

## ***Airing Pain* Programme 58: The Pain Toolkit**

### ***Learning to live with it: a toolkit for self-management.***

*'You have to learn to live with it.'* Pete Moore's GP told him after running out of treatment options for chronic pain. From his own experiences of learning how to live with pain, Pete Moore developed the Pain Toolkit (first a leaflet and now a multimedia web resource) to help kick-start other people's efforts in self-management.

*Producer Paul Evans caught up with Pete at the British Pain Society's Manchester meeting for an in-depth introduction to the Pain Toolkit. Rather than relying on an exclusively medical model of endless prescriptions, the Toolkit represents an educational approach giving people strategies for self-management. It's an approach that goes beyond just treating the pain and looks at mood, sleep, exercise and relationships.*

*Pete describes how the Pain Toolkit uses images and humour to make self-management messages – gathering a supportive team of healthcare professionals, pacing and relaxation – hit home and the ways in which technology can help get the message out there.*

**Paul Evans:** Hello, and welcome to ***Airing Pain***. A programme brought to you by Pain Concern, a UK based charity working to help support and inform people living with pain, and healthcare professionals. This edition's been funded by a grant from the Scottish Government.

The British Pain Society defines chronic pain as 'continuous long term pain of more than twelve weeks, or after the time that healing would have been thought to have occurred in pain after trauma or surgery.' Almost ten million of us in Britain alone have it. Listeners to these ***Airing Pain*** programmes will know that many different healthcare professionals, including doctors nurses, psychologists, physiotherapists and occupational therapists [OTs] all play a part in effective pain management. Whilst this team list is by no means comprehensive there is one notable omission, and that's the patient. Okay, we may not be health professionals, but we are experts – nobody understands our pain like we do and our role in managing our own pain, self-management, is key to a better life.

So, in this edition of ***Airing Pain*** I want to explore that concept of self-management, with an in depth look at what's widely regarded in professional and patient circles as an essential guide to self-management. It's the Pain Toolkit. What started some ten years ago as a simple information booklet, with handy tips and skills on self-management, has grown into a

multimedia online resource. Its developer and driving force is Pete Moore, who used what he'd learned on pain management programmes, along with other skills picked up along the way to manage his own persistent pain, to share with the rest of us.

In recognition of his continuing work Pain UK, the British Pain Society and the Chronic Pain Policy Coalition named him their pain champion of 2014 at an awards ceremony in the House of Lords. And following that award I caught up with Pete at the British Pain Society's Annual Scientific Meeting in Manchester.

**Pete Moore:** You know, once you've had pain for a number of months or years you get stuck, you lose your confidence and you just really don't know what to do with yourself. And sometimes you hear that phrase from the GP, 'Well you'll have to learn to live with it.' But how do you start, it's like saying to someone, look you'll need to drive a car, but they don't really tell you where to go and get the lessons from, you know. So the Pain Toolkit really is just a – for a person with pain – a really simple booklet, 24 pages, just to really kick start... to get them interested in actually self-managing their pain their self. What the healthcare professions tell me they like about it is that it helps them to start that conversation with the patient, to actually get them interested in self-managing.

I think we've got to that point now with pain, where it's always been the poor relation to healthcare, it's very poorly resourced. And as I'm slowly learning of late, I've been asking on Twitter and a few academic organisations, that pain self-management isn't actually taught when a doctor is learning to become a doctor, or when a physio is learning to be a physio, or an OT becoming an OT.

**Evans:** The thing is, you used the expression, 'you'll have to learn to live with it', well that can be taken as a put-down statement – 'Well, just get on with it. Learn to live with it.' Well, actually, you do have to learn to live with it.

**Moore:** You have to learn to live with it, but it needs to be a starting point and there needs to be some skills. And that's when I'm out talking to GPs – I would never be a GP, I think it's such a tough job – but I think it's come to a point where they can't keep writing out prescriptions for medication, they can't keep signposting people to other services. From my personal opinion and from what I can see from talking to many GPs, is that they need some extra skills built into them when they are learning to become GPs, to have that conversation with patients about becoming self-managers. And I think when healthcare professionals are taught in their medical schools they're taught around the medical model. Funnily enough, I saw the other night on Twitter, patients need to be educated to self-manage their pain, well

the medical model isn't really education, so perhaps then what the medical people need to realise or think about is actually involve educational models into their learning.

**Evans:** Well, okay, we're at the British Pain Society Annual Scientific Meeting, you're not a health professional, but you're here talking to people. What can you tell them – all these worthy doctors who've come here this week – what can you tell them about managing their patients?

**Moore:** I think really the main message I always give to them is to have that conversation with the patient, because I think they're so used to reaching for the treatment options, when really when a person's got long term pain, persistent pain, they need some strategies to help them with their pain. So it really is about encouraging them to have that conversation with the patient, saying to them, 'Look, we seem to be a bit stuck here with the pain, but you've probably got other concerns going on here.'

So one of the things with a lot of pain healthcare professionals, they're trained to treat the pain, but when you've had pain for a number of months or years you've got bigger problems – you can't sleep, you've got family worries, you've got work problems you've got money worries, probably getting a bit of low mood, what I call 'a depression', you know, feeling down. These problems will actually start to supersede the pain itself.

So, really, when the healthcare professional sees the patient they can say, look, you're in a persistent pain cycle – on page three of the Pain Toolkit – look at the top bit here, this is knowing the problem with your pain, but you're telling me here that you can't sleep, you've got money worries, you're not active enough, stuff like that, and you've got relationship problems and what not, we can't really do much about the pain at the moment, but what can we do about sleeping problems, about perhaps relationship problems, about work problems. Let's have a look at that and see what we can do with that.

**Evans:** Now you've just been showing me your new toy, and it's a spanking brand new – well it looks well used now actually – a tablet, and this one happens to be made by Apple, so it's an iPad. And you've been showing me your Pain Toolkit on that. Ten years on, this started in 2004, this is how people can access it.

**Moore:** It's about moving with the times really, I mean we've got the Pain Toolkit booklet which is in a paper form, but when I talk to younger people, when I say 'how do you learn new information?' They all say tablet, smartphones, YouTube, the internet. We had to start thinking about producing stuff that people were going to actually want to see.

**Evans:** Go on, show me [**Moore:** Okay lets...], persuade me I need to buy one of these...

**Moore:** Okay, there you go. Would you like to play some of it?

**Evans:** Go on.

**Moore:** I tell you what I'll do – I'll play the one where it talks about Pain Toolkit. I was working in Europe last year at the EFIC pain conference, and also at the EFIC pain school in Nuremberg, and, all it is, it's a very simple movie where just sort of snapshots really, of all the things we've been doing. People with pain, you know, Paul, we're visual learners. When you've got pain, you know, continual pain, your attention span is quite low. So I think when I've been talking to people over the years, and especially for me with my pain, I haven't got the attention span really to think about sitting there reading things.

**Evans:** This is the technology that people can really access and find advice and help.

**Moore:** If you type into a search engine, I mean use Google, for an example, if you tap in the word pain, how many websites will come up? We're talking about one and a half million. So where do you start? You know, 'I've got this pain problem, what do I do?' So it's about looking at trusted sites, so the ones we have on the Pain Toolkit: there's obviously the Pain Concern one, British Pain Society, we don't have any websites there that are promoting products or anything like that. So it's about using trusted sites. For me, as well on Youtube, there's lots of information there, visual information, that's why we've got a link on the Pain Toolkit, where people can look at short videos about self-managing pain.

And the website, it gets a lot of traffic; we get on average about 27,000 visits a week, something like that, on the website. But it aint just the UK, we get a lot of visitors from overseas, from Australia and New Zealand, and now a lot from Canada and the US.

I always remember Rod Stewart from years ago, he did an album back in the seventies – you might remember it, Paul – it was called, *Every picture tells a story*, and to me it's about using pictures, it's about using illustrations about how people can learn how to self-manage their pain. I mean we know how caveman lived years ago, they didn't leave a post it note on the side of the cave did they? They painted pictures of how they used to hunt and whatever, and we understand how they did those sorts of things. So, for me, it's about using a mixture of visual, a bit of text, etc.

When I talk to healthcare professionals, I always say to them, rather than saying to the patient, 'here's a leaflet', 'here's a Youtube clip', actually ask the patient 'how do you learn?' – 'do you learn by reading? Do you learn by watching? Do you learn by practice? Or a mixture of all three?' And then the GP or the healthcare professional comes up with the resources that the patient will need so that they can move on.

But they've got to work with them and have an action plan. So it's not all down to what the patient is going to be doing or down to what the healthcare professional is going to be doing, it's about how they work together as a team. Look, the Arsenal, we won last night 3 – 0 against Newcastle at home. Why did they win? 'Cos they played together as a team. Watch Newcastle, they weren't playing together as a team. I have to get the Arsenal plug in, don't I?

I'll tell you what the other good resource for listeners is, is Twitter, because for me, I started on Twitter just over eighteen months ago, I suppose, a year, eighteen months. You get people on there saying, 'I'm just off at the station', and all that – I don't really follow those sorts of people. But what I do, I follow people who are, I suppose educationalists really. And I've learned so much in pain management just by following people on Twitter, like physios and GP types and other people with pain themselves. I've learned so much from other people and I really encourage other people to go onto Twitter.

**Evans:** But you are an expert patient, you do have to be careful about advice you accept from the internet.

**Moore:** I think you have to make informed decisions about things. If you see something on Twitter and if you're not sure about it, go and see your GP or your healthcare profession and say, 'look, I've seen this on the internet, what do you think, do you think it's useful?'

With the Toolkit, a lot of people are saying, well this is okay for adults but what about younger people with pain? I bumped into a really nice clinical psychologist called Jess, and we adapted the Pain Toolkit into a younger version called My Pain Toolkit. Great Ormond Street Hospital, they actually use it now and other paediatric services.

And in the last couple of weeks I bumped into a lady in Australia, from Brisbane, and she promotes asthma self-management, especially for kids for school. I used to have asthma when I was a kid anyway, so I just emailed her a copy of the My Pain Toolkit and I said do you think this could be adapted for young people with asthma? And she said yeah. We sent off a first draft on Monday of a version called 'My Asthma Toolkit', to some healthcare bods in Australia and in the UK who work with younger people with asthma, as a draft. So we just sent it off to get an opinion from them really, you know. And then people are saying, well perhaps the toolkit could be adapted for many other health conditions.

**Evans:** Can we just open up your iPad again and just have a look at your Pain Toolkit?

**Moore:** Okay then, let's go to the site.

**Evans:** The address is [paintoolkit.org](http://paintoolkit.org) and you can listen to a podcast, there's some lovely little cartoons on it, you talked about being a caveman, a twenty-first-century caveman, there are the drawings. And it tells you exactly where to go. It's fun to read, but it is not patronising.

**Moore:** This is I think, one of the most looked at links – it's called the persistent pain cycle. It's very visual so people can see at the top of the cycle we've got persistent pain, which leads on to becoming less active, loss of fitness, you start writing 'can't do lists', sleep problems, stress and anxiety. And when I show this to people, they say this is me, [**Evans:** Exactly], they can recognise themselves – these are the problems that they have.

**Evans:** Exactly. And there is no rocket science here – it all makes such common sense. We were talking about starting with pain, getting more and more depressed, well the depression feeds into the pain, the more pain feeds back into the depression [**Moore:** Yeah, yeah] and it becomes a vicious circle, a spiral that has to be stopped.

**Moore:** I always say to people, I say, 'what's the difference between that cycle and the M25?' [laughter] And they laugh as well. I say well at least you can get off the M25. When you're on that pain cycle, you're trapped. You just go round and round and round. And it's one of them sites where it's great for smartphones and tablets.

**Evans:** So down the left hand side there are tool one, tool two, down to tool twelve [**Moore:** Yup.] – is this a systematic programme that people could go through?

**Moore:** It can be systematic, but I don't want to be that regimental really – I think people have to learn in their own funny little way. But I always say, tool one is acceptance – I'm just going to click on it so it comes up – tool one is acceptance that you have persistent pain and beginning to move on. People say to me, which is the most important tool and I really say it's tool one, because if you don't really get that you aint really going to go very far.

**Evans:** And that's exactly what some people say: 'Learn to live with it.' Well yes, learn to live with it, but it's not a punishment, [**Moore:** Oh no.] it's a way ahead.

**Moore:** Yeah, yeah, but we've got to accept it. This is radio, but when people see me on the website, I haven't got any hair – I'm a slaphead. Now the thing is, with the best will in the world, I can put a hat on, I can put a wig on, but at the end of the day I've got to accept that I've got no hair on my head. And the thing is as well, I have to move on from that. So the thing is, that's for me, when I didn't accept my pain I was a doctor shopper, I was a therapy shopper, and I was going round looking for someone to fix me. And then I had to realise that

there's only one person that's going to sort me out and that's me. So I always say to people, look in the mirror, that's the person that's going to help you self-manage your pain really.

But the rest of the tools – really don't have to be systematic tools – two is about getting involved, start building the support team; tool three is pacing yourself... You know we're really poor at pacing ourselves, what we do, people with pain, is use pain as a measurement really, our guide. So we'll do an activity and then when the pain starts or increases, we think 'oh, I'd better stop now'. Well that's not pain management, that's again you're letting the pain manage you, telling you when to stop and start.

People say, 'Well, I don't really get that.' I say, 'Well if you had a car, do you wait until you're completely out of fuel before you look around for a garage?' And they say, 'No.' I say, 'What do you do?' And they say, 'I look for somewhere to refuel.' Well that's pacing – what you're doing, you're stopping before you think you need to. But what we do is we just carry on, carry on, carry on, until the pain is so bad that we have to stop.

**Evans:** The really difficult thing about pacing, I find, is not stopping when you've done too much, but it's not starting when you feel well. Not trying to get it all done.

**Moore:** Yeah, we're all or nothing people. There's that old saying in the Toolkit, how do you eat an elephant? One bite at a time.

So we've got tool four is prioritise and plan your days; tool five setting goals and action plans; tool six is being patient with yourself – you know, we're not very patient with ourselves – the old saying 'god give me patience, and hurry up about it'. We're never patient people.

**Evans:** I want it now.

**Moore:** Exactly. We want to be out of pain now. Learn relaxation, a relaxed muscle feels less pain than a tense one; tool eight is stretching exercises. Do you know what Paul? A lot of people with pain, we fear exercise or stretching. In the old days when we started to get active and everything our pain levels increase, but look at it this way – if you haven't opened up a door in a number of months, or years in some cases, it's going to creak. It's the same thing with our bodies, when we start to stretch and exercise our pain levels can go up. Trust me they go down, they fall off a cliff, they really go down.

What do cats and dogs when they wake up in the morning?

**Evans:** Stretch.

**Moore:** Yeah, so when your dog got up and stretched, where did you take him to learn that?

**Evans:** Back to the time when there were lions and wolves chasing him.

**Moore:** Exactly, it's in our blueprint. 'Cos they learned that if they wasn't stretched they could be someone's breakfast. So in other words, what they're doing is keeping their muscles stretched in case they have to get out of a situation.

**Evans:** You see the good thing about something like this, is that I know all this. My mum said I was a very intelligent person, other people have said perhaps I'm not as bright as I thought, and perhaps I'm not, because you're talking to me about stretching and aching like that, now, if you've noticed I've started stretching and massaging my neck? Now why did it take you to tell me to do that, for me to do it? And this is why something like this, to remind you of all those things, is ideal.

**Moore:** Do you need to be reminded to brush your nashers?

**Evans:** No I don't, because my teeth will fall out or I will have fillings if I don't.

**Moore:** You do it because it's become habitual [**Evans:** Yeah.] become a routine [**Evans:** Yup.] and stretching and exercising needs to become a routine. And you don't think about it or need to remind yourself to stretch, you'll do it. I got up this morning, I stayed over here in Manchester overnight, and again I didn't think about 'oh I've got to do something, I've got to remind myself to stretch'. I got out of bed, put the kettle on, made myself two mugs of hot lemon, then I started doing my stretching. So I'm preparing my body for action for the day.

**Evans:** It's that mental change isn't it? That learning to live with it, yes, but making it part of your life. Pain is now part of your life.

**Moore:** You know Paul, it's like, I call it an unwanted visitor in your life, you know you're going along in the bus of life and then you pull over at a bus stop and this bully gets onto the bus and starts causing havoc and stuff like that. And you think to yourself... the bully says 'I'm not getting off this bus.' Well where do you want to stick this bully on the bus, you know? And everybody says we need to stick him at the back a bit, out of harm's way, but don't let him drive the bus you know. So it's a little bit like that, where something comes into your life and you think to yourself, it's going to be part of my life, so it's learning how you live with that.

Tool nine is keeping a diary, tracking your progress. The reason why I put this one in about keeping a diary is a lot of healthcare professions say, do they need to keep a diary, is it reinforcing the pain and all that, but do you know what? I always remember a story years ago about a bloke who was walking up, you know those streets in San Francisco, where

they're really steep? And he's walking up the hill and he looks up and goes, 'oh my god, look how far I've got to walk', but then he looks round and then he says how far he's come. And sometimes, you know, it's good to look back and reflect on how well you've done in your journey, you know.

**Evans:** No I kept a diary when I was at a particularly low point, but as soon as I started coming out of that I stopped keeping a diary. Maybe I ought to carry on with it.

**Moore:** No, it's up to you. I don't keep a diary anymore, in the early days I used to. Pain management, you know, Paul, is a bridge to normal living. If you're a diary writer, fantastic, you know it's about moving on with life, getting on with live, etc.

We're looking at tool ten now, this is about having a set-back plan. Because we're overachievers, in other words, we do more than we have to, we'll probably overdo it and our pain will increase. So it's like having a spare wheel in a car really, so having a back-up plan, you know, what can I do to get me back on the track.

**Evans:** And what do you do, what's your back up plan?

**Moore:** What I tend to do is I cut down the activities. If I have... funnily enough I went out on my pushbike on Sunday and I think I overdid it a little bit and hit a few bumps and it really disturbed my back, you know. So my set-back plan was when I came back off my ride I could feel myself my lower back's a bit tight, so what I did I laid down for a little but, done some stretching, put some ice on it. Worked a treat – hunky dory, back on track again! So it's about getting in fast, do stretch it, cut down activities, don't do nothing silly, just be mindful of yourself really, just keep an eye on what you're doing.

So on tool ten... let's go for tool eleven, what's tool eleven? Ah, my favourite tool here, 'cos it's got a picture of a cartoon of the Arsenal. It comes back to that one about teamwork and action planning. You've got to work as a team with your healthcare professionals, this isn't a one man show. There's a lady, funnily enough, I'm helping down in Kent at the moment, and she won't work with her healthcare professional and do you know what? She's really finding it tough. This aint a one man show, you've got to work with your healthcare professional – it's teamwork.

**Evans:** But he or she, the healthcare professional, has to work with you as well?

**Moore:** And that's their bit, Paul, they're not really skilled up in it. This is how crazy it is, right, say for example you want to learn to drive and you went and sat beside someone who turned up at your house who can't drive, knew a little bit about driving, but wasn't a qualified

instructor. Would you want to take lessons from them? No, so teamwork is essential, you've got to work as a team, not only with your healthcare professional, but also your work colleagues and also your friends, friends and family.

And then we come up to tool twelve, which is about putting them all into action really, keeping it up, persevering. One of the things as well a lot of people think with pain self-management, it's dull and boring. Well it's only dull and boring cos you make it that way. It's about doing fun things, you know, self-management can be learning a sport, and I'm not talking about high impact sports. And in fact on Twitter just before Christmas I came across this gardening group over in South London where they use gardening as a form of exercise, stretching exercising. So they've all got their own little allotments but they all meet up and do some stretching and not all older people but they do younger people as well. They'll do the stretching, but they do a little bit then take a break, do a little bit, take a break. Over in Penge in Crystal Palace, if you look them up on Twitter I think they've got their own little website. But they do gardening, but they talk about the importance of stretching and exercising as well. There's walking groups now...

I remember a healthcare professional telling me that one of the things that's come out of research is how pain can isolate people, where you become, gone from that 'can do' person to the 'can't do' person and you end up becoming a bit of a recluse. When you've tried to do something your pain is increased so you think, 'well I can't do that again'. And you stop doing social events, etc.

There's a girl down in Essex, she was terrified sometimes. She's gotta do this wedding but when I talked it through with her she was worried about the bed that was going to be at the hotel. I said, 'well, first off, what about phoning up the hotel and make sure that you've got a firm bed that you want?' And she said, 'would they do that?' And I said, 'You're their guest. Their job is to make you have a good customer experience. And the other thing as well, rather than go down there on the day, is to actually go down the day before. So you go down there, stop over – so you've rested – then you do your mate's wedding, stay over again, then come back the following day.' That's a great action plan.

**Evans:** It is, and that isolation, again, is going back to that circle of pain we had [**Moore:** Yeah], everything feeding into each other. [**Moore:** Yeah, yeah] But there are ways round it as you've said – have an action plan.

**Moore:** Listen Paul, we all get problems in life mate, but when you've got pain, what... the everyday problem becomes magnified. So it's about using problem solving skills. That's one of the things we do with the Pain Toolkit workshops, the ones we run for patient groups and

healthcare professionals, just providing a problem solving formula really. It's like a recipe I call it, you know, how to get over problems, you know.

And I think really just keep asking other people – you know, one of the best pieces of advice, or suggestions that was given to me years ago when I first started out in pain management, they said, 'Pete, take the cotton wool out your earholes and shove it in your mouth.' What they meant by that was I've got to stop talking and start listening. And when I've started to listen I've started to learn, but when you're talking you're not learning.

**Evans:** We've talked about health professionals maybe not having the skills, maybe the will, to listen, but in all fairness we are at the British Pain Society Annual Scientific Meeting, you're talking with health professionals here and more than that you are welcomed here by them. And you're the 2014 Pain Champion, so they obviously do value what the patient has to say.

**Moore:** Well when I got the phone call last November to say that I'd been nominated to this I couldn't believe it. I've never really looked round for any recognition or accolades – I'm not that sort of guy. 'Cos I still do what I do really, I've been where lots of people are and all I really want to do is help people start that journey back really, you know? But, I went up to the House of Lords a few weeks ago I think and accepted the award by Linda Riorden, she's an MP, she's passionate about pain management. But the work goes on, I try to use the title that I've got to try and promote, I've got this petition actually, an e-petition on one of the government websites to get more pain self-management in the community, get it out the hospitals, get into the community but also have good pain self-management information on the internet.

**Evans:** And [paintoolkit.org](http://paintoolkit.org) is a good way of doing that.

**Moore:** It's a start there, but there's also loads of them – there's the [Pain Concern website](#), where you can subscribe now to the magazine online. I mean, how fantastic is that? Paul you and I know you've got to sit on a train and everybody's looking at their phone, they don't even bother looking out the window anymore.

How about this? Lady who lived next door to me, Lisa, she's an elderly lady with Parkinsons and she saw that I had an iPad – I bought this last year – and she said, 'That looks really nice.' Anyway, she went and got one. She's 72 years old and she loves it, keeps her mind active. She's Danish by birth and I showed her how to look at Google Earth, she was showing me whereabouts she was brought up in Denmark, etc. But she uses it now to keep in contact now with her family.

Then I bumped into a couple of elderly ladies down by the river where I live, and she said, 'Oh we've got laptops we couldn't do without them.' And I said, 'You don't mind me asking you, young ladies, but how old are you?' She said, 'We're in our eighties.' And I said, 'What do you like about using the tablets and the laptops?' She said, 'We can buy things, it keeps us social, we feel like we're in touch with the world.'

**Evans:** Pete Moore, driving force of the Pain Toolkit. He was good enough to mention ***Pain Matters***, the companion magazine to these ***Airing Pain*** programmes. It's available as an online subscription or in paper format.

Don't forget that you can still download all the editions of ***Airing Pain*** from [Painconcern.org.uk](http://Painconcern.org.uk), or you can obtain CD copies direct from Pain Concern. If you'd like to put a question to our panel of experts, including Pete Moore who offers advice and support in his 'Ask Pete' column in ***Pain Matters*** magazine, then please do so via our blog, messageboard, email, facebook or Twitter, all the contact details are at our website. Once again it's [painconcern.org.uk](http://painconcern.org.uk).

I offer these words of caution in every edition of ***Airing Pain*** that whilst we believe the information and opinions on ***Airing Pain*** are accurate and sound, based on the best judgements available, you should always consult your health professional on any matter relating to your health and wellbeing. He or she is the only person who knows you, and your circumstances, and therefore the appropriate action to take on your behalf.

Well the delegates of the British Pain Society Annual Scientific Meeting are coming back to be refuelled [laughter] after their talk. Ten years ago the Pain Toolkit was pen and paper, 2014 it's on the internet, 2024...

**Moore:** [Laughs] We're brown bread by then. I tell you our next project, is we're adapting our site for other organisations – we're going to be doing one for Manchester soon so it'll be [paintoolkit.org/Manchester](http://paintoolkit.org/Manchester). But also we're building three apps. We're building the beginners app, for the Pain Toolkit, then one for if people want to progress people can track their progress using something called My Pain Toolkit, and there'll be another one there which is a CBT (Cognitive Behavioural Therapy) led one, where they can learn more information there about pain management.

**Evans:** Thank you very much.

**Moore:** Thanks for the interview Paul, it was great.

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