Prolonging independence

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Inhibitors to Independence

- Weakness
- Reduced movement
- Reduced mobility
- Pain
- Fatigue
- Mood
- Belief
BELIEF
Therefore

Your disease belongs to you.
If **YOU** can control my disease
Then I can use my body
If I can control my Disease then I can use my body
PAIN
Definition of Pain

A negative sensory and emotional experience
Managing pain together

- Defined, shared and held by everyone

- American Pain Society (2012)
  - Improve all domains of functioning and quality of life

- For you and your family
  - Facilitate change in relationship to pain
  - Optimise quality of life
  - Increase function despite pain
  - Facilitate adoption of self-management approach
  - Enhance well-being
Complexity of Pain

- Inflammation
- Muscle weakness
- Tiredness
- Immobility
- Loneliness

- Medication
- Muscle strengthening
- Sleep
- Physical activity
- Fun activity
BIO-PSYCHOSOCIAL MODEL OF MANAGEMENT
Bio-psycho-social model applied to chronic pain
Bio
Central sensitisation
Disease process
Physical deconditioning

Biological factors to consider in the formulation of chronic pain
Psychological factors to consider in the formulation of chronic pain

Psychological

Cognitions (illness beliefs, cognitive distortions, hypervigilance)
Mood (anxiety, frustration, hopelessness, fear of pain)
Coping (avoidance, boom-bust, coping style)
Social

Partner behaviours
Work (cognitive functioning, attendance, pressure)
Healthcare experience (e.g. disbelief, conflicting messages)
Cultural beliefs about pain/disability
Economic factors

Social factors to consider in the formulation of chronic pain
Obstacles to effective self-management/recovery

**Bio**
- Complex condition,
- Changeable presentation,
- Effectiveness of treatment,
- Receptiveness to recommendations,
- Biomechanical compensations,
- Unclear prognosis,
- Functional impairments,

**Psych**
- Anxiety re treatments/prognosis,
- Low mood,
- Reduced function,
- Social isolation,
- Family members anxiety/low mood,
- Family coping strategies,
- Pain management,
- Adjusting to environment/condition/function,
- Motivation,
- Helplessness

**Social**
- Poor work attendance (social isolation),
- Family dynamics/discord,
- Roles (sick role),
- Reduced activity based interaction with peers,
- Supporting the family,
- Partners employment,
- Any welfare concerns,
- Recommencing work,
- Social support services locally
Approaches to managing obstacles

**Bio**
- Physiotherapy: rehab, retraining muscles, normal movement patterns and range of movement, function/mobility
- OT: encouraging child with age appropriate ADLs
- Function despite pain

**Psycho**
- Active Relaxation
- Distraction
- Stress management (goal setting, communication, time management…)
  - Psychological Therapy options:
  - Cognitive behaviour therapy (inc. graded exposure to overcome fear avoidance, cognitive restructuring to address anxiety)
  - Mindfulness based approaches
  - Acceptance and commitment therapy

**Social**
- Work devise a paced, graded return
- Support to enable partner to access their own pain management intervention and return to work/alternative role outside ‘carer’
- Encouraging enjoyable interaction with others
- Support partner through understanding of pain to increase function

**Info/Education**
- Systemic/family therapy: relationship difficulties function of disability
- Group Rx sessions
- Graduated return to work
- Pacing
- Sleep hygiene
The Cycle of Pain

- Pain
- Do less
- Bored
- Focus on pain
- Low mood
- Anxiety
- Frustration
- Poor sleep
- Muscle tension
- Deconditioning
- Stress
- Relationship changes
Things that Increase Pain

- Immobility / Rest
- Focusing on the Pain
- Fatigue
- Not being believed
- Negative thoughts/feelings/emotions
- Muscle weakness
- Abnormal movement patterns
Things that decrease the Pain

- Exercise / Movement
- Distraction
- Positive thoughts / feelings / emotions
- Sleep
- Being believed
- Good muscle strength
- Normal movement patterns
Comfort Tool Box

- Exercises and physical activity
- Distractions
  - Games
  - Crafts
  - Movies
  - Reading
- Going to work
- Positive statements
- Coping statements
- Imagery
  - Safe/happy place
  - Changing the pain image
- Relaxation
  - Guided Imagery
  - Progressive Muscle Relaxation
  - Controlled Breathing
- Comfort items (marbles/ velvet etc)
- Self hypnosis
- Hobbies/activities
- Friends and families
- etc
MOOD
Positive Approach

- Improve mood
- Increased energy
- Less pain
- More activity
- More determination
- More positive solutions
- More mobility
- Dedication to treatments – exercise and meds.
Partners as coaches

- Encouraging
- Supportive
- Confident
- Enthusiastic

Acknowledging pain but not listening to it

- Taking care of themselves
FUNCTION
DESPITE
PAIN
Exercise reduces Pain

- Correcting Biomechanical Dysfunction
  - Correct altered patterns of movement
  - Correct altered function
- Increases mobility
- Reduces Pain Amplification
- Reduces Central sensitisation
- Increases Inhibitory fibre Function
  - Aerobic exercise
  - Strengthening exercise
- Reduces low mood

Lumley M 2011; Carville 2008; Busche 2007 & 2008: Buckhardt 2005; Goldenberg 2004
Emotional Affects of Exercise

- Confidence
- Self - Esteem
- Inclusion

- Individual programme
- Group Physio Sessions
- Group sport / training

– Care is needed to ensure inclusion and not exclusion!

Floriani V 2008; Bergeron 2007; Faigenbaum 2007; Hallal PC 2006; Hass 2001
Simple vs Complex Exercise

Complex exercise (General fitness)
- Walking
- Running
- Football

Simple Exercise (Correct biomechanics)
- Hip abduction
- Straight leg raise
Consistent Pacing

On GOOD days do not do more

On BAD days do not do less
Changing the focus of pain in your life.

Write lists:

- What you would like to do in your life?
- What is stopping you achieve this?
- How are you going to overcome these issues?
- What do you need to overcome these?
- Who do you need?
Example:

I want to walk the dog:
- Too much pain in my legs
- My muscles are too weak
- I get out of breath easily
- I am nervous the dog is going to pull me over
- I am nervous about going out on my own

(How / what / who!)
Conclusion

- Active participation
- Exercise is vital in the management of pain
- Pain management techniques
  - Distraction
  - Active relaxation
- Normal function
- Alter focus/thoughts about pain
- Mindfulness
Activities in daily life

– Most affected
  - Activities of moving around (walking, running, walking stairs, public transportation)
  - Work/school work
  - Leisure activities

– How hand function influence activities and quality of life?
  - Opportunity to participate in a study in the lobby
  - Includes: measures of hand function and answering questionnaires
How to improve activity

- Ergonomics
  - Less energy

Activity/Exercise

Rest
Take three minutes and talk to your neighbour

- What do you do to manage the daily activities?

- Any good advice that you want to share?
Assistive devices and ergonomically smart things

Assistive devices
  Compensatory
  Ergonomic/energy saving
Assistive devices and ergonomically smart things
Wrist splint
Dorsal flexion

Swedish Ankle Foot Orthosis

http://camp.se/fot-och-fotledsortoser/toeoff-familjen/navigaittm.html
Knee orthosis

Exercise and physical activity

Talk to your neighbor- how do you use exercise to maximize your independence?