

# PAIN MATTERS

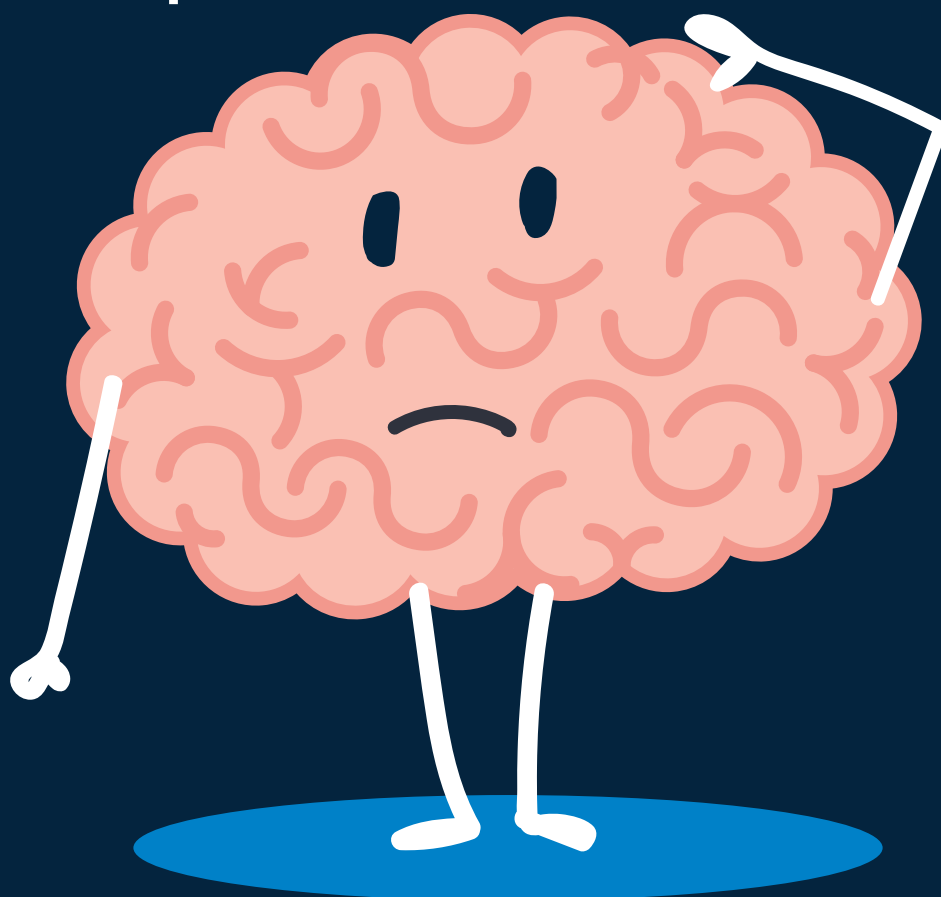
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## Understanding

## Pain

A public health campaign to *flip* the way we think about pain



BEING  
MINDFUL

Using mindfulness to manage pain during a pandemic



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## WELCOME

Dear Reader,

What do we mean when we talk about pain? In this edition of **Pain Matters**, we have invited the members of the *Flippin' Pain*<sup>TM</sup> campaign to guest-edit a pain neuroscience education special. A public health campaign delivered by Connect Health, *Flippin' Pain* aims to improve health literacy around persistent pain, building on the work done by world-renowned pain scientist and science educator Professor Lorimer Moseley.

As Professor Cormac Ryan says, 'for over half a century, much of what scientists have learned about pain has remained hidden away in academic journals gathering dust', unobtainable to the people who need it most: the people who live with pain every day. This edition of **Pain Matters**, along with the *Flippin' Pain* campaign, aims to change this, one step at a time.

**James Boyce, Editor**

## MESSAGE FROM OUR GUEST EDITORS

# WELCOME TO THE FLIPPIN' PAIN<sup>TM</sup> EDITION OF PAIN MATTERS



Richard Pell



Gail Sowden



Tim Atkinson

Co-produced by those who live with persistent pain, healthcare professionals and academics, we are excited about the opportunity to 'take over' this edition of **Pain Matters** - a fantastic publication full of advice and information.

# Pain: Do You Get It?

You are not alone, persistent pain affects 30%-50% of people

*Flippin' Pain* is a public health campaign that aims to raise awareness about the problem of persistent pain and encourage people to change the way they think about it, talk about it and treat it. *Flippin'* their understanding and their approach.

The issue of persistent pain will be nothing new to readers of **Pain Matters**. *Flippin' Pain* does not advertise itself as



a cure or even a new intervention, rather the focus of the campaign is to improve understanding of pain at a population level; to bring the real science of pain to the people. The factors that contribute to persistent pain are widely misunderstood and often misrepresented. Some features of the best contemporary understanding of pain science can seem counterintuitive; some even seem to contradict our old understanding of pain. The consequences of these misconceptions can have a significant unhelpful, even harmful, impact.

*Flippin' Pain* mirrors the work of its Australian counterpart, *Pain Revolution* ([painrevolution.org](http://painrevolution.org)). Its founder, internationally renowned Prof Lorimer Moseley, is amongst our esteemed contributors. *Flippin' Pain* is currently being supported by Lincolnshire Clinical Commissioning Group and is delivered in the UK by Connect Health, the largest independent provider of musculoskeletal, pain and rheumatology services to the NHS.

In this issue, we share some hidden truths about what scientists have known about pain for many years. The importance of health literacy and pain neuroscience education (*Explaining Pain* - see pp. 4-5) are discussed along with an acknowledgement that behavioural change isn't easy. We then cover the link between emotion and pain, staying active, some back pain tips and the importance of language.

Our co-editors are Gail Sowden and Tim Atkinson. Gail is a consultant physiotherapist and National Pain Lead for Connect Health. Tim is a teacher and author living in Lincolnshire. He is currently writing a book -

*Where Does It Hurt?* - about his own lived experience of pain living with arthritis.

To find out more about *Flippin' Pain*, visit us at [flippinpain.co.uk](http://flippinpain.co.uk).

**Richard Pell is a chartered physiotherapist. He is Head of NHS Service Development at Connect Health and the *Flippin' Pain* Campaign Director**

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# CHANGING UNDERSTANDING, CHANGING LIVES



Cormac Ryan



Kathryn Gloor

Ever lack the understanding needed to manage your pain? Or feel that those around you, and the wider public, misunderstand a life lived with persistent pain? Professor Cormac Ryan and Kathryn Gloor, who lives with persistent pain, explain to *Pain Matters* the benefits of pain neuroscience education in improving health literacy

## CATCHING UP WITH THE SCIENCE

Since at least 1965, when researchers Patrick Wall and Ronald Melzack published their landmark 'gate control' theory in *Science*, scientists have understood that pain is influenced by physical, psychological and social factors. In the following fifty-five years, the scientific community has continued to learn a remarkable amount about the complex nature of pain. So why is so much of the public's understanding of pain still trapped in the past, and how can we catch up? And why would this be important to someone living with persistent pain?

## HEALTH LITERACY IS KEY AT ALL LEVELS

Health literacy - the degree to which someone can get and understand information about health - is not simply a matter of whether someone can read and understand a patient information leaflet. It also concerns whether that person knows enough about a condition to make informed choices about their own care. Since public understanding is so out of step with current scientific thinking, the issue of health literacy is especially important with regards to persistent pain. To address this issue, there needs to be a targeted approach to help people understand modern pain science. We believe this could, and should, be done at the patient, clinician, and public health levels.

## USING EDUCATION TO MANAGE PAIN

The goal of pain neuroscience education is to help people understand that persistent pain is not always a sign of tissue damage or other bodily harm, but instead can result from our subconscious trying to protect our body from perceived or predicted danger. This is a shift from the outdated biomedical

framework toward a more modern 'biopsychosocial' understanding: we now know that many factors outside of biology affect the pain experience. The book *Explain Pain*, first published in 2003 by David Butler and Lorimer Moseley, showed that while pain is indeed complicated, using metaphor and storytelling to explain these complexities can give people a more scientifically-informed understanding of their pain.

## REDUCING PAIN-RELATED FEAR

The impact of pain neuroscience education on people living with pain has received attention from academics in the seventeen years that it has been in the public domain. A recent review found that while there seems to be little effect on pain and function in the short term, it can reduce pain-related fear and worrying. There was not enough evidence to judge the long-term effects based on randomised controlled trials, although there is preliminary audit data of more than a thousand patients in Australia that suggests that treatment including pain neuroscience education helps people better understand pain, and that these individuals had recovered more at the one-year follow-up point than those who didn't improve their understanding.

## UNLOCKING THE BENEFITS OF PAIN NEUROSCIENCE EDUCATION

Many healthcare professionals possess a strongly biomedical understanding of pain, and those who hold these views are more likely to recommend against active management strategies for pain, contrary to current national guidelines. These biomedical views are present at the undergraduate level, and it has been noted that pain training at

**Persistent pain is COMMON and can affect anyone**

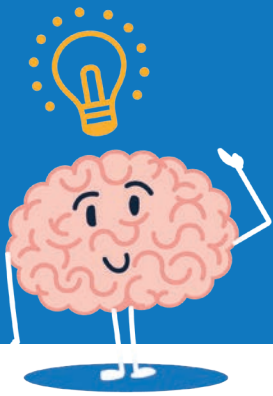
**Hurt does not always mean HARM**

**EVERYTHING matters when it comes to pain**

**MEDICINES and surgeries are often not the answer**

**UNDERSTANDING your pain can be key**

**RECOVERY is possible**



this level for healthcare professionals is woefully inadequate. Three recent randomised controlled trials have demonstrated that delivering a brief pain neuroscience education lecture to students can significantly improve their knowledge of pain and their attitudes toward people with pain, as well as increase the likelihood that they will recommend treatment more in keeping with national guidelines. These studies highlight the potential benefits of delivering pain neuroscience education teaching to healthcare professionals. This is crucial given the important role they play in people's pain management journeys.

### **PUBLIC HEALTH CAMPAIGNS CAN UNLOCK BENEFITS FOR PATIENTS**

Whilst changing understanding at the individual level is important both for clinicians and people living with persistent pain, perhaps the greatest potential benefit can be found in educating the public. A comprehensive public health campaign for back pain produced a positive shift in public attitudes to back pain, improved clinicians' understanding of back pain and significantly reduced health care usage and costs related to back pain. It thus seems reasonable to assume that pain neuroscience education delivered at the public health level could be highly effective in shifting public understanding of persistent pain. The *Pain Revolution* ([painrevolution.org](http://painrevolution.org)), spearheaded by the aforementioned authors of *Explain Pain*, is a public health initiative seeking to do just that. This initiative has drawn attention internationally, and a number of other countries are considering how they might replicate this initiative.

In the UK, the *Flippin' Pain* campaign ([flippinpain.co.uk](http://flippinpain.co.uk))

has taken up the mantle. This public health campaign was recently launched in Lincolnshire by Connect Health in collaboration with NHS Lincolnshire Clinical Commissioning Group. It takes the key pain neuroscience education messages and shares them at public events throughout the region, reinforcing key messages through engagement with local media and online platforms. The aim is to shift how people think and talk about their pain, and to enhance their health literacy so that individuals can make informed choices about future pain management. If successful, this campaign could provide a template for community pain education across the UK.

### **BLOWING THE DUST OFF THE SCIENCE**

For over half a century, much of what scientists have learned about pain has remained hidden away in academic journals gathering dust and making little real-world impact on the day-to-day lives of people with persistent pain. However, campaigns such as *Pain Revolution* and *Flippin' Pain* present a wonderful opportunity to change all that. These campaigns pave the way for a contemporary scientific understanding of pain to be brought to the public and to radically transform the lives of millions of people with persistent pain.

**Professor Cormac Ryan is Professor of Clinical Rehabilitation at Teesside University & Community Pain Champion for *Flippin' Pain*. This latter role is funded by Connect Health, who are funding and delivering the *Flippin' Pain* campaign in collaboration with NHS Lincolnshire Clinical Commissioning Group**

**Kathryn Gloor lives with persistent pain and is from Albany, Ohio, USA**

# BREAKING THE CYCLE



Mike Carpenter



Carolyn Johnson

**Change can often be daunting. But change is an essential part of acquiring better habits and breaking negative cycles of pain. Mike Carpenter, Advanced Practitioner Physiotherapist, alongside Carolyn Johnson, who lives with persistent pain, explains how we can implement positive lifestyle changes**

Changing what we do and sticking to it can be hard, as anyone who has tried to give up smoking, or keep to a healthy diet, can confirm. Over 80% of New Year's resolutions are broken! It's no surprise that changing your 'approach' to pain can be tough - mentally and physically. But it is worth the effort.

## WHY WE NEED CHANGE

People with persistent pain sometimes feel trapped in a negative cycle of problems, similar to the diagram on the top right.

Persistent pain can lead to a negative spiral, making the pain and everything else worse.

Compare that to the Self Care Cycle, bottom right.

Making small changes, one step at a time, can lead to big improvements in our well-being and can even reduce pain.

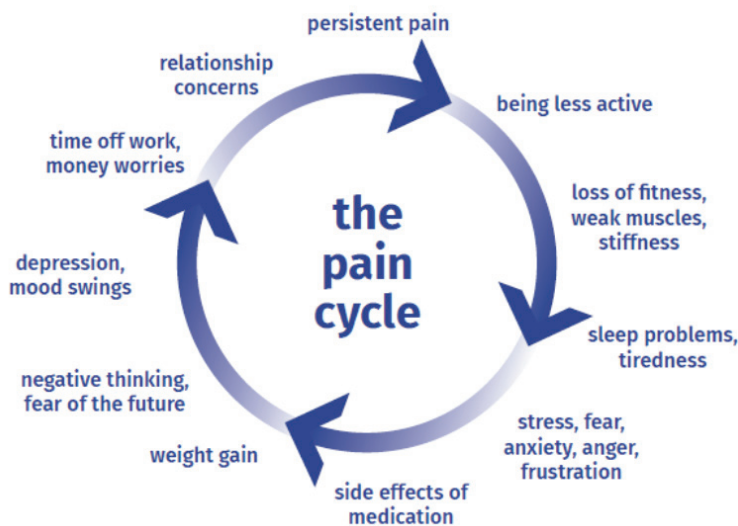
Research identifies three key factors which are vital for lasting and effective change:

- 1 Motivation - being clear about what matters most and why
- 2 Confidence - having a plan and preparing for challenges
- 3 Forming a habit - making change a part of your routine.

## 1. MOTIVATION

Having a goal is important; it focuses your energy and efforts and reminds you of why you are doing something. Making your goals SMART can be helpful.

Establishing and maintaining SMART goals can really enhance motivation. They define where we want to be, help us identify the steps along the way and allow us to evaluate progress, make changes and problem solve



The Pain Cycle (image courtesy of Living Well With Pain)



The Self Care Cycle (image courtesy of Living Well With Pain)



when necessary. We are much more likely to work towards a goal if it relates to something important to us. For example, someone's goals may be to have a loving, caring relationship with their grandchild. Being aware of this can increase motivation to play with their grandchild, even though that might increase their pain in the short term. Ask yourself whether your goals relate to the things or people that matter to you most. If they don't, think about choosing different goals that do.

## 2. CONFIDENCE

Having a plan builds confidence in achieving a goal. Foreseeing difficulties and preparing to overcome them are also crucial aspects of successful planning. If you encounter setbacks, don't panic and be kind to yourself. Be prepared to adjust or adapt your goals. Sharing your plan with others can also help to provide vital support.

## 3. FORMING A HABIT

Turning conscious behaviour into a subconscious habit is the key to making changes last. It helps to have a trigger to relate to. For example, finishing breakfast is a common trigger to brush your teeth. We soon start to do things without thinking - it becomes like a reflex. A simple way of thinking about this is to use an 'if...then...' statement, where 'if' is our trigger and 'then' is the behaviour. For example:

- If... it's a Tuesday evening
- Then... I will go for a ten-minute walk

We can use this to resolve some of the challenges that might arise as well:

- If... it's raining on Tuesday evening
- Then... I will put on my raincoat and take an umbrella with me

### Activity: Try this at home

1. Write down a goal you'd like to achieve. Make sure it is SMART!
2. Ask yourself 'why is that important to me?'
3. Decide who to share your goal with. Make sure it is someone who will support you as you work towards it.
4. Plan ahead and try to foresee any difficulties that might arise.
5. For each challenge write an 'if... then...' statement.

### SUMMARY

Change is never easy. Factors beyond your control often have a bigger impact than you'd like, but by taking steps to change what you can, you are well on the way to breaking the negative cycle of pain and to living a healthier, more fulfilling life.

**Mike Carpenter is an advanced practitioner physiotherapist working for Connect Health in an integrated pain, musculoskeletal and rheumatology service in Hertfordshire**

**Carolyn Johnson is a person living with persistent pain from Skegness, Lincolnshire**

# EMOTIONS AND PAIN

**Dr Sophie Gwinnett and Nikki Ellis tell *Pain Matters* how becoming mindfully aware of your pain and the associated emotions can help you live a fulfilled and valued life**



Dr Sophie Gwinnett



Nikki Ellis

What we experience as emotion (usually defined as a feeling capable of being described in one word, e.g. 'calm', 'sad', 'fearful', 'anxious' etc.) can profoundly affect what we 'feel' physically. Emotions are a mind and body experience, with the primary purpose of initiating action that is necessary for our survival. For example, fear orients us towards danger and prepares our body to run or fight. Anger warns others away and energises us to protect ourselves and others. Excitement gives us the motivation to seek out pleasurable experiences. Emotions are an essential part of being human. Like the weather, our emotions will shift and change throughout the day.

## INTENSE EMOTIONS ARE HARD TO HIDE

Our emotional state shows in the muscles of our face, our tone of voice and our body posture. Consider the difference between someone who is angry and someone who is calm. Unless they are an expert poker player, we'll be able to see how they feel just from the look on their face! Intense emotions also cause changes in our internal organs: the heart, gut, muscles and brain. Once the body responds to the emotion, equilibrium is restored within the body.

## THE OVERWHELMING IMPACT OF PAIN

Due to the ongoing nature of pain, the opportunities for the body to act on and then dispel

the emotional states are limited. This can cause an ongoing cycle of sadness/fear/anger and pain, with increased muscle tension, fatigue and bodily discomfort.

- 'When living with persistent pain, you can feel consumed by the physical toll it takes on you,' writes Nikki Ellis. 'It took me a long time to recognise the emotional impact of pain and how one can significantly impact the other.'

Some emotions make us feel so uncomfortable that we naturally work hard to control or even avoid whatever triggers them. For example, if you went to a supermarket and felt an overwhelming surge of anxiety, you might avoid revisiting that supermarket again in the future. If a similar experience happened later, in another supermarket, you might choose to stop visiting supermarkets altogether. While in the short term this can feel helpful, over time we may find ourselves engaging in more and more limiting behaviours, as we struggle to avoid and control unwanted internal experiences. This then begs the question: '*Am I controlling my emotions, or are my emotions controlling me?*'

## AWARENESS AND ACCEPTANCE

Becoming mindfully aware of our emotional state and accepting what we are feeling at any given moment enables us to choose how we respond, rather than automatically engaging in

unhelpful or limiting behaviours. This creates a space for us to then think about the most helpful actions for us to take.

We suggest you go through the exercise in the box on page 9. As you become more accustomed to recognising and making room for your emotions, it will become easier to use these skills. When you experience intense emotions such as anger, fear and sadness, you will be less likely to waste energy trying to avoid or battle with them.

- As Nikki says, 'Living with persistent pain means having to embrace a life that you didn't choose, which is difficult to accept. However, you do get to decide how your pain and emotions will impact your life. We can't change our emotions or push them away, as they are a part of being human. What we can do is acknowledge their presence without giving them the power to control our actions.'

## IDENTIFYING VALUED ACTIONS

The struggle to avoid and control emotions can lead us to disengage from our values - experiences and qualities that define us and that we care deeply about. Everyone's values are unique to them, but they reflect who they want to be on an ongoing basis as well as how they want to treat others and the world around them. Recognising and making room for uncomfortable emotions enables



**Think of something that has annoyed you recently, a minor irritation that occurred and that you remember:**

1. How does this memory make you feel?
2. Acknowledge this emotion and name it. You can say 'I feel sad' or 'I notice I feel stressed'.
3. Where do you feel the emotion in your body? See if you can breathe into and around these sensations.
4. Make room within yourself for the feeling. You don't need to change it or get rid of it, just allow it to be there.
5. Do this for a couple of minutes and notice what happens to the feeling. Does it get bigger, smaller, stronger, weaker?
6. Imagine your hand filling with kindness. Take your hand and gently place it somewhere on your body where you feel the emotion. Can you feel the warmth of kindness flowing from your hand into your body? Rest there for a minute or so and see what happens.

us to choose how to invest our time and energy. We can choose to engage in things that we care deeply about, to connect with the people who matter, and to take care of ourselves. We call these 'valued actions'. Whilst uncomfortable emotions and indeed pain itself will continue to demand our focus and attention, we can still choose to move towards our deeply held values, despite pain.

- As Nikki says, 'By becoming mindfully aware of my pain and the associated emotions and by making room for these experiences, I have learnt that it is possible to live a fulfilled and valued life with pain.'

**Dr Sophie Gwinnett is a consultant clinical psychologist and the National Lead for Psychology at Connect Health**

**Nikki Ellis is a patient champion on the Wolverhampton Connect Health Pain Management Programme**

# MIND YOUR LANGUAGE

**What we say about our pain has a significant impact on how we experience it. In this article, physiotherapist and *Flippin' Pain* team member, Felicity Thow, describes how we can avoid making the problem worse by using positive words**

If we repeat something enough, our brains hold onto the information. Helpful if it is your shopping list or your partner's birthday but less useful if it is inaccurate or outdated information about your pain.

We know that pain is an output of the nervous system and factors that promote a sense of danger can increase pain, regardless of whether the painful area is in any real danger of harm [see article on page 4, *Changing Understanding, Changing Lives*]. When the body feels threatened, pain is sometimes the result. Things that may wind our nervous systems up and result in this protective response include stress, anxiety, poor sleep and negative thoughts and beliefs.

## THE LANGUAGE WE USE ABOUT OUR PAIN MATTERS

What we tell ourselves matters. Think about the last time you described your pain to someone. Maybe you said you were falling apart, or that your knee felt like broken glass. Now imagine telling your closest friend or a family member that they are falling apart. How would they react? Pretty scary to hear, right?

Our nervous systems are primed to adapt to what we repeatedly throw at them, which is why repeating positive mantras can help some people. But if we are always fuelling our already protective nervous system with harmful ideas through the words we use to describe pain, then we could actually be making the problem worse.

And are the things we say about our pain even accurate? We have learned a lot about pain in recent years. Take a look at some of the examples overleaf and think about how you might be able to flip your pain language.

*continues on p10*

continued from p9

Minding your language can have more of a positive impact than you might imagine on your pain.

## COMMONLY-USED LANGUAGE VS REALITY

### *'I'm falling apart'*

It can feel frustrating to have multiple painful areas at the same time. But the human body is strong and resilient and adapts to what life throws at it. If you are older or have other health problems it might take longer, but if you're still alive, you're always adapting!

### *'I slipped a disc'*

It's impossible for a disc to 'slip' out. It's often only a small amount of material that exits the outer tissue that keeps the rest of the disc in place. Discs are tough and very much fixed in place.

### *'My back is broken'*

Your spine is strong and robust. It's a shock absorber, with joints that allow us to move in a variety of directions. Usain Bolt even manages to be the fastest man on the planet with scoliosis (an S-shaped spine).

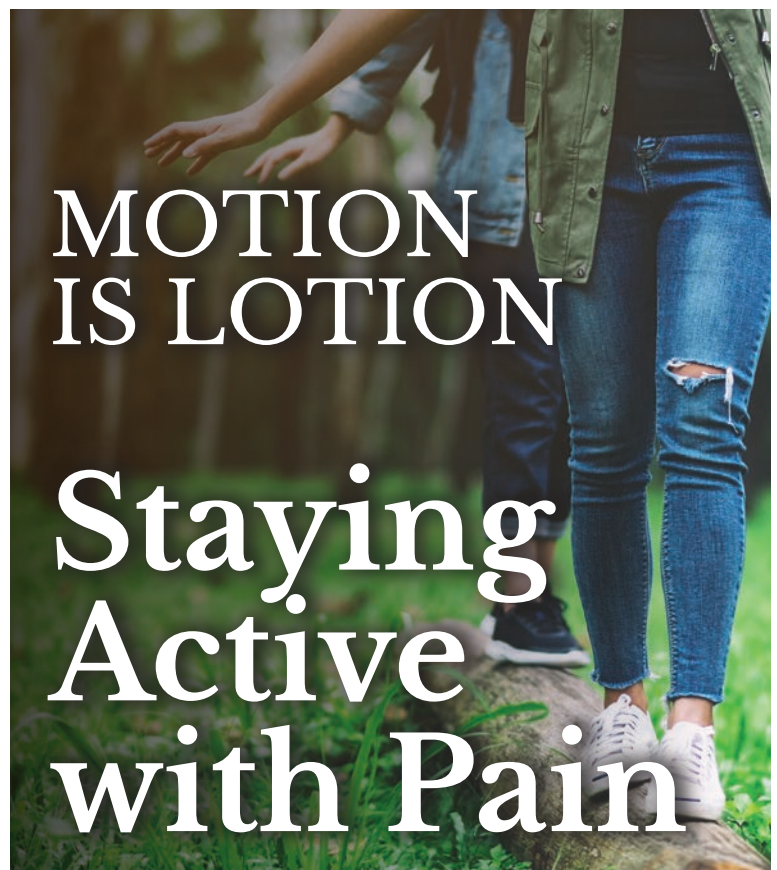
### *'My hip is out'*

Unless you have had a severe trauma or have a condition like hypermobility syndrome, it's highly unlikely that your joints have moved beyond their normal limits. But pain can make them feel 'out' - even if they're in!

### *'It feels like broken glass in there!'*

Noisy joints are common, especially with osteoarthritis. It is safe (and beneficial) to keep moving. Terms like 'wear and tear' are misleading - you will not wear your joints down by keeping active. Most healthcare professionals now more commonly replace the term 'wear and tear' with 'wear and repair'.

**Felicity Thow is a physiotherapist in occupational health and pain management, and a Flippin' Pain team member**



**For many people living with long-term pain, the thought of exercising is one clouded with fear and apprehension. But it is essential to keep moving. Staying active with persistent pain is universally accepted as a key feature of recovering from or living well with pain**

**In this Q&A, physiotherapist Tom Jesson and yoga teacher and fitness specialist Ruth Barber, who has had nerve pain since a dancing injury fifteen years ago, discuss Ruth's experience of exercising with pain**

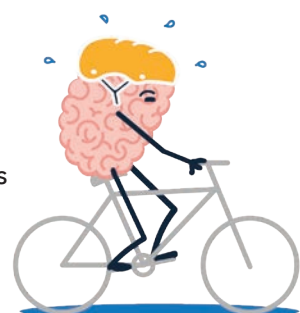
### **TOM**

Hi Ruth. Let's start at the beginning. After you first developed your pain, how easy was it for you to keep active?

### **RUTH**

In the first year after my injury, it was 'boom and bust'. I was teaching fitness classes, dance classes, trying to keep walking everywhere. But I had no idea how to do that in a way that didn't sap every bit of my energy. I'd be pushing on, battling through, forcing myself: all these phrases that are not even in my vocabulary now.

I'd have my coping face and then be brought to tears after work at



home. Each day sobbing in the shower as I was in so much pain.

My whole identity was tied to fitness, dance, and being active. I couldn't imagine stopping any of it. I felt like a fraud: My job title was 'physical activity specialist'. How could I encourage others to be active when I was full of fear? I was going through the motions. On the surface, it looked like I was just as active as before, but I was being so careful and guarded in all my movements, and I was suffering. My 'coping' strategies weren't working.

### **TOM**

That sounds really tough. I sometimes find it useful to distinguish between 'avoidance coping' and 'endurance coping'.

'Avoidance coping' is the tendency to avoid things that we think might make our pain worse. 'Endurance coping' is continuing to do things that are painful even when it makes things worse. As a physio, I find endurance coping harder to address. Sometimes you have to advise people to take a step back and do less, which can feel like admitting defeat.

Focusing on values is very important. If I were your physio back then, I might have asked you: 'What is it that you value about your work and your dancing? We might need to make some changes so you get in control of your pain, but we will make sure you are still active in a way that meets those values.' I would also want to explore movement and exercise with you and try modifications. For example, sometimes people 'fight' the pain, tensing up all their muscles, and it bites back harder.

Could you tell me more about that period? It sounds like that's when your relationship with exercise began to change.

### **RUTH**

The physio I initially saw was very knowledgeable and had a compassionate approach to help me with my pain. But it was attending a pain management programme that really started to change things for me.

At the programme, I could start from scratch and gradually build up activity. I cried through our first fitness class there - here I was, a fitness instructor, having to start again.

### **TOM**

Was the approach to exercise different to what you were used to?

### **RUTH**

I had kept active even throughout this weird limbo of 'What is this pain? How can I possibly live with this?' but I was achy and tense all the time. I felt the way I moved and engaged in activity had changed due to my pain.

Some of this discomfort wasn't directly related to my chronic pain. It was general body pain or tension from total lack of bodily awareness. That probably sounds weird right? I was a physical activity professional but had no awareness of what my own body was doing. Pain definitely hinders your body awareness. I had no idea of how much I was guarding my painful side.

I began to really enjoy this new way of moving. Moving with awareness, moving with my body, not against it. Not a battle to perform a task. A gentle easing and noticing, 'Oh, can I maybe do this without grimacing? Oh, that relaxing breath really helped me to move and feel comfortable in my own skin again'.

Then I was doing stuff like getting my body used to touch again, so I could dance again; getting my skin used to water, so I could swim again. All these small steps were quickly building up. Now, I truly believe that even though the constant pain has never changed in fifteen years, if I want to try some activity that is hard for me with pain, I can build up and do it.

I often use my daughter's joy and playfulness as metaphor for pain management. How her little six-year-old adventurous self is such a natural pacer. She does stuff in small chunks eventually building up to bigger challenges each day.

### **TOM**

That is fascinating! By the way, sometimes people use the phrase 'listening to your pain'. Does that resonate with you?

### **RUTH**

No, I wouldn't say it's listening to the pain. It is noticing my body overall, the effect that pain and my life is having on my body and mind. I joined a yoga class the day I finished pain management. I have practised daily for the last fifteen years, and it's not to stretch or stay fit - I ask myself, 'What is happening in my body? Why is my breath like this?'.

### **TOM**

I see. So, for you, exercising with pain is about exploring movement, being aware with what's going on with your body (not just the pain) and building up to things you want to do. Thanks for the chat, Ruth. I really enjoyed it!

### **RUTH**

My pleasure!

**Tom Jesson is a physiotherapist with a special interest in nerve pain**

**Ruth Barber is a yoga teacher & fitness specialist who has lived with persistent pain for fifteen years**



Tom Jesson



Ruth Barber

# FLIPPIN' PAIN WEBSITE



Engage | Educate | Empower

**'If *Flippin' Pain* was around at the start of my pain journey, I wouldn't have spent literally years searching the web for help!'**

As part of their ongoing public health campaign to share an up-to-date understanding of pain and encourage people to change the way they think about, talk about, and treat persistent pain, *Flippin' Pain* recently launched a new website ([flippinpain.co.uk](http://flippinpain.co.uk)). In the first week, it has received more than a thousand visitors and shows signs of becoming a much-used source of reliable and helpful information. The site has received many positive comments, below are the thoughts of a few early visitors.

'Sometimes when reading books about pain, it can be too technical and you feel overwhelmed, so to have a website that explains things in a way you understand is very helpful. To be able to find out ways of helping me and gaining knowledge is so needed. The options to read information, watch videos and learn really helps to give me the choice of taking on information, depending on how I am feeling on a given day - and takes into account how different people learn too. Having stories where real people talk about their pain, how they are finding strategies to cope with it and live their lives fully, really helps put it into perspective, giving others ideas and hope about their own situation.'

TESS SANDERSON,  
SPALDING, LINCOLNSHIRE



'*Flippin' Pain* shows you how pain works and ways that you can help yourself. It's so important to be in charge of your own pain. I heard about *Pain Revolution*, and found out about Professor Moseley and his work. I realised I had already started my journey to understanding my pain and, with the final bits of the jigsaw being put in place, I knew I "got it".'

'Using the information on the site to help me understand the "mechanics" of my pain has helped me to visualise where the pain starts and how I can stop it. Changing bad habits, changing my language, exercising, healthy eating, talking to others, using a journal are all good habits and a way forward to living a better, pain-free, life. I will be using this site regularly, hopefully helping others as well as receiving help myself. This will keep me in the direction I want to go, the healthy pain free road.'

CAROLYN JOHNSON, SKEGNESS, LINCOLNSHIRE



'The *Flippin' Pain* website will appeal to both people with and without pain due to the quality of the content and the key message it conveys. Information is comprised of relevant and up-to-date, science-based facts about what is known about pain alongside real stories from people with "lived-experience", including those who have adopted a different way to treat their pain to help them live better, and even some who have recovered from their pain. Content is presented in formats you can read, watch or listen to. So, if like me you prefer to watch a video, there are plenty to indulge in.'

'The site has a fun logo and tagline but also a professional feel. I am especially impressed with the resources section. If *Flippin' Pain* had been around at the start of my pain journey, I wouldn't have spent literally years researching the web for help! I think *Flippin' Pain* will empower people to have constructive conversations with their healthcare practitioners, who in turn can use *Flippin' Pain* to help them expand their own knowledge base and expertise.'

'*Flippin' Pain* is the only website I know of which provides invaluable pain-related information ALL IN ONE PLACE! I can't recommend *Flippin' Pain* enough.'

CLAIRE ROBINSON, BRISTOL, GLOUCESTERSHIRE



# BACK PAIN? MOVEMENT IS THE BEST MEDICINE



**Ash James, a PhD student focusing on lower back pain, debunks some of the commonplace myths about its causes and prevention**

## LOWER BACK PAIN IS COMMON

According to research papers in the *Lancet* in 2018, 80% of the world's population will experience lower back pain at some point in their life. It is the leading cause of disability and work-related absence caused by musculoskeletal problems in the UK.

In response, many workplace interventions have been developed. Such interventions largely focus on the notion that bending (flexion) of the spine should be avoided. Sitting – especially for long periods at an office desk – is also regarded as a problem.

## SITTING

Say the word 'posture' to most people and they'll probably think that 'slouching is bad for your spine' and that you should sit upright. A recent study found that the majority of people experiencing lower back pain thought that an upright sitting position was important to reducing their pain. But does sitting in a certain way actually cause pain? Research suggests not necessarily. Two such large reviews, performed ten years apart (2008 and 2019), found no evidence that your sitting position causes lower back pain. The key finding is not to sit in any one position for too long. Any sitting position will start to feel sore if you stay in it for a long time!

## LIFTING

For those who have done manual handling training of any kind, a 'correct lifting position' is a common workplace intervention. The idea is that bending forward should be avoided. But research suggests that such ideas are not effective ways of reducing lower back pain and workplace absence. Lifting less than 12kg with a flexed spine does not increase the risk of lower back pain according to the evidence, and lifting over 12kg may not increase the risk either. Research has also found that people who perform lots

of spine flexion under load (e.g. rowers or athletes) did not suffer more lower back pain later in life, compared to people who only perform usual daily lifting tasks.

If you worry about the way you lift and you feel you need to 'protect your back' it is likely that you also view the back as more vulnerable and more prone to damage. You may even engage in movement much less. Now this does matter. Movement is the best treatment we have against developing back pain and treating it!

## CONCLUSION

Interventions in the workplace often focus on avoiding flexion (bending your back). However, scientific research does not support this and so unsurprisingly these interventions are not always effective. Developing and continuing to experience lower back pain is in fact related to a combination of biological, psychological and social factors. It stands to reason then that focusing solely on the biological factors (like the position of your spine) is only of limited benefit. Workplace interventions should incorporate all these factors.

Sitting in any one position for short periods is not the problem, but staying in one position for a long time can be potentially problematic. When it comes to lifting, we need to be aware of our individual lifting capabilities. Although there are techniques that makes moving objects easier, they do not seem to prevent lower back pain.

You do not need to worry about avoiding flexion when lifting things weighing less than 12kg. If you are lifting something heavy, consider utilising a technique that makes it easier to move, and if some bending of the spine occurs during this, do not worry! It's not likely to cause an injury.

**Ash James is National Education Lead for Connect Health and is currently completing a PhD in 'Occupational lower back pain' at Manchester Metropolitan University**



# Mindfulness HEALS during a pandemic

**In the midst of the Covid-19 pandemic, Vidyamala Burch returns to *Pain Matters*. In this column, she gives readers her advice on how to use mindfulness to manage the anxiety and pain that may arise from lockdown**



I used to idly wonder how I'd cope with my pain in a catastrophe such as flooding, an earthquake or war. I never imagined it would be a global pandemic where my life changed overnight, and suddenly I couldn't access my usual supports such as swimming, osteopathy and acupuncture.

Very soberingly, it became obvious quite early on in lockdown just how dependent I was on a balanced cocktail of exercise and therapies to keep my pain under control, and my back and leg pain quickly spiked. I'm sure this was the case for many of us living with chronic pain and other long-term health conditions.

Inevitably I felt anxiety ('Will the pain ever settle down?') and low mood; but luckily, I have a long-standing mindfulness practice which made it a little easier to ride the waves without plunging too far into a mental and emotional downward spiral.

## HEALING THOUGHTS

I brought to mind the acronym **HEALS**, which I have developed to help me remember that pain management needs to operate across a broad front, taking in key aspects of life and behaviour.

As the pandemic continues to impact our lives, I try to live by the following principles and hope you find them helpful:

**H** is for **Healthy eating**. I make sure I have three healthy meals a day, even when it's the last thing I feel like, when the pain is bad and makes me nauseous.

**E** is for **Exercise**. I recall the 3 S's of exercise: *Stretching, Strengthening and Stamina*. *Stretching*

is covered by my daily exercises based on Pilates and yoga. *Strengthening* is more challenging with the gym closed (where I usually do a simple weights programme), so I've learned to adapt by doing basic strengthening activities such as lifting tins of baked beans. *Stamina* was also problematic initially in lockdown, as I couldn't do the cardiovascular exercise of swimming and I can't run or walk fast. Luckily my husband likes a good challenge, and he adapted an old push bike to build a hand cycle in the back yard. It's amazing. I can get properly puffed and always feel better for ten to fifteen minutes, even when it's the last thing I feel like doing.

**A** is for **Awareness** and this is the keystone of the whole acronym. Awareness is mindfulness and means I can try to make wise choices and

follow through on good intentions, as well as maintain perspective, even on tough days.

**L** is for **Love** and I try to make sure I stay connected with friends and family. I need to pace this carefully when I'm tired, but it usually lifts my spirits.

**S** is for **Sleep**. It reminds me to try and go to bed at a regular time and practice 'sleep hygiene', such as turning off digital devices a good period before going to sleep.

Taken together **HEALS** has helped me negotiate lockdown and manage a nasty flare-up. I know I'll need to stick to it in the months to come. I hope it helps you too.

**Vidyamala Burch, originally from New Zealand, founded Breathworks in 2001 to share her knowledge and experience of meditation with others facing health challenges**

“ I TRY TO MAKE SURE I STAY CONNECTED WITH FRIENDS AND FAMILY ”



# IN YOUR OWN WORDS

Dear *Pain Matters*,

Thank you so much for the last issue (*Pain Matters* 75). I enjoyed reading pages 8 and 9 very much, 'Taking care of you', as I am very interested in meditation.

I teach it for U3A [University of the Third Age - Ed.] members. It's very helpful in calming our overactive minds and bodies. Learning the different breathing techniques is an excellent way to learn to calm and relax. It helps our lives to be much more peaceful and happy however hard they seem. Both my husband [and I] practise meditation and breathing techniques each day, often last thing before going to sleep, and it's guaranteed we sleep well.

It is also very helpful in helping to control and ease pain when you have learnt the knack. I like to do two fifteen-minute goes at concentrating on my breath each day, and I also do gentle focused exercises - focusing deeply on my joint movements, how they work and what muscles are involved in my movements. I really enjoy doing this, and I sometimes get carried away because I enjoy it so much. I don't feel as well physically or mentally if I don't, so I would encourage anyone who has never tried it to really give it a go to live longer and be happier, and also to manage pain better, at least [make it] bearable.

I do hope there will be more to come in your magazines in the future on meditation and visualisations.

I look forward to reading more of your excellent magazines.

Yours faithfully,

Mrs J. Thornton  
Whitby, North Yorkshire

We'd love to hear from you. Share your experience with us and others in the pain community on Facebook or Twitter (@PainConcern)

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Healthcare professional

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