

Topical Issues In Pain 5

Physiotherapy Pain Association Yearbook



Topical Issues in Pain 5

Treatment
Communication
Return to work
Cognitive behavioural
Pathophysiology

Editor
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Foreword
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Foreward

I am delighted to be writing the Foreword for this, the eagerly awaited fifth volume in the Physiotherapy Pain Association's Topical Issues in Pain Series. The PPA was established in 1994. In 1996 it was formally recognised as a Clinical Interest Group of the Chartered Society of Physiotherapy for Physiotherapists with a special interest in managing patients with both acute and chronic pain. The acknowledgement of a multidimensional understanding of pain and a biopsychosocial model supporting our treatment approach underlies the Association's philosophy.

So we are now twelve years on, and the PPA continues to move from strength to strength. The Association has, within a relatively short time, become a highly respected and active Clinical Interest Group with a Northern Branch (PPA North) set up in 2000. We now have a membership of some 600 physiotherapists, an active website (www.ppaonline.co.uk) and a high quality publication, PPA News, produced twice a year. Over the years a number of Study Days and Symposia have been run and the PPA has provided exceptional programmes at the CSP Annual Congress. To date, there have been seven Pat Wall Lectures at Congress with contributions from a number of leading experts in the pain field including Pat Wall himself in 1999 and Ronald Melzack in 2002. PPA members have also made significant contributions to workshops at the International Association for the Study of Pain's World Congress on Pain.

The Topical Issues in Pain series was launched in 1998 with the publication of TIP 1. This highly acclaimed series aims to provide health care professionals with up to date information about a wide range of issues in the management of pain. The PPA has now produced this its' fifth book - quite an accomplishment! I would like to thank Louis Gifford (Editor) on behalf of the PPA Executive Committee and the PPA membership for his hard work and unwavering enthusiasm and commitment in editing the Topical Issues in Pain series.

This volume is divided into five sections. Section one addresses treatment principles including manual therapy in the 21st century and the application of goal setting strategies. Section two outlines the importance of effective communication and describes the key communication skills that can optimise assessment and management of our patients. Return to work issues are the focus for section three. The role of physiotherapists working within vocational rehabilitation is outlined and illustrated with a case study. Occupational obstacles for patients returning to work and the benefits system are discussed. An overview of psychosocial approaches is provided within section four. The benefits of early intervention in reducing the risk of pain related problems such as fear of pain and work loss are highlighted. The successful integration of physiotherapy and clinical psychology practice within pain management rehabilitation is also discussed and outlined with case histories. Section five reviews the evidence for changes in the primary cortex in chronic pain and the implications for the treatment. Muscular activity in chronic pain is outlined in addition to molecular mechanisms within the spinal cord.

I would like to thank all the authors who have very kindly contributed to this volume. Your input is greatly appreciated. The TIP series as a whole brings together an extensive accumulation of research and a remarkable breadth of knowledge presented in a very understandable and practical way. If you don't already have the previous TIP books my advice is get them - you won't be disappointed!

Lorraine Moores
Physiotherapy Pain Association Chairperson
December 2005

Preface

If you were to go back ten years, would you have ever thought that in a very short time physiotherapists would be claiming to change motor and sensory mapping in the brain during and following treatment and management of pain and be taken very seriously? Would you have thought that physiotherapists would be actually researching these phenomena and starting to prove them? Would you have considered that the foundations of our understanding of how our treatment techniques might work or don't work could be so turned on their head? Would you have thought that a great many physiotherapists would be leading movements of change in working practices and treatments related to pain, pain management and return to work – that we would be starting to be listened to by main-stream medicine?

Physiotherapists are pulling ahead and some, are way ahead. These are those who base their day to day work practices around a multidimensional and biopsychosocial model of pain. Those who read, understand, feel at ease with and implement the kind of material found in the Topical Issues in Pain series! No arguments, no political manoeuvring, no in-fighting, but sound and well reasoned agreement around a very sound model secured by outstanding and continually growing scientific support – it's powerful, it fits, it works – but will it endure?

It is my firm and unashamedly passionate belief, that well informed physiotherapists, occupational therapists and clinical psychologists, are not just ahead of their own profession here, but also of many others involved in pain management and treatment too, i.e. General Practitioners, Orthopaedic Surgeons, Rheumatologists, Chiropractors, Osteopaths and the many alternative practitioners. The list should also include those who teach these practitioners their clinical skills too. On a day-to-day level these disciplines, for the most part, offer single 'things' to have, to take, or to experience, – tablets, injections, operations, manipulations, corrections, rebalancing, and more of the same, - with weak and unimpressive support from well constructed clinical trials. There is growing evidence that some can maim, that there are many side effects and that some cause unnecessary tissue damage and scarring. So why do they all endure?

Is it because they make intuitive sense, because they are uncomplicated, easy to explain, easy to teach and easy to learn? The knee is arthritic, worn-out, it needs replacing; the nerve is trapped it needs releasing.... Is it this simplicity that makes them all so appealing and so highly marketable? Is it also true that many are driven and maintained by market forces?

We now have a growing body of science to support the processes and practices used in Cognitive Behavioural treatment (CBT) based rehabilitation programmes. This growing support for CBT interventions bears a striking resemblance to the support that continues to accrue for the gate-control theory of pain put forward by Pat Wall and Ronald Melzack 40 years ago! Yes, – the support for CBT based programmes just keeps coming in, but why is CBT still so hard to find? Why hasn't it caught on? Why isn't it supported more? And above all, will it endure?

A big problem is that management approaches, like CBT, which are naturally embraced within the biopsychosocial model, are so difficult to market in the present climate. They may even be unmarketable because they require time, a great deal of highly trained practitioners time. This time contains the complex skills of caring human interaction – 'People skills', very demanding human skills – empathy, listening, communication, teaching, planning, explaining, ingenuity, showing, reassuring, distracting, energising, engaging, motivating, rewarding, encouraging, goal setting, demonstrating and analysing... All the things that cannot easily be manufactured for a mass market, that take time to learn, that are difficult to teach and for which there is never likely to be a grateful sponsor to give support.

It seems astonishing that proven CBT based programmes for chronic pain or return to work programmes for pain sufferers should be so poorly funded, so thin on the ground and so poorly supported – when so many millions go into unproven or feeble treatments that frequently render the sufferer moribund, incapable and physically unproductive. What is it with this great call for evidenced based medicine? Where are the supporters and sponsors of these evidence based treatments? Where are the training programmes? Who's interested? Who really cares?

How can CBT, the biopsychosocial model and patient centred management approaches that embrace physical goal achievement and community rehabilitation endure without a sponsor, without a commercial product, without substance, without packaging and without speed of delivery?

It is my great hope, through books like this one and through individuals like those who have written here and set down their example, that this solid, well-constructed, model of practice that the Physiotherapy Pain Association members embrace, will endure. It has to, because it makes so much sense when time is taken to understand and learn. Simplistic models for pain related problems and the accompanying disability are unsatisfactory; they cannot endure if good science continues to influence. I confidently predict that just as the gate control theory gradually gained support and recognition, so too will the biopsychosocial model and the relevant science. I also predict that a great deal of what is written in the pages of these small volumes contains many of the principles of management that will still be relevant in a great many years to come. It will take time, so let's be patient.

Louis Gifford
December 2005

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