

PASSPORT TO FUNCTION

Chronic Pain Workbook for Improving Quality of Life



CHRONIC PAIN PILOT PROJECT

This Passport to Function belongs to:

Name: _____

Contact information: _____

My SMART goals

Complete this section with your care coordinator during your first appointment.

1.

2.

3.

4.

5.



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Introduction

The Passport to Function is designed to help you reach your personal goals so that you can manage pain and live well. Use it together with your health care providers to track your progress on your pain journey.

SECTION 1

Journey Planning

For you to complete.

- This is an important first step on your journey towards regaining function and well-being. Give yourself time, as it may take up to 2 hours to complete this part.
- You will also need to fill out the Outcome Measures forms and the Pain Survey in your package.
- Once completed, your care coordinator will meet with you, listen to your experiences and help refine your SMART goals.

SECTION 2

Health Care Provider Input

For your care team to complete.

Read how your care providers plan to support you on your pain journey and any progress notes they may have.

SECTION 3

Resources and References

Local and Provincial resources that can help you along your pain journey.

Note for health care providers: Please help your patient by using this Passport. It has been designed to help people living with pain to set goals for managing their pain and collaborate with their health care team. Please take some time to fill out your designated pages in **Section 2** and use the space to write down patient progress notes during each appointment.



Passport instructions

Get to know your Passport

Read the introduction page and review the



Fill out your **Outcome Measures Package** before your first appointment

Complete Section 1 before your first appointment

- List your healthcare team
- Read about Goal Setting
- Fill in your **SMART goal worksheets** with 1-5 goals
- Complete the checklists

If you're stuck, the care coordinator will help you at your first appointment.



Meet with your care coordinator to **refine your SMART goals**, then list them at the front of the Passport

Use your Passport regularly on your journey

- Take it to all your appointments
- Ask your healthcare providers to use it too



Goal setting

Goal setting may not be the first thing you think of when developing a pain management plan. However, research has shown that many areas of your lifestyle can impact the experience of pain and that small changes can make a difference in your ability to manage pain. Goal setting can be an effective tool to help you return to function and live well.

Defining goals

1. Identify an area of your life that is important to you. Write this on your own piece of paper.
 - *Examples include health, physical activity, number of medications, family, friends, spirituality, nutrition, creativity, career or any other personal life values.*
2. Clarify what you want to change in that important area of your life.
 - *Example 1: "I want more movement in my neck after struggling with chronic pain and stiffness from a car accident."*
 - *Example 2: "I am lonely as I feel no one understands my pain. I am always stuck in my house and would like to get out in my community more."*

Refining a SMART goal

Using the important areas of your life above, start thinking about the SMART goal to achieve it:

| | | |
|----------|--------------------|--|
| S | Specific | Make sure your goals involve a <u>SPECIFIC</u> concrete action. |
| M | Measurable | Making your goals <u>MEASURABLE</u> will keep you accountable and help you keep on track. |
| A | Attainable | Set <u>ATTAINABLE</u> goals, so you can towards accomplishing them. |
| R | Relevant/Realistic | <u>RELEVANT</u> / <u>REALISTIC</u> goals will help you achieve success. |
| T | Time-bound | And remember, to set a time frame for your goal, i.e. make them <u>TIME-BOUND</u> . This means your goal cannot be as broad as "get rid of pain" or "reduce my stress." |

- *Example 1: To return to a 1 hour yoga class, twice weekly, in 10 weeks' time.*
- *Example 2: "Starting this week, by end of 2 months, my goal is to have a 30-min coffee date with one friend."*



How to build SMART Goals

Example #1

S. Specific.

(What single goal do you want to set for yourself and work towards?)

To return to a yoga class, twice weekly for 1 hour.

M. What will you measure? What tools do you need to measure it?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

I'll begin 20 min at home, twice weekly and increase by 5 minutes a week until I reach an hour.

Yes or No: Have I done my yoga twice weekly?

I could use a calendar to remind me which days I should be doing yoga and for how long. I can cross them off when I have done them.

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure 0 1 2 3 4 5 6 7 8 9 10 Extremely sure

How important is this goal to me?

Not important 0 1 2 3 4 5 6 7 8 9 10 Very important

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

I think it's achievable. I used to go to classes before I was in pain. I'll start with some gentle stretching and yoga poses at home. I have some experience of doing yoga, but I might need some assistance remembering poses. I could phone my yoga teacher to see if there are any online instructors that they recommend watching. I can also ask my physiotherapist for assistance.

T. Time-bound

(What is your time frame?)

10 weeks. If I add 5 minutes a week, then I'll reach an hour in 8 weeks. I've added two more weeks, in case I need to go a little slower.

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

To return to a 1 hour yoga class, twice weekly, in 10 weeks' time.

Example #2

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

To have a coffee date with one friend once a week.

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

Yes or No – Have I gone on my weekly coffee date with a friend.

By 2 months, a 30 min coffee date will happen every week.

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure 0 1 2 3 4 5 6 7 8 9 10 Extremely sure

Somewhat sure

How important is this goal to me?

Not important 0 1 2 3 4 5 6 7 8 9 10 Very important

Somewhat important

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

I want to increase my social connection to reduce my loneliness. I have a list of three friends with their contact information to set this up. My schedule is flexible. I have multiple people to try to connect with in case the other person is busy/sick/away.

T. Time-bound

(What is your time frame?)

I want to work on this over the next two months and then re-evaluate what my social needs are at that time.

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

Starting this week, by end of 2 months, my goal is to have a 30-min coffee date with one friend.



SMART goal worksheets

MY GOAL #1

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

| | | | | | | | | | |
|---------------|---|---|---|--------------------|---|---|---|----------------|------|
| Not sure | | | | Somewhat sure | | | | Extremely sure | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 |
| Not important | | | | Somewhat important | | | | Very important | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 |

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)



MY GOAL #2

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure

Somewhat sure

Extremely sure

0 1 2 3 4 5 6 7 8 9 10

Not important

Somewhat important

Very important

0 1 2 3 4 5 6 7 8 9 10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)



MY GOAL #3

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

| Not sure | | | | | Somewhat sure | | | | | Extremely sure | |
|---------------|---|---|---|---|--------------------|---|---|---|---|----------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Not important | | | | | Somewhat important | | | | | Very important | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)



MY GOAL #4

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

| | | | | | | | | | |
|---------------|---|---|---|--------------------|---|---|---|----------------|------|
| Not sure | | | | Somewhat sure | | | | Extremely sure | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 |
| Not important | | | | Somewhat important | | | | Very important | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 10 |

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)



MY GOAL #5

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure

Somewhat sure

Extremely sure

0 1 2 3 4 5 6 7 8 9 10

Not important

Somewhat important

Very important

0 1 2 3 4 5 6 7 8 9 10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

Managing my pain

Please check off any of the following approaches you are currently taking part in, have already tried or would like to try with regards to managing your pain.

| Physical | Trying now | Tried before | Would like to try |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Aerobic exercises (ex. walking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breathing exercises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dietary changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pilates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strength exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tai chi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Therapeutic aquatics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yoga | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

| Cognitive | Trying now | Tried before | Would like to try |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Acceptance & commitment therapy (ACT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cognitive behavioural therapy (CBT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counselling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meditation or mindfulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prayer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visualization techniques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

| Other Interventions | | | |
|---|--------------------------|--------------------------|--------------------------|
| Heat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain injections (e.g. cortisone, lidocaine, platelet-rich plasma, prolotherapy, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shockwave therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transcutaneous electrical nerve stimulation (TENS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

| Alcohol/Medications | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other recreational drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

| Providers I have seen | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Acupuncturist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chiropractic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dietician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gastroenterologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kinesiologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Massage therapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Naturopath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational therapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

| Education and other supports | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|
| Pain BC resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain courses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |

What is bothering you right now?

Please check off any of the following factors that cause you challenges or concerns.

Emotional

- ☐ Fears/worries
- ☐ Sadness
- ☐ Frustration/anger
- ☐ Intimacy/sexuality
- ☐ Hopelessness
- ☐ Anxiety
- ☐ Substance use
- ☐ Fatigue

Informational

- ☐ Understanding chronic pain and treatment plan
- ☐ Knowing about available resources
- ☐ Learning coping skills

Practical

- ☐ Work/school
- ☐ Finances
- ☐ Transportation
- ☐ Housework
- ☐ Parenting / Caregiving
- ☐ Housing
- ☐ Health insurance
- ☐ Sleep difficulty

Physical

- ☐ Pain
- ☐ Tingling
- ☐ Numbness
- ☐ Balance issues
- ☐ Weakness
- ☐ Decreased energy
- ☐ Decreased concentration/memory
- ☐ Vertigo
- ☐ Sensitivity to touch
- ☐ Sensitivity to temperature
- ☐ Sensitivity to sound
- ☐ Sensitivity to light
- ☐ Headaches
- ☐ Visual disturbance
- ☐ Bladder/bowel changes
- ☐ Nausea
- ☐ Sweating
- ☐ Swelling
- ☐ Recent weight loss
- ☐ Weight gain
- ☐ Mobility issues
- ☐ Difficulty with daily tasks

Social

- ☐ Feeling like a burden to others
- ☐ Relationship conflict
- ☐ Feeling alone
- ☐ Lack of support from family/friends
- ☐ Loneliness
- ☐ Feeling overwhelmed

Spiritual

- ☐ Purpose of life
- ☐ Faith

Other (please describe)

Please list the top three concerns from this list that you would like to address:

1.

2.

3.



You most likely know how important it is to play an active role in your pain management journey. In fact, we're sure you've been doing this in the best way you can for a while now. Self-management is an essential practice that can help you empower yourself to take charge of your health and recovery. Research shows that it can have a significant impact on your quality of life. As health providers, we'd like to know what skills you have already, so that we may best collaborate with you going forward.

At the beginning of my Passport journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?

2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?



At six months of my Passport journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?

2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?

At 12 months of my Passport journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?

2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?

My Pain Relief Toolkit

Use the diary below to jot down things that help you manage pain and improve function (e.g. deep breathing, regular walking, stretching/yoga, music, sunlight, good friends, sleeping for x number of hours, etc.).

Continue adding to this list as you think of new or existing interventions that are helpful with managing pain and its many impacts. When you have a bad day, look back on this “Positive pain toolkit” and pick something from your list to try. If it has helped you once, it can help you again.

| Date | Intervention | Comments |
|-----------------------------------|------------------|--|
| Example August 25, 2020 | Going for a walk | Felt good to move my body. Was a little painful at first but things improved as I got moving. Pain reduced by 30% by the time I finished a 10-minute walk. |
| | | |
| | | |
| | | |
| | | |



My Pain Relief Toolkit (continued)

| Date | Intervention | Comments |
|------|--------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Questions for my health care team

Fill out the section below when you think of any questions or concerns that you would like to address with your health care providers.

| Date and for what provider | Question for your provider and their answer |
|----------------------------|---|
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |

Questions for my health care team (continued)

| Date and for what provider | Question and Answer |
|----------------------------|---------------------|
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |
| Date: | Question |
| Provider: | Answer |



This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.

SECTION 2: HEALTH CARE PROVIDER INPUT

Outcome measure scores

| | Start | 3 months | 6 months | 9 months | 12 months |
|------------------------------|-------|----------|----------|----------|-----------|
| BPI | | | | | |
| Severity: | /40 | /40 | /40 | /40 | /40 |
| Interference: | /70 | /70 | /70 | /70 | /70 |
| PHQ-9 | /27 | /27 | /27 | /27 | /27 |
| GAD-7 | /21 | /21 | /21 | /21 | /21 |
| PCS | /52 | /52 | /52 | /52 | /52 |
| Rmn: | /16 | /16 | /16 | /16 | /16 |
| Mgnf: | /12 | /12 | /12 | /12 | /12 |
| Hlpns: | /24 | /24 | /24 | /24 | /24 |
| Tampa Scale of Kinesiophobia | /68 | /68 | /68 | /68 | /68 |

Optional

| | Start | 3 months | 6 months | 9 months | 12 months |
|--|-------|----------|----------|----------|-----------|
| On average, how many days a week do you have an alcoholic drink? | | | | | |
| On a typical drinking day, how many drinks do you have? | | | | | |



General practitioner/family doctor

GP name:

Contact info:

Pain diagnosis/diagnoses:

Please comment below, if applicable, on your patient's progress since your last visit and share any insights that may be pertinent or goals that you would like your patient to address. Please include pain medications during patient reassessment.

Progress notes/comments:

Date:



General practitioner/family doctor (continued)

Progress notes/comments:

Date:



Pain specialist

Specialist name:

Contact info:

Pain diagnosis/diagnoses:

Please document which treatments are being conducted at each visit, including dosages of any pain medications being administered.

Treatment plan:

Progress notes/comments *(continued on next page):*

Date:



Pain specialist (continued)

Progress notes/comments:

Date:



Physiotherapist

Physiotherapist name:

Clinic name/Contact info:

Planned interventions:

Frequency:

Signature:

Date:



Physiotherapist (continued)

GOAL 1:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Physiotherapist (continued)

GOAL 2:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Physiotherapist (continued)

GOAL 3:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Physiotherapist (continued)

GOAL 4:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Physiotherapist (continued)

GOAL 5:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Social worker/counsellor/mental health professional

Name:

Clinic name/contact info:

Goals:

Interventions/actions to support goals:

Homework:

Signature:

Date:

Social worker/counsellor/mental health professional (continued)

GOAL 1:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Social worker/counsellor/mental health professional (continued)

GOAL 2:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Social worker/counsellor/mental health professional (continued)

GOAL 3:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:



Social worker/counsellor/mental health professional (continued)

GOAL 4:

| | |
|---------------|---------------------------------|
| Today's date: | Date we will achieve this goal: |
|---------------|---------------------------------|

How will we break down this goal in order to achieve it?

| | |
|-------|------------------------------|
| Date: | Notes, changes or additions: |
|-------|------------------------------|



Social worker/counsellor/mental health professional (continued)

GOAL 5:

Today's date:

Date we will achieve this goal:

How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Other health care providers

Name:

Profession:

Clinic name/Contact info:

Planned interventions:

Frequency:

Notes:

Signature:

Date:

Other health care providers

Name:

Profession:

Clinic name/Contact info

Planned interventions:

Frequency:

Notes:

Signature:

Date:



Other health care providers

Name:

Profession:

Clinic name/Contact info

Planned interventions:

Frequency:

Notes:

Signature:

Date:



Other health care providers

Name:

Profession:

Clinic name/Contact info

Planned interventions:

Frequency:

Notes:

Signature:

Date:

Other health care providers

Name:

Profession:

Clinic name/Contact info

Planned interventions:

Frequency:

Notes:

Signature:

Date:

SECTION 3: RESOURCES & REFERENCES

Salmon Arm and local area resources

- Will be updated after Covid-19 pandemic

Pain education resources

Live Plan Be

- Pain basics (www.liveplanbe.ca/pain-education/pain-basics)
- Pain and the brain (www.liveplanbe.ca/pain-education/pain-and-the-brain)
- Anxiety assessments, articles, videos and podcasts (www.liveplanbe.ca/pain-education/anxiety)
- Depression assessments, articles and videos (www.liveplanbe.ca/pain-education/depression)
- Articles, videos and podcasts on everyday living (www.liveplanbe.ca/pain-education/everyday-living)
- Mind-body therapies and techniques (www.liveplanbe.ca/pain-education/mind-body-techniques)
- Paced activities (www.liveplanbe.ca/pain-education/paced-activities)
- Goal setting and planning tools (www.liveplanbe.ca/pain-education/goal-setting-future-planning)
- Nutrition articles and videos (www.liveplanbe.ca/pain-education/nutrition)

Pain BC (painbc.ca)

Pain BC is a registered charity whose mission is to enhance the well-being of all people living with pain through empowerment, care, education and innovation. Pain BC offers the following free programs and tools to help people living with pain develop a holistic, integrated approach to pain management:

- **Pain Support Line (painbc.ca/supportline):** The Pain Support Line provides free information, support and a listening ear to talk about your own pain or that of a family member or friend. Trained staff/volunteers can help by providing a safe space to talk about pain and its impact on your life, information on community resources including health care, social services & supports, income assistance, transportation, home health support, food,

housing, and more. The Pain Support Line is available from Monday to Friday 9 AM – 4 PM and can be reached toll-free at 1-844-880-PAIN (7246).

- **Pain Support and Wellness Groups (painbc.ca/supportgroups):** Pain Support and Wellness Groups offer an opportunity for people living with persistent pain to meet regularly and build a community of support while learning about pain, pain management and coping strategies. Groups are free to attend and meet every 2nd and 4th Tuesday of the month.
- **Coaching for Health (painbc.ca/coaching):** Coaching for Health is a free telephone or video conference coaching program designed to help people living with pain learn self-management skills, regain function and improve their well-being. Accessing the program requires a referral from any licensed medical professional.
- **Live Plan Be (liveplanbe.ca):** Pain BC's free online self-management tool for people living with chronic pain. On Live Plan Be, you can learn about the science behind chronic pain, keep track of your symptoms and their impacts, develop a plan for better pain management and quality of life, and much more.
- **MyCarePath (mycarepath.ca):** MyCarePath is a free online resource for teens ages 12-17. When it comes to pain in kids and teens, early intervention is key. This site gives teens the right information so they can take action and be in charge of their own pain management plan.
- **Pain Waves podcast (painbc.ca/painwaves):** Tune in to Pain BC's free Pain Waves podcast to hear from leading chronic pain experts and people in pain as they discuss the latest pain management research, stories, tools, and trends.
- **Pain BC newsletter (painbc.ca/get-involved/newsletter):** Pain BC's free monthly newsletter that provides updates on the latest pain-related news, events, resources, opportunities and much more. Examples of what's included: helpful resources for people living with chronic pain and caregivers, opportunities for people in pain to get involved in advocacy and research, etcTopic-specific resources

Exercise, movement and paced activities

- **Gentle Movement @ Home:** A series of free video recordings that provide guided movement and relaxation designed to help people with persistent pain learn to feel safe to move again. Topics include breath awareness and regulation, body tension regulation, and movement and relaxation techniques in both seated and standing positions. (www.painbc.ca/gentle-movement-at-home)

Goal setting

- **TAPMI website: Goal setting for pain (www.tapmipain.ca/patient/managing-my-pain/pain-u-online/goal-setting.html)**

Support for friends and family

- Pain BC's resources for friends and family (www.painbc.ca/find-help/support-friends-family)

General BC resources

Self-Management BC (selfmanagementbc.ca)

Self-Management BC (University of Victoria) provides free education and self-management programs for adults experiencing ongoing physical or mental health issues, including chronic pain. Programs are offered over a span of six weeks and are available to all British Columbians online, by telephone and by mail.

Arthritis Society (arthritis.ca)

The Arthritis Society provides free evidence-based information, resources and online tools for people living with arthritis, including webinars, workshops, articles and other online learning opportunities.

BC Women's Hospital Complex Chronic Diseases Program (www.bcwomens.ca/our-services/specialized-services/complex-chronic-diseases-program)

The Complex Chronic Diseases Program provides patient and symptom-centered care to people living with chronic diseases, including chronic pain, with the support of an interprofessional team of health care providers. The program can be accessed through a referral from a primary care provider (e.g. physician, nurse practitioner, naturopathic doctor or specialist).

Family Caregivers of BC (familycaregiversbc.ca) is a non-profit organization that is leading the efforts to provide support, information, and education to caregivers across the province. Resources include, but are not limited to:

- **Virtual support groups for caregivers** (www.familycaregiversbc.ca/family-caregiver-support-groups)
- **Caregivers Out Loud podcast** (www.familycaregiversbc.ca/podcast)

Neil Squire Society (neilsquire.ca)

The Neil Squire Society uses technology, knowledge and passion to empower Canadians living with disabilities. Their free programs offer an opportunity for people with disabilities to develop computer skills, build their employment skills and re-enter or enter the workforce. They also provide assistive technology services to help remove any technology barriers that people living with disabilities may otherwise experience