do away with them altogether. This sounds simple and it is in theory, but it needs some thought and, most of all, application.

## Find your baseline

Find a baseline for the activity that flares you up. The baseline is the amount of that activity you can do **before** you feel the pain increase. Take note of that time and use it to set levels for that activity, however you feel. This sounds easy! The hard bit is to stop that activity at baseline levels when you are having a good day and are enjoying what you are doing. It is so tempting to carry on, for example, walking outside on a nice, warm summer day, until the pain stops you.

The result, of course, of ignoring your baseline is pain flare-up later that day or the next day, and you're back in the overactivity-rest cycle with the pain in control again.



We have baselines for all our activities, including less active activities such as sitting. Sitting beyond baselines can cause flare-up too. You have probably experienced sitting watching an interesting programme on TV and becoming absorbed. You may also then have experienced pain when you moved at the end of the programme. This means you have sat for too long, i.e., beyond your baseline.

If you learn to use your baselines effectively, you can perhaps manage to do the same amount of activities in your day, but spaced out over the day. Hoovering the house would be a good example. If your baseline was half a room, you could split the hoovering up into chunks of this size, spacing them throughout the day, and still complete the task of hoovering the house, but without ending up in pain.

The rewarding part about sticking to baselines (apart from avoiding the overactivity-rest cycle) is that you can extend these baselines so that you are able to manage more of the activity as you practise. This is because your fitness levels are increasing all the time, rather than being lost while you rest

and recover from flare-ups. It is much better to be “in control” rather than have the pain stop you all the time. You will find your confidence grows as you feel able to manage more activities and have more successful outcomes from your efforts.

### **When life gets complicated**

Some of the activities we do are complex. Golf, for example, has lots of “bits” to it. You have to walk, carry, bend, stand, swing the club, not to mention getting to the course, which may include a walk, bus or car journey. It may be that in order to play golf, you will need to find the baseline for all the “bits” and work at these in order to build up your levels.

Shopping is another complex activity that patients with chronic pain find difficult. Again, breaking the activity down into its parts and setting baselines is helpful. You may need help from family and friends to begin with, so that you can stop at baseline level, but if you can pace up each part of the activity you will be able to do more and more yourself.



# Exercise

**As a physiotherapist, exercise is my business, and I believe so much in its value for all of us, pain or no pain! I imagine all or most of you reading this will have been advised that exercise has an important part to play in the management of your pain. You may already have a regular programme that you can rely on to keep you fit without flaring up your pain. Others of you will have had difficulty finding a level that is manageable and may have stopped attending your physiotherapy department or local gym altogether.**

## Flare-ups

Do you have pain that you manage quite well until a bad episode comes along? The flare-up may have started for no reason that you can think of, or may have resulted from a movement such as twisting or reaching. What do you do to help you get through the bad patch? Many of you will consult your GP, who may send you to the physiotherapist. You may indeed have seen the physiotherapist last time you had a bad patch. You were very probably taught a range of exercises as part of the treatment plan and asked to practise these every day. You perhaps carried

on until the acute pain settled and you were left with your old manageable pain. Exercise practice seemed less important then, and maybe you stopped doing it regularly or stopped altogether. Crisis over! Does this sound familiar?

This is not unusual – it's human nature. Whether it's a hangover or sunburn, we all make promises that if only we could be relieved of a self-inflicted misery we would never let it happen again. So it is in the agony of acute pain. We promise to continue with the exercises forever if only the pain would settle down.

## Fear of moving

Some of you may recognise the trap of “crisis” management. Others may have tried to keep going with exercises the physiotherapist taught you but have found this difficult. Some may have managed to practise one or two exercises regularly and are pleased to be able to move more freely as a result.

If regular practice has not been a habit, stiff and tight tissues will have led to poor posture, lack of confidence and fear of moving. The combination of these outcomes means you have much more difficulty with ordinary activities such as climbing stairs, getting on and off the bus and pushing the shopping trolley. If there's anything around to trip over, you're the one to find it!

I believe the likelihood of pain flare-up can be reduced if body tissues are kept in good condition. That means a regular commitment to exercise – maybe even a daily commitment to exercise. After all, you wouldn't think about starting your day without some teeth maintenance, so why not some body maintenance!

### Feeling fitter

All patients on our pain management programme make an agreement to exercise while attending the course. A programme is established at the start of the course and daily practice recorded. Patients decide the number of exercises they do and how quickly they progress. It's really important that they learn how far to take each exercise to get success. If they push through the pain, flare-up is a likely consequence and they will then be unable to build up repetitions and benefit from improved exercise tolerance and fitness. This has been the main reason in the past for people giving up.

By the end of the course it is very unusual for a patient to report no benefit. Some patients are surprised at how much better they feel. Others are amazed that they have been able to continue with regular practice even in pain flare-ups. Reports of suppleness and flexibility are regularly recorded and patients are pleased to be feeling fitter.

### 'Feel good' hormones

Exercise also improves mood, sleep and general well-being by releasing the body's own "feel good" hormones – endorphins. It helps to condition soft tissue and bone, which results in a strong body structure. It has a part to play in weight control too, so it really does have a lot to offer us.

Why not make time in your day for some exercise practice and see if you can improve your feel-good factor!

- Pick a "best" time for yourself during the day. Some people will prefer mornings, others will find later in the day suits better.
- Take your time and don't push through the pain: that's not helpful and can lead to flare-up.
- Start with a few repetitions and gradually build up. You shouldn't need to spend any more than 10 - 15 minutes each day to get results.
- Commit to daily practice for three months before judging whether or not this is worthwhile. If you're very unfit, it may take some time to feel an improvement, so don't give up!

The best exercise programme for you to start work on will be one which you have been taught by your physiotherapist. If you haven't attended physiotherapy for some time, why not pick up Margaret Graham's book *Keep Moving, Keep Young* (see end of booklet), or drop in and see the fitness



instructor at your local sports centre. You would be able to discuss your difficulty with him/her and have a suitable programme designed for you.

Remember though, this is **your** exercise programme so you decide after discussion what you feel able to manage. There is no benefit in rushing practice. Remember the story of the tortoise and the hare! Don't be a hare!

Enjoy exercising and feel the difference! You might be surprised to find a lot of your old manageable pain has lessened or has gone altogether.



## Improving your posture

**I am sure anyone who has a problem with pain, especially back or neck pain, will have been told by their doctor, physiotherapist, chiropractor or other healthcare professional that it is important to maintain good posture. Any magazine or programme on TV which has a “healthy back” theme will almost certainly describe “good posture” and mention its role in keeping your back fit and healthy.**

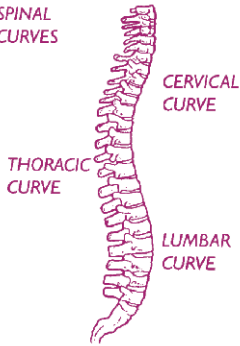
Some of you may have been given specific posture exercises. You may have attended classes where the teacher emphasised the principles of good posture. There are sound reasons for applying these principles.

They are based on the knowledge we have about the mechanics of the spine and structures that support it (for example, our muscles and ligaments). Let's have a look at some of these posture issues.

### Neutral position

The spinal column is not a straight structure but is curved to give it an S-shape. The upper curve is described as the cervical curve, the middle the thoracic curve and the lower the lumbar and sacral curve. When we stand with the curves in place, the joints, muscles and tendons are

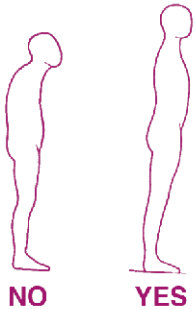
## SPINAL CURVES



in a neutral position. This means they are at their least stressed. It is a good idea then to adopt the neutral posture as first choice.

Some of you will have been working on improving your posture. It is good to

## STANDING



work on improving the postures you use most of the time while standing (for example, in a queue or peeling potatoes) or while sitting (for example, watching TV or eating a meal). The muscles you use are then being strengthened

and the small joints in your spine are under less pressure. By improving your postures you reduce the likelihood of stress on ligaments or on the soft tissues that help to keep your body in good condition. A well-conditioned body is fit, well balanced and much less prone to injury.

Some people find it difficult to work on improving their posture. Whenever they adopt the neutral posture for any length of time, their pain flares up.

## Adaptive shortening

When you have pain, your body adjusts by adopting a posture that feels more comfortable. This may result in you standing with most of your weight on one foot or sitting mostly on one hip. If you have long-standing pain, the adjusted position may have been your preferred posture for years. If this is so, your soft tissues (your muscles, tendons and ligaments, etc.) will have shortened or adapted to your preferred posture.

Can you see how this adaptive shortening will hinder you from achieving your neutral posture? Whenever you try to get there the shortened soft tissues are stretched which results in pain and a strong desire to avoid it.

The problem with avoidance is that you never give your spine and supporting soft tissues a chance to be in restful postures. It is likely, too, that as part of a coping strategy, you are avoiding certain activities, movements and exercises which give rise to pain.

The consequence of all this avoidance is a deconditioned body that is more vulnerable. This in turn leads to further strains and imbalance. How can you tackle this problem effectively?

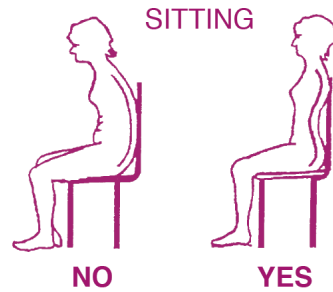
## Changing your habits

You might find it useful to try this approach. We know that neutral standing involves:

- Weight bearing equally on both feet.

- Standing with the ankles, knees, hips and shoulders directly one above the other.
- Holding the head so that a plumb line dropped from the nose passes through the breastbone and big toe joints.
- Shoulders are held back in a relaxed posture.

How close can you get to this before your pain kicks in? You may find, for example, that you can manage neutral standing if you take three-quarters of the weight on your “good” leg. The next question is how long could you hold that posture before you feel you’ve done enough? Take a note of the time. For some of the patients on our pain management programme it may be only seconds before they are aware of a build-up of pain. The time you identify is your baseline for neutral posture. If you build into your day periods of time for practising neutral posture, using your baseline level, you will gradually be able to add on seconds or minutes. Trying to remember to do it may be a problem! So, build in prompts, for example, every time the adverts come on TV or whenever you make a coffee. On the hour every hour can be useful to start with. You can gradually add in more practice throughout your day until you have changed your posture habits to those which are kinder to your body. You can use the same approach to improve your sitting posture too.



## Sitting

Improving your sitting posture involves:

- Sitting well back in your chair so that your lumbar curve is supported, with your feet on the floor.
- Shoulders back and relaxed.
- Cervical curve in place.
- Knees and ankles at 90 degrees.

If you can improve your basic standing and sitting postures you will improve the condition of your spine and its supportive soft tissues. You will feel better balanced and more in control of movement, which in turn will improve your confidence to move more freely. Patients have reported less discomfort in parts of the body that had been taking more of the strain. This, believe it or not, can include the bowel being less constipated as a result of improved posture!

Remember though, your body needs to **move** to be healthy. If you don’t slump into a C-shape from time to time, you’ll lose the ability to do up shoe laces! So while it is important to work towards those good neutrals, don’t neglect the rest of your spinal needs – stretch regularly in all directions and exercise within comfortable limits.

# Flare-up planning

**Even if you become expert at planning activities and improving your posture according to baselines, there will still be occasions when you have flare-ups. Situations may arise when you have to respond without being able to plan effectively and you may overdo things. One morning you may wake up after lying in an awkward position and find your pain has flared up.**

## **Accepting the problem**

Patients on the pain management programme have said that, prior to attending the course, their only way of dealing with a flare-up was to give up on activities, rest, take more medication and wait until the pain settled down again. As many of you will recognise, this can leave you frustrated, fed up and feeling that you have little or no control. You may also find that the next time you try the activity the pain returns, but more quickly.

So what else can you do? The first thing to realise is that flare-up is part of a chronic pain problem and will happen, so trying to accept this can be useful in itself. If you can view the flare-up as a real nuisance but not something to worry about you are less likely to become as agitated and annoyed.

You will also be more able to work at managing the situation.

## **Know your triggers**

Try to think about what may have triggered the flare-up. If there is a clear pattern, it's easier to avoid the same set of circumstances in the future. If you don't avoid the trigger, then you can expect another flare-up. Sometimes it is difficult to associate an activity with pain when the flare-up occurs the day after you have carried out the activity or maybe even the day following that. If you have difficulty identifying the cause of flare-up, try keeping a diary of your activities and at the same time a score of your pain. You can then look back over your week and see if a pattern arises.

We had one patient in our programme who noted that an increase in her pain occurred two days after her baby grandchild came to stay for the morning. She then began to notice that she sat in an awkward posture when she was feeding the baby. She rearranged the seating position, shared feeding with granddad and the flare-up of pain after babysitting no longer appeared! If there is no apparent trigger it will be difficult to know what to avoid; you will have no warning, so it is essential to have a clear plan for coping.

## How to manage a flare up

**Soothe the pain** Note the things you can do that make your pain easier. Maybe a heat pad or warm bath. What about a visit to your local Jacuzzi? You may be surprised by how effective a Jacuzzi can be in helping you relax. The whirling water soothes tired, painful muscles which feel in spasm or are guarding the pain. If massage helps you then this is the time to use that option. Sometimes lying down for a little while can help. Lying for longer periods can result in feelings of stiffness, so short periods, often, are more likely to lead to success.

**Relax** Have you learned any relaxation techniques? Your muscles hold you tightly and guard more when you have increased pain, so learning how to let go and ease the tension can be really helpful. Relaxation can help you feel calmer and more at ease with the situation. You can listen online ([www.paincd.org.uk](http://www.paincd.org.uk)), borrow a CD from your local library or there may be relaxation classes nearby.

**Distraction** Being able to take your focus away from the pain and think about something else can be helpful. Examples are counting how many doors in your street are painted black, or trying to make a word from car registration letters. Imagine a situation where you felt peaceful, in control, and happy. Use the image to help you remember how that felt and how enjoyable it was for you.

**Cut back on activities** In flare-up it's a good idea to cut back slightly on

your activities, but not to give them up altogether. There is a risk that you will lose fitness for these activities if you stop them. After all, the flare-up may last a week or two, which is plenty of time for your muscles to lose tone and your cardio-vascular system to become a bit sluggish. To cut back you may need to ask for a bit of help from family, friends or work colleagues. As the flare-up begins to settle, you will be able to get back gradually to your usual levels of activity.

**Catch negative thoughts** Feeling fed up and frustrated with your situation is normal in times of flare-up. It is at this time though that unhelpful thoughts creep in which lead to anxiety or low mood. Try and be aware of these and nip them in the bud! Remember the flare-up will settle and you will get through it.

**Medication** Hopefully, if you have had success with the above strategies, you will not need to take extra painkillers during flare-up. If, however, you feel extra medication could help you at such times, you should talk with your doctor or pharmacist. They may be able to help with planning the dose you could take and to advise how long you are likely to need your medicine before cutting back.

People who tackle flare-up in this way will have worked out a mini plan for a flare up lasting a day or two, and a plan for a longer period of flare up. They know how and when to cut back. A flare up is no fun, but if you can plan for it and feel more in control, it may be easier to manage and less stressful.

# Keeping flare-ups at bay

**One of the main challenges faced by people who have pain is learning how to reduce flare-ups. People often say that if their pain stayed as a constant ache, they could manage to deal with day-by-day activities. Flare-up, on the other hand, leads to a feeling that the pain is in control and they are left with a sense of helplessness.**

## **Finding a tolerance level**

One of the main strategies you can use to help reduce flare-ups is pacing. Decide the amount of an activity, task or posture you can manage before the pain kicks in, and set that level as a tolerance level. If you don't go beyond this level you will keep the pain under control and manageable. Seems simple? In theory, yes, but in practice it can be difficult. Practical problems with mobility, access to shops or leisure facilities, limited public transport can all lead to compromising tolerances. The demands and expectations of others, friends, family or workmates, can put pressure on you to push into flare-up. You may feel unable or reluctant to ask for help, in case others think less of you for not being able to do what you used to do, or for not "pulling your weight". You may feel patronised or treated differently by friends or family if you have to ask for help.

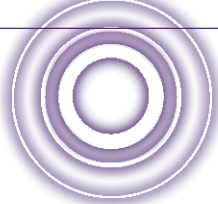
Many people are determined that their pain problems are not going to be a negative influence on their children's lives and they push through pain to, for example, play football with the kids or go on shopping expeditions with teenagers.

Another common reason for ignoring tolerances is that people are angry at their pain and set out to "beat it". They report being unwilling to "give in" to the pain or are determined not to "lie down to it." Others feel they cannot let the pain interfere with basic beliefs, for example, "if a job's worth doing, it's worth doing well". "If I start a job, I have to finish it" is another commonly held belief that results in flare-up. There are many more reasons for people having difficulty sticking with tolerances, but even mentioning a few, highlights how resourceful people have to be to manage their pain effectively.

## **Learning to negotiate**

During my work in pain management I have watched as some patients have made major changes to their lifestyle and reduced their flare-ups, while others have made few or no changes and endure the pain patterns, which result in on-going distress. The main difference, I believe, is the person's ability to negotiate with their pain.

**The pain always beats those**



**who see the relationship as a constant battle, which they are always trying to win.** Those who negotiate and reach an “I win, you win” situation with their pain, manage their pain and improve the quality of their lives.

### **Less of a fight**

Some people have found it helpful to think about their pain in the same way as, perhaps, a diabetic would consider his or her diabetes. Diabetics have to see their diet as an important part of managing their disease. If they eat the right kinds of foods at the right times of day, their diabetes is kept under control. Foods such as chocolate cake might be avoided in favour of a piece of fruit. In time many diabetics would not even consider chocolate cake as an option and would not miss it. Can you imagine trying to eat the cake to “beat” the diabetes? Much more can be gained by negotiating with the condition we have to live with.

Establishing tolerance levels and putting them into practice is a good negotiating

strategy when it comes to dealing with pain. It reduces the chance of flare-ups, and with time and practice, leads to a sense of control over the pain. This sense of control results in a better quality of life. If you think of this kind of negotiation in the same way as diabetics have to view their diet, it may feel easier to ask for help to do a task. It may seem less of a fight if, for instance, you have to slow down your walking pace or divide gardening activities into fifteen-minute chunks of time.

If you need help to negotiate with your pain and want to know which strategies would be best for you, Pain Concern produces useful leaflets and an innovative and informative online radio show, **Airing Pain**. You could also ask your doctor to consider referring you to a pain management programme where staff would help you to improve these skills.

I hope this booklet will help you to manage your pain. Keep working at it, and you should see a real difference. I hope so!

**Liz Macleod worked at Astley Ainslie Pain Management Programme. She was chair of Physiotherapy Pain Association (North) and an advisor to Pain Concern. She wrote a column for Pain Matters magazine and articles from her column are reproduced here. She is now retired.**

**Keep Moving, Keep Young – Gentle Yoga Exercises by Margaret Graham, published by Conker Productions, is available from Pain Concern, £9.50 including postage and packing.**



**Pain Concern is a UK based charity working to help, support and inform people living with pain and healthcare professionals.**

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