East Kootenay Division of Family Practice
A GPSC initiative

SharedCare
Partners for Patients

Realistic life changes, pacing, planning and goals achievement.

BACK IN CONTROL PROGRAM

A pathway to improving self-management

Document adapted from the Brighton and Sussex University Hospitals NHS Trust Back In Control Program as part of the Elk Valley Chronic Pain Program.

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Introduction

The Back in Control programme (BIC) is a six session course which will provide you with tips and skills to better manage your pain.

This approach to managing pain is well- researched and has been found to be amongst the most effective ways of treating such persistent pain. This is an opportunity to make positive changes in your life. We can only change two things; what we think and what we do. Remember: nothing changes if nothing changes.

Course Structure

Each session is 2 hours and will involve 5-10 adults, both men and women. We will discuss a topic that relates to your pain (see the table below), and then exercise or practice relaxation techniques in each session (you should come in suitable clothing for this).

Session	Discussion	Practical/Homework
1	Introduction, how pain affects you, moving forward with different approach.	Exercises Homework: think about something you want to change
2	Understanding pain	Exercises Homework: planning a change
3	Flare ups, pacing, goal setting	Relaxation and breathing Homework: write an SMART activity goal
4	Approaching activity and improving fitness	Exercises Homework: practice relaxation
5	Unhelpful thoughts and their effect on pain. Plan how to restart a feared or avoided activity	Relaxation and breathing Homework: explore mindfulness
6	Sleep, social support, use of medication, long term goals setting.	Revisiting exercises and relaxation Homework: plan for long term

Medical Model

Many of us are brought up and are familiar with the medical model of managing injury, illness and disease. This has been established for centuries and runs on the following principle:

Pain = Injury or disease

→ **Investigations or tests give diagnosis**

→ **A treatment is applied**

→ **Disease process or injury heals**

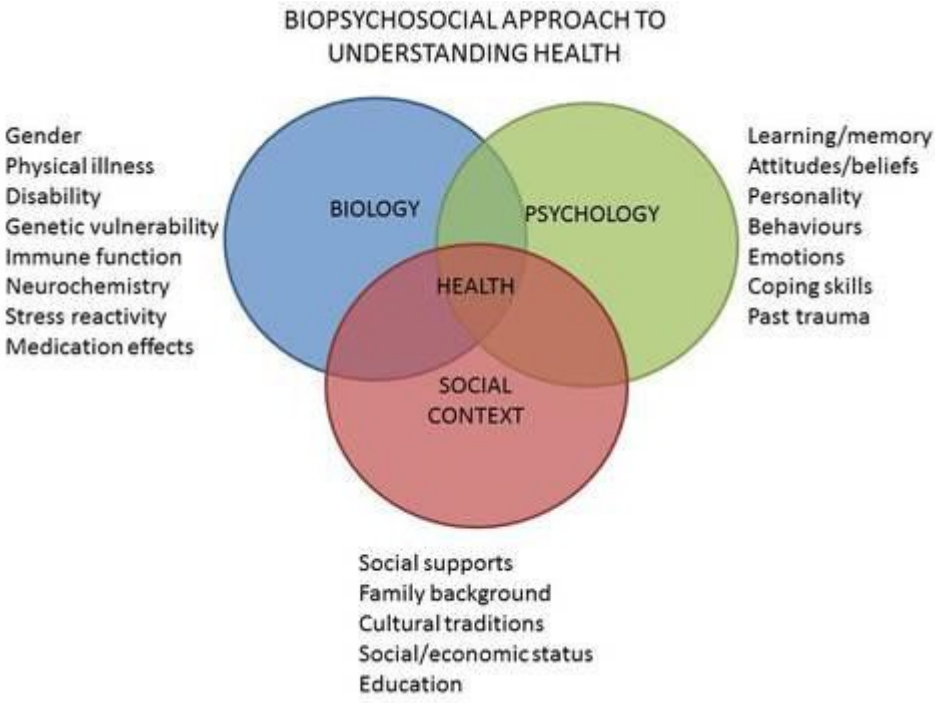
→ **Pain or symptoms reduce or disappear**

→ **CURE**

As you may have already realised, pain does not always respond to this principle in the way other medical problems do. We now use a different model which is more helpful in identifying the different areas that contribute to a pain or problem. This is called the biopsychosocial model.

NOTES:

Holistic approach



The biopsychosocial model recognises that pain isn't simply due to physical or biological changes in our body. The model links our psychological health as well as our social context and general wellbeing. By addressing all three areas in relation to pain we follow a more holistic treatment approach which is ultimately more beneficial in helping to manage pain than the traditional medical model.

Think about all the past treatments you have tried – have these been of use or not? Can you see that they potentially only addressed the physical aspects of your health and did not take a more holistic view like the biopsychosocial model?

NOTES:

The Back in Control Programme (BIC)

Medical professionals now recognise that our current system has difficulties in helping people with long term pain.

Self-management programmes are now commonplace in healthcare and have been proven to help people improve their quality of life.

The BIC aims to:

- Help you become the expert on managing your pain
- Help alleviate fears or concerns you have about pain provoked by activity
- Help you become fitter and healthier despite your pain
- Give you a “toolbox” of skills, techniques and exercise that will help you stay active and return to previous activities
- Help you understand why the medical system has often been unhelpful in giving you a diagnosis and “cure” for your pain

The BIC programme is excellent but making changes is difficult and life can get in the way. As you go through this course it is important that you communicate any difficulties and concerns you have with the course Tutor/Facilitator. We want you to get the most from the programme.

X-rays and Scans

- X-rays and scans are not essential for everyone who has pain.
- Pain alone is not suggestive of a serious condition even though it can be very painful.
- They are used in addition to a clinical examination to eliminate specific conditions such as: fractures, infections and tumours.
- Xrays and scans will show normal age related changes such as: spondylosis, degenerative disc disease, osteoarthritis, arthritis, degenerative changes, dehydrated disc,… the list goes on. These changes are frequently found in people NOT experiencing pain.

Scans and X-rays tell us nothing about how fit, tight, weak or sensitive our body's tissues have become.

We know the longer an individual has pain the more the surrounding area and the body in general becomes unfit.

It can be difficult to diagnose a specific cause for pain, especially back pain. Many tissues and structures are involved, nerves can become sensitive and the body can become deconditioned. These are often the reasons for on going pain.

NOTES:

Pain

Why am I still in pain?

- First we need to understand the difference between acute and persistent pain.
- Acute pain is the pain we experience as warning of impending damage or actual tissue damage. e.g. touching a hot object.
- Acute pain is therefore pain that is present during healing.

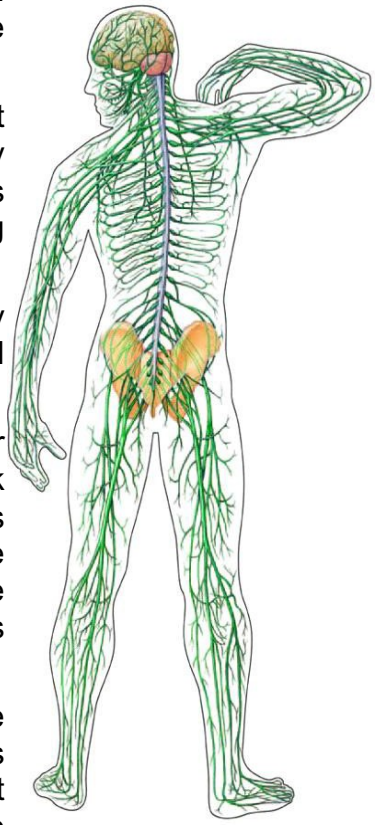
How long does healing take?

- All tissues heal at different rates. Skin heals in days; muscle in weeks, bone in month. At 3 months most healing has finished. The largest bone in the body will definitely have healed in 6 months!
- So your pain, which has undoubtedly continued past 6 months has now become persistent.
- Persistent pain is pain that continues even though healing has occurred.
- When we first injure ourselves we awaken our nervous system. The pain system becomes sensitive to be ready to interpret the problem. Sometimes this sensitivity or 'readiness' of our nerves to interpret messages of pain can remain alert and receptive even though the injury has resolved.

NOTES:

See appendix for additional reading

Let's look at how the nervous system works!

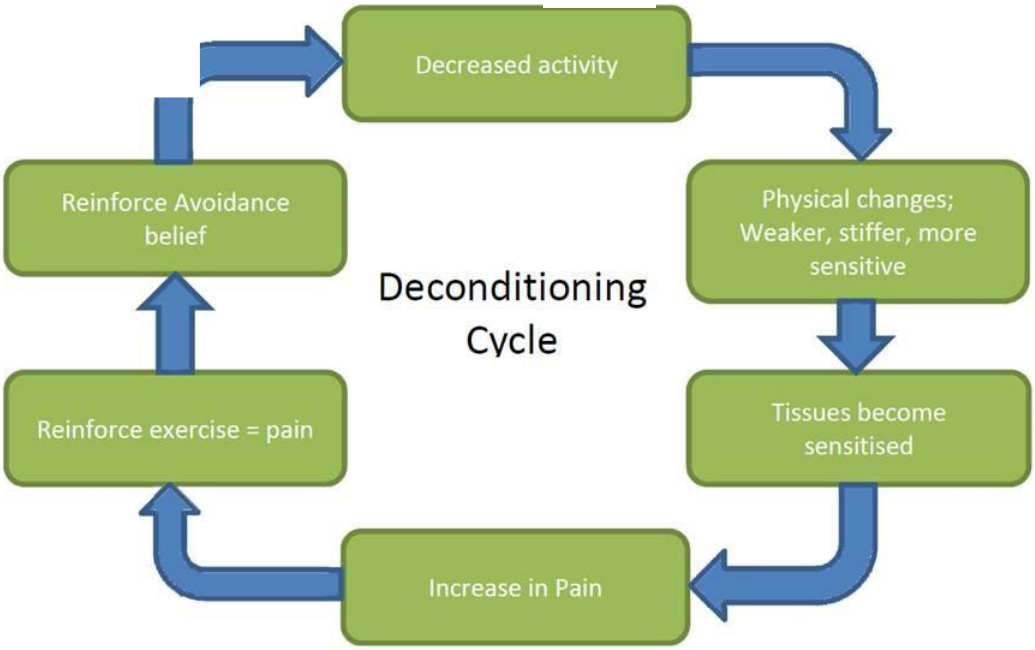


- The nervous system with the brain at its centre interprets all sensations and filters out unimportant sensations so you are not aware of them e.g. the feel of a wrist watch.
- The nervous system will pay more attention to sensations that we consider important. So sensations that are potentially threatening to us will receive more attention from the nervous system. e.g. footsteps behind you are louder if you are walking home alone in the dark and feel nervous.
- Pain is interpreted by the brain as a threatening or potentially threatening situation to the body, so the nervous system will pay more attention to it.
- In acute pain we associate the pain we feel with injury to our tissues. We have already said that this does not directly link with how much pain we feel. You also would expect that as the tissues heal, the pain goes away. We know that in some people this does not happen and it is thought that one of the reasons for this is that the nervous system becomes sensitised.
- A well-documented example of how these changes in the nervous system are possible is in 'phantom limb pain'. This is when people who have had amputations of a limb in the past continue to feel pain in the limb, even though the limb is no longer there. This 'phantom limb pain' is understood to be due to changes in the sensitivity of the nervous system. This means that the pain messages are being sent from the spinal cord and brain rather than from the leg itself.
- In persistent pain it is now understood that pain messages are continuing due to changes in how the spinal cord and brain receive and respond to information.
- Simple stretching, movement or pressure (even light touch) can stimulate the pain system and create the same painful symptoms or further painful symptoms.

We often associate pain with damage and injury! There are many documented accounts of people who have experienced serious injury and yet no pain e.g. the farmer who gets his arm taken off in farm machinery and yet manages to walk to hospital experiencing very little pain.

There is no direct link between the amount of pain we feel and the amount of damage to our bodies.

The Deconditioning Cycle



This flow diagram shows how pain causes changes to our activity levels, usually by decreasing them. This causes physical changes such as stiff joints and weak muscles. When we try and return to activities with reduced strength and fitness the body is less tolerant and this can lead to more pain which reinforces this cycle.

Some people push on through and try harder and harder to stay active only to create more pain and have to rest for longer. Eventually for a lot of people this cycle can lead to only the smallest activity causing a flare up of pain and they are forced to do very little in order to try and avoid pain.

Breaking this cycle is important, you can do this by getting more active and by managing the pain better using the skills this course will teach you.

NOTES:

We know that people with long standing pain can improve their body's fitness. Muscle weakness and stiffness can be improved with graded exercise. Many people with persistent pain have had bad experiences with exercise, as often it is pitched at too high a level for them.

Over the course of the programme you will be able to gradually introduce an exercise programme which is at the right level for you. You will learn skills which will help you pace your exercise and activities. This in turn should give you more control over your pain and lead to fewer flare ups.

Pacing

- Pacing is a key skill to learn for successful pain management. Pacing is a tool that allows you to change the way you perform or complete an activity without an increase in your pain.
- Pacing requires you to take a step back and analyse how you go about completing your day to day tasks. It's about planning, prioritising, taking breaks to ensure you don't do too much or too little.

Principles of Pacing

When considering an activity that you tend to over–do/under-do, how can we pace ourselves better and achieve the task effectively and in a good time frame? You may find these principles helpful when establishing an action plan.

Let's use the example of washing your car.

Prioritise

What are the most important things that need to be done? What has to be done immediately and what can wait until another time?
E.g. Dust inside of the car and clear out rubbish first as I need to use it later to give someone a lift.

Planning

Plan activities so that the more difficult ones are spread out and not all done in one go. You may want to decide what order to do things in, if you need help to do them, or if you need to do them in a different way.
E.g. Vacuuming the back of the car one day and the front another day, or spread it over a morning and an evening. Can you use a hose to rinse the car to save needing to carry so many buckets of water? Could you leave the wheels for another day?

Tolerance Level

It is important to establish your baseline level for each activity in your plan. How much of the activity can be done without overdoing it?
E.g. Look ahead to the baseline section to get some advice on establishing appropriate levels of activities

Evaluate

After sticking to your plan over a few days, look back and decide if any changes need to be made.

If you had no problem with dusting and emptying the car of rubbish, next time you could try vacuuming the back seats as well and see how you feel

Other pacing points

- Pacing means balancing activities so that the day is divided into periods of rest and activity. This means you can be in more control of how much you do.
- Pacing means doing the activity whether feeling good or bad, not doing too much and not doing too little. The aim is to maintain an even level of activity over the day and week.

Good days
Do not wait for the pain to tell you when to stop. Stick to the plan and avoid over doing things.

Bad days
Still try to keep going as you have planned but break up the activities and spread it out more. Alternate your activities and your rest positions.

How to return to activity

Setting a baseline: this is the amount of a particular activity that is manageable on a good or bad day. Baselines are set lower than you might expect or feel you can manage to ensure that they can be continued on a good or bad day.

Getting started

Day 1:

- Try the exercise/activity and note how much you can do that feels manageable.
- Walking for 20minutes or
- Managing 15 sit to stands

Day 2:

- The next day is a reflective day. Was that easily manageable or did I overdo it? Even if you're having a bad day it is still important to set your next amount.
- Walking for 10 minutes or
- Managing 10 sit to stands

Day 3:

- Reflect again on the previous day and make your third reading
- Walking for 15 minutes or
- Managing 11 sit to stands

When you are planning your activity following the pacing principles, this method can be helpful in establishing your level of tolerance for that activity. This will determine your limit and reduce the chance of overdoing things when performing the activity/exercise.

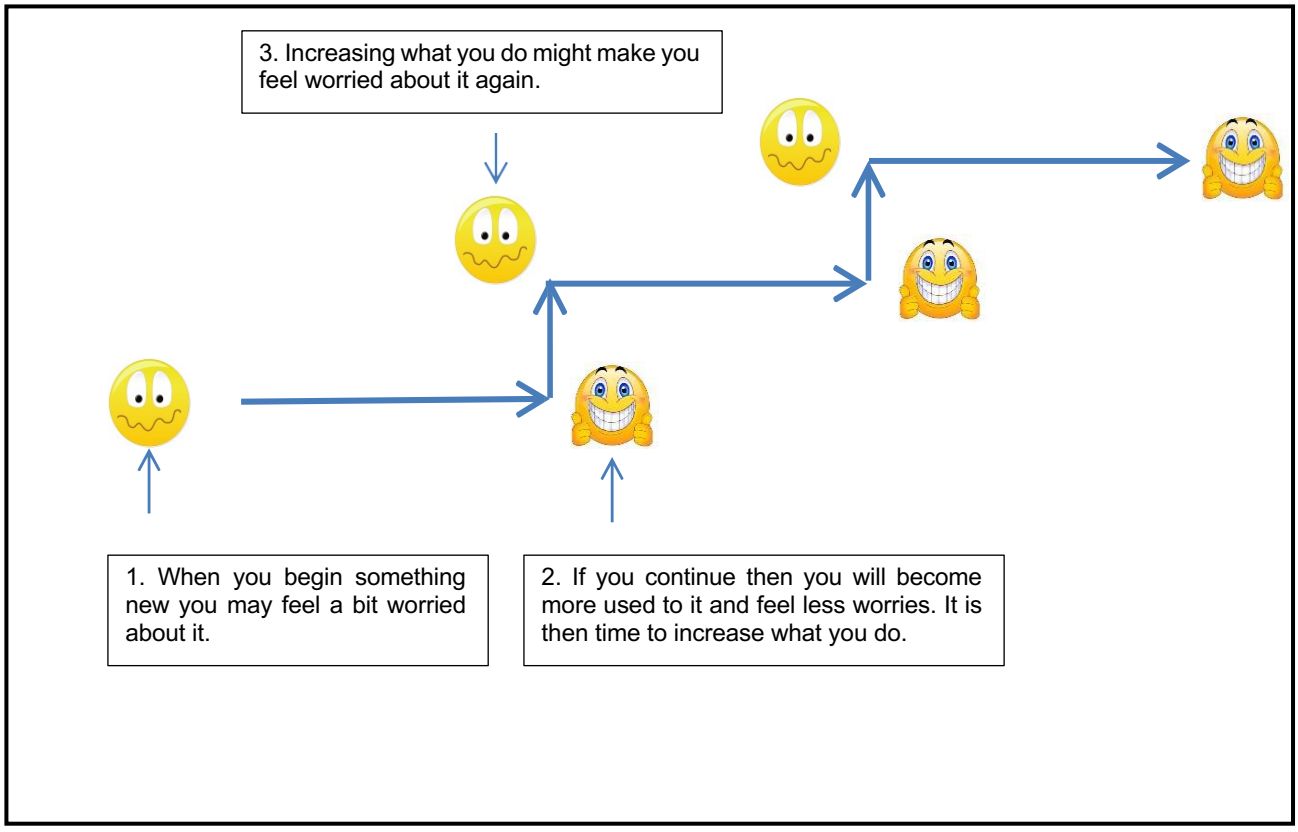
At this point you can practice daily to maintain the baseline you have set. Once you have been doing this amount of the activity for a period of time, you may find you are able to do more. It is important that you don't get carried away and overdo it. It's important to gradually increase the amount of the activity at a pace that suites you.

Graded activity

Once you have been able to carry out the baseline activity on most days of the week for 1 or 2 weeks it is time to progress! This will be a small increase of what you had been previously managing. Then you will continue the exercise/activity at the new set amount. Once you find that you are tolerating this further progression can be made.

Sometimes it's not possible to pace – don't worry if you can't - just make the best of it afterwards.

You decide! Sometimes the increased pain is worth it for you – e.g. night out dancing/ a day with the grandchildren! Planning ahead for this may help you get the fun stuff back.



Flare ups

What is a flare up?
A flare up is a temporary increase in pain or return of symptoms.

How long do they last?
This is variable but can be anything from a few hours to a couple of weeks.

What symptoms are normal to experience?
Pain, swelling, stiffness, spasm, weakness, tingling, burning, aching, locking… anything you have experienced before.

Why do symptoms return?
It is reasonable to assume you have done too much or too little. Sometime you can think back to a change in activity, or a situation where they did too much or something new. This is often difficult to accept, because the tasks people undertake are normal daily activities, which we take for granted.

We know that pain can fluctuate randomly and sometimes you will not be able to work out why you are having increased pain. Additional things that can produce a flare up can be stress or anxiety. Colds or flu can also initiate a flare up.

What is actually happening in my body?
People with long standing pain often have a sensitive nervous system and this is one of the reasons why subtle changes in mood and activity levels can lead to flare ups.

Your body has become skilled at protecting itself. Some of the ways it does this may include inflammation and muscle spasm, which can be painful.

Can you think of any other symptoms that you may experience during a flare up?

Have I damaged myself?

No! The way you approach daily activities with chronic pain has to be planned as specifically as an athlete or sportsperson returning to training after injury. This means a graded, gradual return to activity, so the body can gradually adjust and strengthen in preparation. An athlete with a painful knee knows he would be unwise to return to his 800m race without a specific and graded build up, yet we assume after a back or other injury our bodies will tolerate us returning immediately to all previous activities.

The other difficulty can be doing too little. We are now aware that bed rest is not the best thing we can do for many injuries including back pain, but often the temptation is to avoid anything that may bring on pain. If we avoid pain provoking activities or movement our body can become deconditioned and the nervous system can become sensitised.

Flare ups are a normal occurrence in persistent pain, they are not indicators of damage.

Pacing activities can lead to fewer flare ups. If you can identify your trigger then it can be helpful to plan things differently and avoid future flare ups.

Managing a flare up

Soothe the pain

Note the things that you do that help your pain. Maybe a heat pad or a warm bath might be helpful. Some people find an ice pack for 10 minutes at a time can be helpful. Some people find massage helpful in a flare up or using a TENS machine.

Relaxation

Some people find relaxation helpful during a flare up. During the course you will learn some relaxation techniques which you may choose to use as part of your flare up management plan.

Distraction

Being able to take your focus away from the pain and thinking about something else can be helpful. You may be shown some visualisation distraction techniques during your relaxation sessions or do something that you enjoy.

Plan your activities

In a flare up it might be appropriate to reduce or change your activity levels temporarily. Making time to use some techniques that are highlighted in this section can help the flare up settle more quickly.

There is a risk that if you cut down your activities too much you will lose fitness. Flare ups can last for a week or longer and this is plenty of time for muscles to lose tone and your cardiovascular system to become a bit sluggish.

Pain relief / medication

Using medication in flare ups can be really helpful to regain control. Some people only use medication to control flare ups. There are other people that have agreed with their doctors that they can take extra medication during a flare up. Some people are worried about taking medication, controlling your flare up is important and in general painkillers do not allow you to hurt yourself without knowing. The longer you have increased levels of pain the more sensitive the pain system can become and the longer you tend to be less active, feeding into the de-conditioning cycle.

Not all medications suit everyone, so if a medication is not working for you, it is important to discuss this with your GP and find an alternative medication that does help.

Stretch

Tight muscles are a common source of unnecessary pain. It’s important to gently stretch these out as soon as possible. Gentle controlled stretching can help release any muscle spasm. It may be even more effective to warm the muscles before you stretch them, so do so after a bath or a heat pad.

Movement

To avoid movement as a result of pain is the worst thing you can do. It gives the body the message that movement causes pain and damage. That anticipation of pain will make the pain feel worse. Give the body the right message that movement is good by continuing your exercises. This may mean that in the early stages you adjust how far or how many you do. Motion is lotion.

Mood and Thoughts

Remember that flare ups are not just physical. An increase of pain can trigger off unhelpful thoughts such as “this is awful!”, “I can’t cope” or/and “I’ve gone back to the beginning”. The skills you have learnt including cognitive restructuring (questioning thoughts) and meditation can help you manage these thinking patterns and may help you recognise what triggered off the flare up.

A flare up is no fun. Pain does not mean damage but it is common to think this when your symptoms return or increase. If you plan for it and feel more in control, it may be easier to manage and be less stressful.

Personal flare-up plan…

Work out in Appendix E your own flare-up plan using those parts of the programme that are most helpful for you. Once you have put your plan together make sure it is flexible and can be adapted as your needs change. Involve your family and friends in your flare-up plan. Remember your flare-up affects them too and may provoke unhelpful thoughts and feelings that will impact on your ability to cope.

Goal Setting

When you are making important lifestyle changes, it can be helpful to think about why you are doing it and what you would like to achieve.

What are your 3 most important values regarding you becoming more active?
For example, “I want to play with my children more”; “I want to be able to spend more time with my spouse; “I would like to be fit enough to work a full day at work”

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How would life be different for you if you decided to become more physically active?
Think about what might be different for you and how you would feel. For example, “I would have more energy”; “I would feel less stressful”.

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Imagine you decided not to lead a more active lifestyle, and stay as you are.
What would life be like for you?
For example, “I wouldn’t have as much energy”; “I would need to rely on other people to help me get around”.

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Now that you have thought of the values of what you want to be able to do, now try and establish some Goals that are connected to a physical activity and preferably something that you want to do more of.

Setting Goals

Applying the principles/tools you learn on the BIC course can be challenging as it involves changing everyday habits and routines.

The road to good pain management has many peaks and troughs and it is important to keep direction and maintain motivation.

Research and experience indicate that setting meaningful goals can help you keep motivated and focused.

You may have heard the term **SMART** goal setting. **SMART** is a term used to describe useful components of a goal. These are:

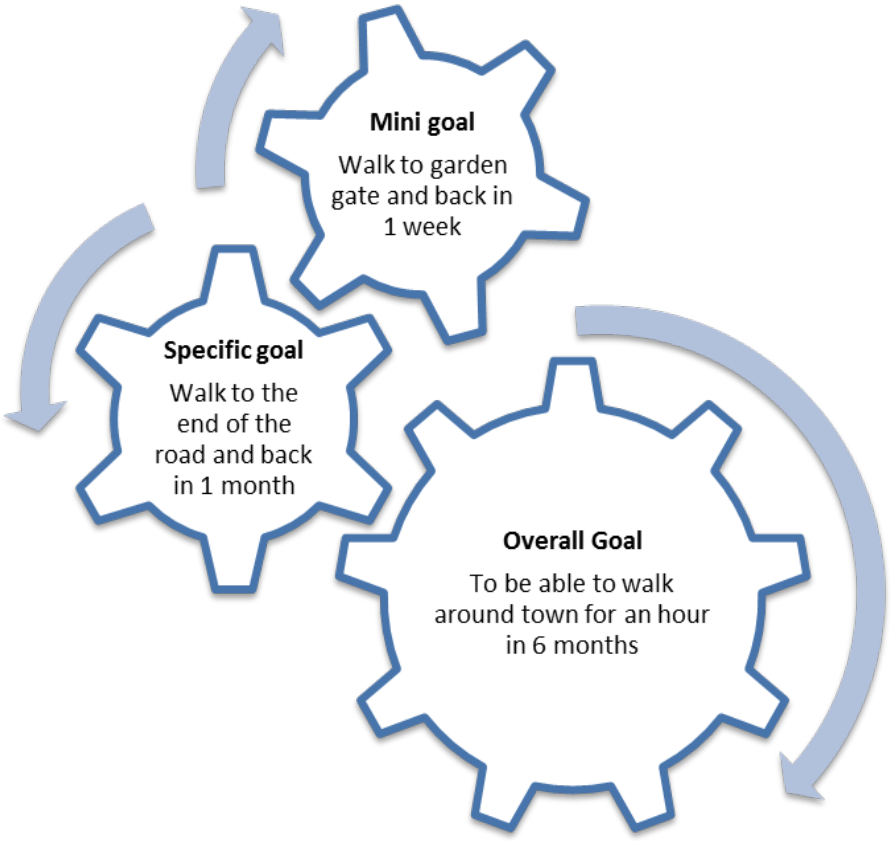
Specific – What exactly do I want to do?
Measurable – How far, how long, how often? **A**chievable – is it realistic?
Rewarding – is this something **I** want to do, is it **my** goal?
Time – is it the right time? By when do I aim to achieve this?

Thinking of a particular goal you have and applying the SMART process to it may be one thing you might find useful when starting to set some goals on the BIC course.

Finding goals which are right for you is a personal thing but it may be useful to discuss them with other members of the group and the BIC coordinator. Goals could be based around activities you have stopped or cut down. They could also be things you would like to do but are not quite sure how. Avoid chores and prioritise pleasure!!

In many ways the pathways involved in goal setting are an extension of pacing – working out how to get there using small achievable steps.

Breaking goals down into mini steps/goals may help give you a sense of achievement and a pathway to follow towards your overall aim.



Now set your own goals!

Mini Goals

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Overall Goals

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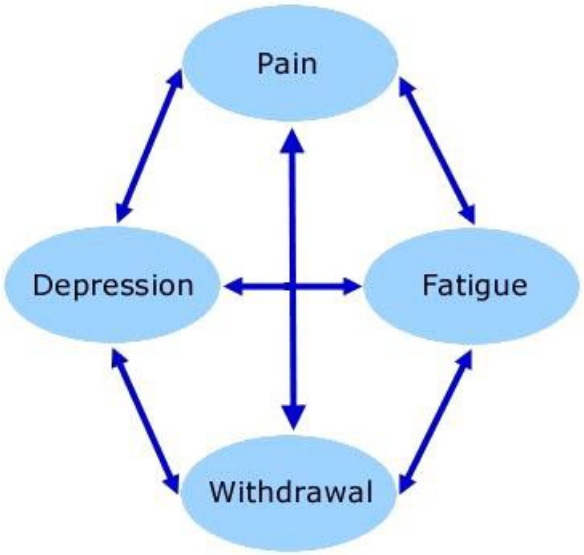
Emotions and psychological factors

My doctor says that stress, anxiety and depression can affect my pain. Does this mean that it is all in my head?



- Many conscious and subconscious factors can affect pain. These include stress, anger, joy, fear and depression.
- Depression, stress and anxiety can release chemicals into the body. One of these is called adrenalin. This can make the nervous system more sensitive which can increase the pain.
- The above emotions can also reduce the presence of the body's natural pain killers such as endorphins and enkephalins.
- Emotion/psychological factors play a large role in pain perception. This does not mean the pain is not real.
- It is now accepted that psychological factors can affect professional sports people so that their performance can fluctuate dramatically without any change in ability or fitness. This is also true of persistent pain. Pain levels can fluctuate due to our mood, fears and anxieties without any physical or structural changes occurring.
- Fear of pain during movement is common. If we anticipate pain and become anxious we will feel more pain. We are also likely to avoid any situation that makes us feel anxious which in turn can have an impact on pain and the general fitness of our bodies.

Unhelpful Thoughts

Research shows that when we are faced with a task or a situation it is the thoughts that we have about the situation that produces emotions and feelings, this will then drive our actions and behaviour. The way that we think in a situation is different for every one of us and depends on what has happened to us before or what we have learned from others. Feeling, thoughts and behaviour are closely linked.

We could say that if our behaviour has been unhelpful, then the thought behind it was an unhelpful thought. In this way, it is worth tackling unhelpful thoughts about our pain, to prevent us managing it in unhelpful ways

You may find it helpful to challenge unhelpful thoughts and behaviours in order to overcome them.


Use the table on the next page to try to identify any unhelpful thoughts you have, how they make you feel, and behave/act, and if you can come up with an answer back thought to say to yourself, the next time you have the unhelpful thought. There are some examples to work through.

An “answer back” thought is usually a more balanced or helpful way of thinking and should make sense to you. If you have trouble thinking up an answer back thought, try to think what you might say to a friend in the same situation or what a helpful friend might say to you. It can be difficult to come up with alternatives when you are upset so it might be helpful to come back to it later.

There is no right answer; anything that distracts you from the negative feelings will be a good thought.

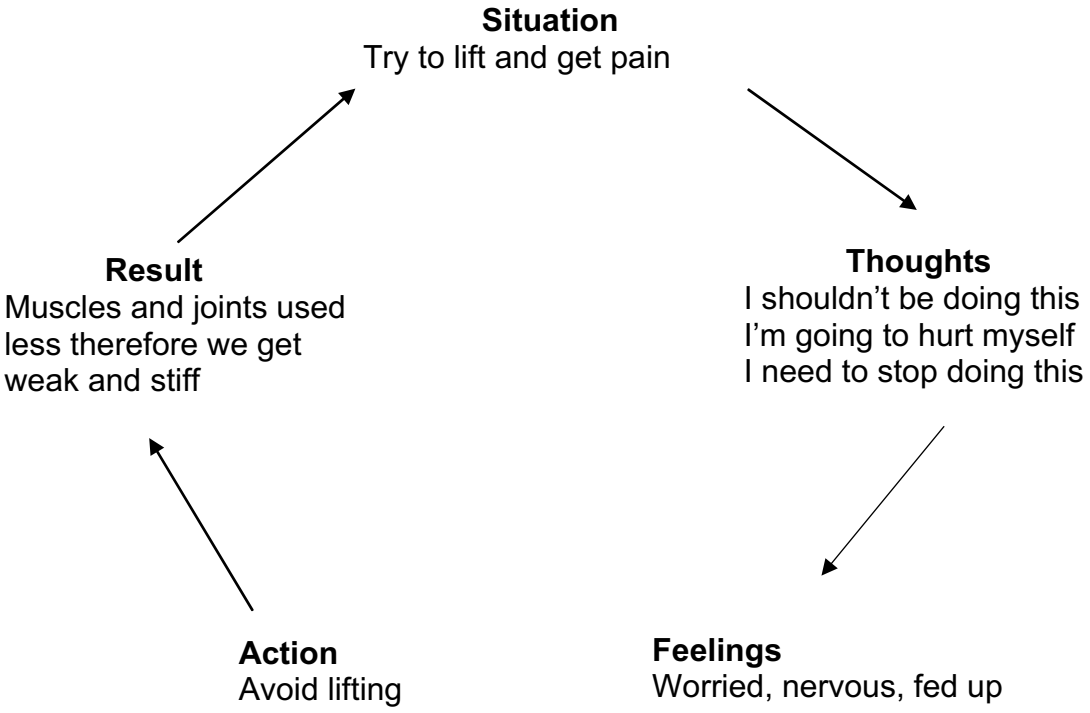
Don’t be discouraged if you have the same thoughts over and over – some things are harder to shift than others. The more the thought occurs the more opportunities you have of challenging it.

Don’t be discouraged if your alternative thoughts are not as strong immediately. The unhelpful thoughts have been around for a while so it may take time to think more helpful thoughts.

Situation	Thought	Feeling	Behaviour/ action	Answer Back Thought
Seeing the hoovering needs doing.	I can't do it. I can't risk it. I should be able to do this.	Frustrated Nervous Annoyed	Avoid hoovering. Ask someone else to do it. Carry on and do the whole house and cause a flare up.	It will be difficult but I can do it if I stick to my plan to spread it out.
Wake up with pain.	There's no point. I'm not better. I might as well give up.	Fed up	Spend day in bed. Eat chocolate!	
In the garden, the lawn needs doing.	I should be able to do this. I used to do the whole lawn in one go.		Carry on & do the whole lawn (cause flare-up).	I'll do it in my own time. It doesn't matter if it doesn't get finished today.
Go shopping and want to buy a large box of washing powder.		Nervous Determined	Avoid lifting it to avoid pain.	

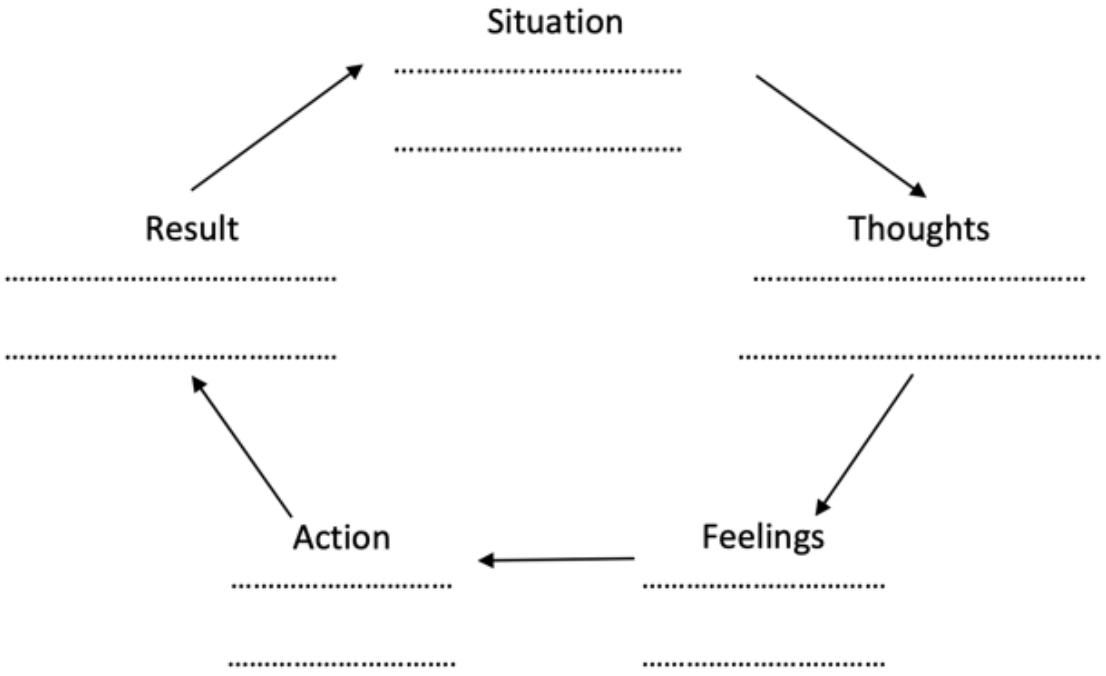
Avoidance of movement or activity…

There seems to be typical movements or activities that cause pain when we do them. As a result we naturally avoid doing them in the early stages as it hurts too much to ignore it. When we've avoided something for a long time, we can get into this vicious cycle:



The weakness and stiffness that results from generally avoiding a movement can actually increase the amount of pain we feel when we next try to do the movement or activity – a vicious cycle.

Try to think if there is anything that you have avoided doing since your pain started such as bending, lifting, or twisting. Try and think about your thoughts, feelings and actions following this and what this might lead to as a result. There is a blank cycle on the next page to complete.



How do we get out of this vicious cycle?

Try to plan how you could restart the activity with the aim of returning to your previous levels if this is possible. Make each stage easy! What's important is that you feel confident with each stage before you move on.

Try a new approach.

- It can be difficult to come up with alternatives when you are upset. If so, go back to it later when you are calmer.
- There is no right answer – anything which distracts you from the negative feelings, will be a good thought.
- Beware of self-criticism - everyone has these thoughts, and the amount they affect our lives depends on individual circumstances.
- Don't be discouraged if you have the same thoughts over and over – some things are harder to shift than others. The first step is noticing these thoughts.
- Don't expect your beliefs in the alternative thoughts to be as strong immediately! The negative thoughts have been around for some time- it will take time to develop beliefs in the alternative positive thoughts.
- In the same way that our bodies can change in response to pain our minds can also be affected.

If you feel your mood dominates your motivation, how you feel about your condition and your outlook on life then it is important to try and discuss this either with your physiotherapist or GP, as you may need more help than the BIC programme can provide.

Activity:

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Plan to restart (stages):

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When you are in pain, it is normal for it to affect your mood. Being in pain and less active isn't pleasant. Challenging thoughts, learning strategies to help with stress and learning more to help with fears are key to managing pain and will compliment physical rehabilitation.

It's certainly not easy but we know that if you can challenge your thoughts and fitness then you will challenge your pain!

DIMs and SIMs

SIMS: Safety in me. Anything that makes you stronger, better, healthier, more confident, more sure and certain – within and about yourself. These are messages that create a sense of safety.

DIMs: Danger in me. Anything that is dangerous to your body tissues, life, lifestyle, job, happiness, your day to day function – a threat to who you are as a person. These are messages that create a sense of danger or threat.

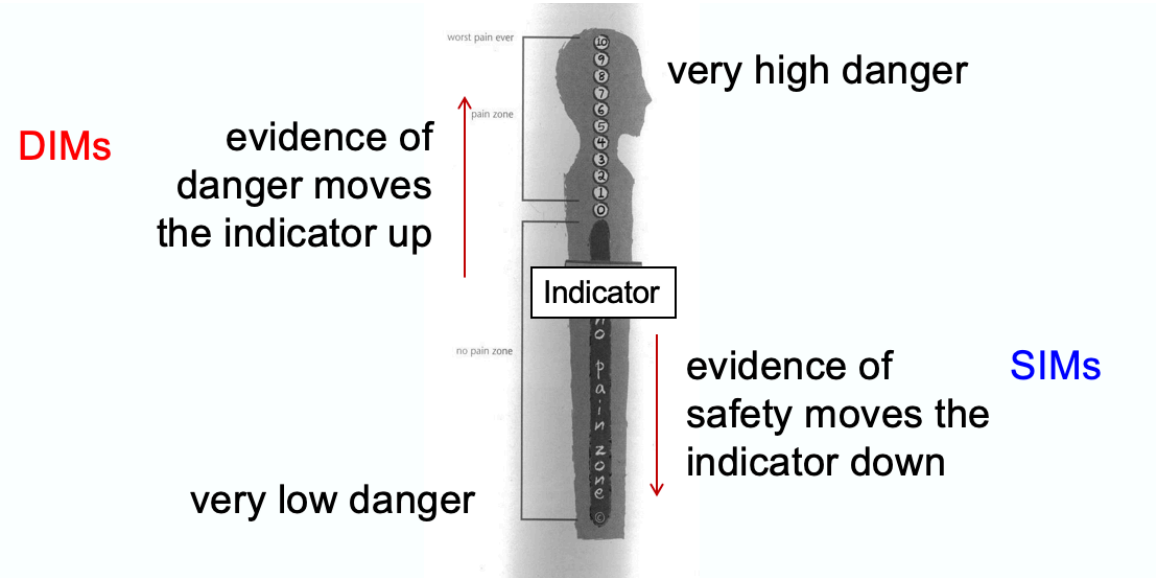
These DIMs and SIMs can be organised into 7 categories:

Context Matters

There may be things that are both DIMs and SIMs. It is important to remember that context matters. E.g. If your inflamed appendix has perforated, a hospital might be a very powerful SIM. If on the other hand, the hospital was where a previous surgery went wrong, the hospital might be on very big DIM

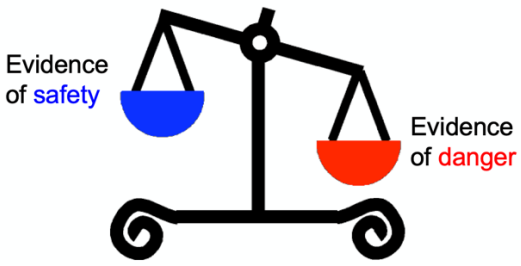
Use the form in Appendix H to help figure out what your DIMs and SIMs are.

PROTECTOMETER



We have pain when:

Evidence of danger DIMs > Evidence of safety SIMs



Exercise Planner

This pack will provide you with all the information and exercises you will need to improve your flexibility, strength and fitness.

The aim of the exercise planner is that you can gradually start to increase your activity with these exercises. By keeping a record of your daily exercise programme you can regularly exercise at a comfortable level and gradually progress your exercise programme without flaring up your symptoms. This means that you can steadily increase your abilities and monitor your progress.

The most important thing is that you find your initial baseline. This is the amount of exercise that you can manage comfortably on a good or bad day. Starting at the appropriate baseline reduces the chances of having a flare up. It is normal to experience new aches and pains when starting an exercise programme. As your body adapts, this will lessen. The important thing is consistency and that you regularly exercise at a manageable level.

Being active is vital in reversing the 'de-conditioning' cycle. Your body relies on physical activity to help increase blood flow, which provides nutrition to the bone, muscles, ligaments and nerves. Moving your body will also improve strength, flexibility and will reduce nerve sensitivity.

Exercise releases endorphins. These are chemicals found naturally in the body that act as painkillers.

Exercise is the only treatment shown to consistently reduce pain.

Physical activity has also been shown to improve mood.

Flexibility

Flexibility is composed of a mixture of mobility and stretching exercises.

Mobility

Gentle mobility exercises are a good way to start your exercise programme. With pacing you can then progress your exercises further.
Mobility exercises will:

- Move joints – which will circulate the fluid in the joint which provides the nutrition to the cartilage.
- Move muscles and ligaments – which will improve and maintain your circulation.
- Alongside these effects, you will also be moving nerves, which helps reduce their sensitivity.
- Over time, the sensitivity of the muscles, joints and ligaments will become reduced.

The aim is to start at a manageable amount of movement and gradually progress.

Stretching

Stretching improves the flexibility of all your soft tissue – this includes muscles, ligaments, tendons, connective tissue and nerves.

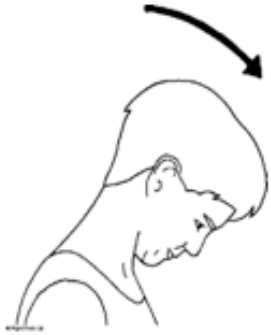
Tightness in any of these structures can cause irritation contributing to pain.

It is therefore important to have the right balance of flexibility and strength to be working as they should! An imbalance to this system can affect strength, posture and the way you move.

Did you know that a tight muscle can be responsible for causing pain?

The aim is to start at an appropriate level of exercise. When performing a stretch you should feel a pulling sensation in the muscle. You are aiming to hold that stretch for 30 seconds eventually. However, you may only be able to hold the stretch for 5 seconds to begin with. Through pacing your exercises and gradually progressing your exercises, you can achieve your goal.

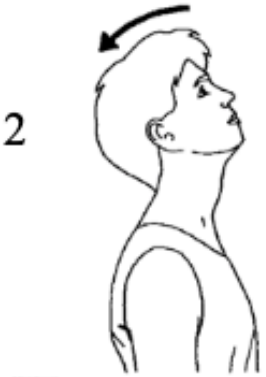
1



Sitting.
Bend your head forward.

To stretch – hold end position, then relax.

2



Sitting.
Bend your head backwards.

To stretch – hold end position, then relax.

3

Sitting.
Turn your head one way and then the other.

To stretch – hold end position, then relax.

4

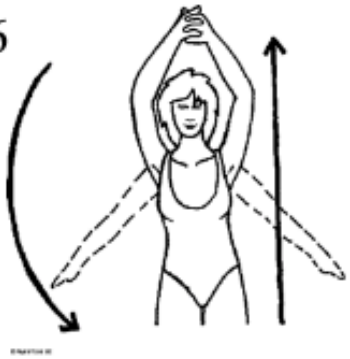
Sitting.
Tilt your head one way and then the other.

To stretch – hold end position, then relax.

5

Roll your shoulders in both directions.

6

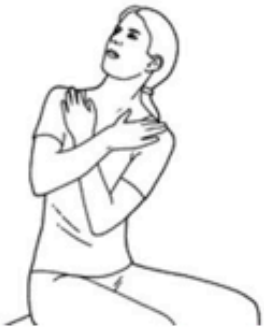


Lift arms above your head. Hold to stretch. Separate arms and lower them to the side.

7

Push arms diagonally forward and down. To stretch - hold end position and then relax.

8



Cross your arms and turn your trunk to ther left and then the right. To stretch hold the end position.

9

Sitting with back unsupported.
Let your back slump and then sit upright arching your back.
To stretch hold end positions.

10

Start with your hands on your knees.
Run your fingers down your shins.
Hold and relax back up.

11

Bend leg towards chest.
Hold on top of or behind your knee. Gently pull your leg up.
To stretch – hold and relax.

12

Keeping your knees together, gently roll knees from side to side.
Allow your hip to lift from the ground.
To stretch – hold end position.

13

Place one hand on your hip and the other up straight.
Bend to the side.
Make sure you are not bending forward.
To stretch- hold end position.

14

Hold on for support.
Bend one knee up and hold onto the ankle. Gently pull foot towards buttock.
To stretch – hold end position.

15

Whilst sitting, place one leg out straight.
Lean forward keeping your back straight.
Keep knee straight and feel stretch in back of thigh. Hold end position.

16

Hold on for support. With feet facing forward, place one foot in front of the other.
Lean forwards and feel a stretch in your rear calf.
Hold end position.

Exercise diary

Exercise Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Strengthening

- It may take from a few weeks to a few months to strengthen your muscles. It is important to realise that with the correct exercises and a paced approach, strengthening can be achieved.

- Strengthening muscles will make activity easier to do, for example, when going up stairs, getting out of a low chair or carrying shopping.

The aim is to start on a comfortable amount of strengthening exercises and gradually progress so that you are working the whole of your body.

1

Stand with your arms outstretched touching the wall. Do push-ups against the wall keeping your body straight.

2

Sit or stand with your back straight. Pull your shoulder blades back together bringing your arms back.

3

Lie on your back with your knees bent. Lift your bottom off the floor and lower again.

4

Sitting with your arms folded.
Lean upper trunk back and return to starting position

5

Stand up and sit down slowly on a chair. Use your arms or change the height of the chair to make it easier or harder.

6

Step up with one leading leg and then repeat with the other leg leading.

7

Stand using a support if required. Push up onto your toes.
Lower down slowly and repeat.

Exercise diary

Exercise Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Exercise Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Exercise Week 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

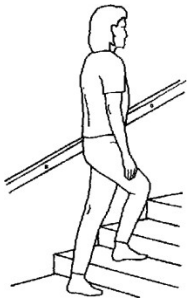
Exercise Week 4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Keeping Active

General fitness is important for overall physical and mental health and wellbeing.

Walking.
Try to progress your amount of walking you do. Record how long or how far you walk.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							



Stairs.
Walk up and down the stairs. Record how many steps

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Cycling.
Either use a bicycle or a static bike.
Record how long or far you cycle.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Swimming.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Or whichever activity you enjoy doing or think you might enjoy doing.

Appendix A - Useful Resources

Some useful resources are listed on the Elk Valley Chronic Pain Project webpage: www.painbc.ca/elkvalley.
More resources are listed below. If you find some of them especially useful, please let the Elk Valley Chronic Pain Coordinator know so that these resources can be made available on the webpage.

Books

Active Pain Coping

Caudill, M. (2015 (4th Ed). Managing pain before it manages you. New York: Guilford

Dahl, J. & Lundgreen, T. (2006). Living beyond your pain: Using acceptance and commitment therapy to ease chronic pain. Oakland, CA: New Harbinger.

Gardner-Nix, J. (2009). The mindfulness solution to pain: Step-by-step techniques for chronic pain management. Oakland, CA: New Harbinger

Otis, J. D. (2007). *Managing chronic pain: A cognitive behavioral therapy approach workbook.* New York: Oxford University Press.

Anger

Eifert, G. H., McKay, M., & Forsyth, J. P. (2006). *Act on life not on anger: The new acceptance and commitment therapy guide to problem anger*. Oakland, CA: New Harbinger.

Lerner, H. (2014). *The dance of anger*. New York: Harper and Row.

McKay, M., Rogers, P. D., & McKay. J. (2003). *When anger hurts: Quieting the storm within.* Oakland, CA: New Harbinger.

Anxiety

Bourne, E. J. (2010) (5th Ed). *The anxiety and phobia workbook*. Oakland, CA: New Harbinger.

Gyoerkoe, K. L., & Weigartz, P. S. (2006). *10 simple solutions to worry: How to calm your mind, relax your body and reclaim your life.* Oakland, CA: New Harbinger.

Wehrenberg, M. (2018) (2nd Ed). *The 10 best-ever anxiety management techniques workbook*. New York: W.W. Norton & Company.

Wilson, R. (2009) (3rd Ed.) *Don't panic: Taking control of anxiety attacks*. New York, Harper.

Assertive Communication

McKay, M., Davis, M., & Fanning, P. (2009). *Messages: The communication skills book.* Oakland, CA: New Harbinger.

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2011). *Crucial conversations tools for talking when stakes are high.* New York: McGraw-Hill.

Changing Habits

Duhigg, C. (2014). *The power of habit: Why we do what we do in life and business.* Anchor Canada (www.randomhouse.ca).

Prochaska, J.O., Norcross, J. & DiClemente, C. (1995). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward.* New York: William Morrow and Company.

Depression

Burns, D. D. (2008). *Feeling good: The new mood therapy*. New York: Penguin. (See also the *Feeling Good Handbook* on depression, anxiety, and interpersonal problems).

Greenberger, D., & Padesky, C. (2015). *Mind over mood: Change how you feel by changing the way you think*. New York: Guilford Press.

Strosahl, K.D., & Robinson, P.J. (2017). *The mindfulness and acceptance workbook for depression: Using acceptance and commitment therapy to move through depression and create a life worth living*. 2nd ed. Oakland, CA: New Harbinger Publications.

Emotion Regulation

Van Dijk, S. (2012). *Calming the emotional storm: Using dialectical behavior therapy skills to manage your emotions and balance your life*. Oakland, CA: New Harbinger Publications.

Explaining Pain & Neuroplasticity

Butler, D. and Moseley, L. (2013) Explain Pain. 2nd Edition Adelaide: Noigroup publications

Butler, D. & Moseley, L. (2017). *Explain pain supercharged*. Adelaide, Australia: Noigroup. (Available only from https://www.noigroup.com/product/explain-pain-supercharged/).

Doidge, N. (2007). *The brain that changes itself*. New York: Penguin.

Jam, B. (2019). *The pain truth and nothing but.* Toronto: APTEI. (Free e-book on https://www.aptei.ca/wp-content/uploads/the-pain-truth-e-book-2019.pdf).

Moseley, L & Butler, D. (2015). *The explain pain handbook: Protectometer*. Adelaide, Australia: Noigroup.

Grief & Loss

Devine, M. (2017). *It's ok that you're not ok: Meeting grief and loss in a culture that doesn't understand.* Boulder, CO: Sounds True, Inc.

Grollman, E.A. (1995). *Living when a loved one has died.* Boston: Beacon Press.

Mindfulness Meditation

Burch, V. & Penman, D. (2015). *You are not your pain: Using mindfulness to relieve pain, reduce stress, and restore well-being – an 8-week program.* New York: Flatiron Books.

Siegel, R. (2010). *The mindfulness solution: Everyday practices for everyday problems.* New York: Guildford Press.

Teasdale, J., Williams, M., & Segal, Z.V. (2014). *The mindful way workbook: An 8-week program to free yourself from depression and emotional distress.* New York: Guilford Press.

Positive Psychology

Achor, S. (2013). *Before happiness: The 5 hidden keys to achieving success, spreading happiness, and sustaining positive change*. New York: Crown Business Publishing.

Fredrickson, B. (2009). *Positivity: Top-notch research reveals the upward spiral that will change your life*. New York: Three Rivers Press.

Seligman, M. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press.

Post-Traumatic Stress Disorder

Follette, V.M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. Oakland, CA: New Harbinger Publications.

Shapiro, F. (2013). *Getting past your past: Take control of your life with self-help techniques from EMDR therapy*. New York: Rodale.

Tull, M.T., Gratz, K.L., & Chapman, A.L. (2016). *Cognitive-behavioral coping skills workbook for PTSD: Overcome fear and anxiety and reclaim your life*. Oakland, CA: New Harbinger Publications.

Williams, M.B., & Poijula, S. (2016). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (3rd ed). Oakland, CA: New Harbinger Publications.

Relaxation & Stress Management

Benson, H. & Proctor, W. (2011). *Relaxation revolution: The science and genetics of mind body healing.* New York: Scribner.

Davis, M., Eshelman, E. R., & McKay, M. (2019) (7th Ed). *The relaxation and stress reduction workbook.* Oakland, CA: New Harbinger.

Elkin, A. (2013) (2nd Ed). *Stress management for dummies*. New York: Wiley.

Self-Compassion

Germer, C.K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York: Guildford Press.

Neff, K. & Germer, C. (2018). T*he mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. New York: Guilford Press.

Sleep

Carney, C., & Manber, R. (2009). *Quiet your mind and get to sleep: Solutions to insomnia for those with depression, anxiety or chronic pain*. Oakland, CA: New Harbinger.

Carney, C. E., & Manber, R. (2013). *Goodnight mind: Turn off your noisy thoughts and get a good night's sleep*. Oakland, CA: New Harbinger.

Maas, J. B., & Robbins, R. S. (2010). *Sleep for success: Everything you must know about sleep but are too tired to ask*. Bloomington, IN: AuthorHouse.

Websites

Interior Health (IH)

https://www.interiorhealth.ca/YourCare/ChronicConditionDisease/ChronicPain/Pages/default.aspx

Alberta Health Services

http://www.albertahealthservices.ca/services/Page2790.aspx (Lecture Series from the AHS Chronic Pain Centre)

Chronic Pain

https://www.liveplanbe.ca/ for adults

http://www.mycarepath.ca/ for children

http://www.painbc.ca/

https://www.mycuppajo.com Blog about living with Chronic pain

Grief

http://www.mygrief.ca/ helps people understand and work through grief and loss

Headache Pain

http://www.americanheadachesociety.org/ American Headache Society

http://www.headache-help.org/ Help for Headaches – A Canadian Registered Charity-Ontario

http://www.headachenetwork.ca/ Headache Network Canada

Pelvic Pain

http://www.nva.org/ National Vulvodynia Association

http://www.pelvicpain.org/ The International Pelvic Pain Society

Positive Coping with Health Conditions

www.comh.ca/pchc Vancouver Coastal Health, workbook

Psychology and Chronic Pain

http://www.cpa.ca/psychologyfactsheets Canadian Psychological Association, acute post-surgical pain, arthritis, chronic pain, chronic pain among seniors, presurgical preparation, needle pain

Videos

Explaining Pain

https://www.youtube.com/watch?v=5p6sbi_0lLc Getting a Grip on Pain and the Brain. Lorimer Moseley

https://www.youtube.com/watch?v=gBlkhFRV53w Pain: Do You Really Get It? Lorimer Moseley

https://www.youtube.com/watch?v=dlSQLUE4brQ Back pain: Separating fact from fiction. Prof Peter O'Sullivan

https://www.youtube.com/watch?v=gh-V6gMGzmc Part 1 - Explain Chronic Pain in Less Than a Minute. Neil Pearson, B.C. physiotherapist and educator on chronic pain

https://www.youtube.com/watch?v=xTQpOYSrRVQ Pain BC Empowering self-management of pain with Neil Pearson, B.C. physiotherapist and educator on chronic pain

https://www.youtube.com/watch?v=ikUzvSph7Z4 Tame the Beast – It's Time to Rethink Persistent Pain. Lorimer Moseley

https://www.youtube.com/watch?v=4ABAS3tkkuE Treating Pain Using the Brain. David Butler

https://www.youtube.com/watch?v=C_3phB93rvI Understanding pain: What to Do About it in Less Than 5 Minutes. Hunter Integrated Pain Service

http://www.youtube.com/watch?v=6o_pB2AVuMI Lorimer Moseley explains Pain on ABC Classic FM

General Health

http://www.evanshealthlab.com/ Dr Mike Evans is a working to bring the best evidence-based health information out of the clinic to wherever you are. Some of our favorite videos are: *Healthy Eating 101, 90:10 Stress, Best Advice for People Taking Opioid Medications*

Stress

https://www.youtube.com/watch?v=RcGyVTAoXEU How to Make Stress Your Friend. TED Talk by Kelly McGonigal, health psychologist

On-Line (Web-Based) Learning

Chronic Pain Self-Management

http://www.paintoolkit.org/ Pete Moore, UK, former patient of INPUT Pain Management Programme; skills covered include acceptance, pacing, setting goals, relaxation, self-monitoring, flare-up

http://www.paintrainer.org/ An interactive, online tool that teaches you effective strategies to manage your pain. The pain TRAINER program is made up of 8 sessions, each lasting about 30-45 mins

Mental Health

http://www.anxietycanada.com/ Provides education and resources to address anxiety; and the skills of self-talk/cognitive strategies and relaxation

http://www.comh.ca/antidepressant-skills/adult Cognitive-behavioral strategies for depressio)

http://www.exerciseanddepression.ca/ An evidence-based toolkit for treating depression with exercise

https://web.ntw.nhs.uk/selfhelp/ Self-help guides for a variety of mental health problems that are available to download for free

Mindfulness Meditation & Self-Compassion

http://www.centerformsc.org/ Centre for Mindful Self-Compassion, Christopher Germer, Ph.D. and Kristen Neff, Ph.D., an 8-week program designed to cultivate self-compassion skills for daily life

http://www.headspace.com/ Andy Puddicombe, ordination as a Tibetan Buddhist monk, meditation made simple

http://www.mindfulselfcompassion.org/ Dr. Christopher Germer, mindful self-compassion, free downloads available

http://www.self-compassion.org/ Dr. Kristen Neff, self compassion

http://www.tarabrach.com/ free on-line meditations

http://www.thebreathproject.org/ Dr. Phil Blustein, Gastroenterologist, Calgary. Resources for stress reduction, including exercises, demonstrations, and videos. Includes free ebook, "*Mindfulness Medication*"

http://www.ucalgary.ca/wellnesscentre/events-programs/wellness-programs/mindfulness/online (U of C, Wellness Centre, online, self-directed mindfulness program designed for those interested in cultivating mindfulness into their daily lives)

Relaxation

http://dawnbuse.com/relaxation.htm Cognitive behavioural therapy, biofeedback, and mindfulness training for headache. Includes free guided visual imagery and relaxation exercises)

https://myhealth.alberta.ca/alberta/Pages/Relaxation-Audio-Tracks.aspx Relaxation audio tracks. Headache Program, Alberta Health Services

http://studentsupport.georgiasouthern.edu/counseling/resources/self-help/relaxation-and-stress-management/ Various relaxation exercises. Georgia Southern University Counseling Centre

Sleep

http://www.albertahealthservices.ca/services/Page2790.aspxLecture series from the AHS Chronic Pain Centre

https://myhealth.alberta.ca/learning/modules/Sleep-Strategies Headache-tailored modules

https://mysleepwell.ca/ Dalhousie University, cognitive-behavioral treatment for insomnia

Mobile Apps

Please note that Apps may involve a cost ($$$) to you.

Mental Health

Addiction and Mental Health - Mobile Application Directory 2017. A directory of apps including but not limited to smoking cessation, autism, depression, anxiety, and cognitive-behavioural skills.

Breathr. An app that introduces the concept of mindfulness and creates an easy access point for those who are new to this practice. Developed by the BC Children's Hospital.

Calm. A subscription-based app that promotes relaxation through meditations, sleep stories, nature images, and sounds. The guided meditations give users choices in topic, length, and nature scenes.

Daylio. Allows you to track your moods and daily activities. Within 5 days of regular tracking, you'll be able to connect what activities you do when you feel great and what's happening on bad days.

Headspace (by Andy Puddicombe). Headspace is meditation made simple. Learn online, when you want, wherever you are, in just 10 minutes a day.

Stop, Breathe and Think. Allows you to check in with how you are feeling and recommends short activities and guided meditations tuned to those emotions.

Year in Pixels. This app asks you to rate how your day was by assigning a colour to your rating. You can add the emotions you felt that day and also a diary entry to give additional details.

Chronic Pain

Canadian Migraine Tracker. You can monitor headache frequency, triggers, symptoms, and medication response.

Curable. Includes pain science education and hundreds of evidence-based exercises grounded in the biopsychosocial model (e.g., meditation, CBT, and relaxation).

Migraine Buddy. Allows you to track the location of pain, triggers, and lifestyle factors - all specific to migraine. It also features a weather tracker and can send you weather alerts.

My Pain Diary: Chronic Pain & Symptom Tracker. Allows you to track your pain, symptoms, and triggers. An interactive graph and color-coded calendar help you identify patterns and correlations.

Pain Scale. In addition to tracking pain, you can check out the app's "community" feature, to see how others manage their pain. Also includes a library of articles and videos from medical sources.

Pain Support Groups in the Community

People in Pain Network. Pain Self-Management Support Groups. See http://www.pipain.com/ or email info@pipain.com

Pain BC support groups. See https://www.painbc.ca/find-help/help-near-you

Self-Management BC https://www.selfmanagementbc.ca/

Resources for Young Adults

From Surviving to Thriving: Developing Personal and Academic Resilience (Free e-book on https://www.workplacestrategiesformentalhealth.com/pdf/From_Surviving_to_Thriving_EN.pdf)

http://www.gotabrain.ca/ (designed by the Canadian Mental Health Association – Calgary Region to provide information of interest to youth about mental health and mental illness)

http://www.mindyourmind.ca/ (A Canadian-based youth mental health website that uses games and entertaining tools to educate youth on mental health issues, and tools to help others cope with mental illness)

DISCLAIMER: No evaluations of the resources in this document have been done. This material is for information purposes only. It should not be used in place of medical advice, instruction, and/or treatment. If you have questions, speak with your doctor or appropriate health care provider.

Appendix B - Local Resources

Fernie:

- Active Fit at the aquatic centre: This is a 45 minute higher intensity water workout, utilizing both shallow and deep water. For those that would like a high pace workout with less joint stress, this is for you! This drop-in program is free with the price of admission. Gentle Fit: This is a 45 minute lower intensity workout. Ideal for those with joint ailments or injuries. Get fit with this workout without a lot of stress to the joints. This drop-in program is free with the price of admission. Call 250-423-4466
- Indoor Walking Club: Improve fitness and enjoy a safe and temperature-controlled environment. This free program is offered at the Fernie Community Centre Tuesday and Wednesdays from 8:30am to noon and Thursdays from 8:30am to 10am. Call 250-423-6817 for more info.
- Gentle Yoga: Free Chair Yoga open to everyone on Tuesdays at 11am at the Senior Citizens Drop-in Centre. Call 250-423-3312 for more info.
- Gentle Yoga for the Soul (women-only) at the Women's Resource Centre. Find out more by calling 250- 423-4687

Sparwood:

Take part in the Rehabilitation Partnership Program at the rec centre. For more information and conditions call 250.425.0552, email recoffice@sparwood.ca or stop by the Leisure Centre

Appendix C - Sleep Hygiene

“Sleep hygiene” is a set of good habits that aid restful sleep. It is recommended that we get around 8 hours of quality sleep per night, but this figure will vary from person to person. More important than the time we sleep is the quality. If our sleep is frequently disturbed or shallow, we will not get the benefits we need to help us cope with stress, to heal and to gather energy for the next day.

To help you have better quality sleep, try some of the following:

- Create a bedtime routine that encourages a gradual “winding down” as you get closer to bedtime. For example, you might gradually reduce the brightness of your lights or switch from a main overhead light to a bedside lamp.
- Remove distractions like TVs or phones from your bedroom and make it a place that is only used for sleep, where possible.
- Get plenty of regular energetic exercise such as cycling, swimming or jogging, preferably done in the morning or early afternoon. At night, try more relaxing forms, such as yoga or Tai Chi.
- Try not to sleep during the day as this can upset the body's natural sleeping rhythm.
- Before bed, try to avoid:
- Making plans or thinking about things that cause stress or worry.
- Stimulating activities, such as watching an action movie or a sports game.
- Caffeine, nicotine and alcohol for at least 3 hours prior to sleep.
- The use of backlit devices, such as smartphones or electronic tablets.
- Try to get plenty of natural light during the day and cut light out at night with blackout curtains to keep out city light.
- If you are having trouble sleeping because of pain, speak to your pharmacist or GP about changing the time that you take your pain relief so that it is most active when you are asleep.
- A warm bath before bed may help you to relax.

For more information, see:

https://myhealth.alberta.ca/learning/modules/Sleep-Strategies Headache-tailored modules

https://sleepfoundtion.org/sleep-topics/sleep-hygiene

Appendix D - Tips on Medication

- There are many types of medication that are prescribed to people experiencing pain. E.g. pain killers, mood modifiers, sleeping tablets, muscle relaxants, and anti-inflammatories.

- They can be a useful tool in the management of your pain, helping you to be able to do more.

- In general, painkillers do not allow you to hurt yourself without knowing.

- Usually people find that taking the full-recommended dose can be more effective. If you wait until the pain is very high before you take anything, it may not work as well as if you take it earlier on. Try experimenting with this to find out what works best for you.

- Not all medications suit everyone.

- Sometimes medications can cause side effects such as: constipation, odd feelings, sleepiness, over alertness. If the side effects outweigh the benefits in pain relief, or if a medication just isn't working for you then discuss this with your doctor who may advise you on coming off the medication or be able to suggest you try an alternative.

- Remember you can also speak to your pharmacist if you can't get to speak to your doctor.

- Consider reducing or stopping medication during good spells in discussion with your doctor.

Appendix E - WEEKLY PLANNING SHEET

MON	TUES	WED	THUR	FRID	SAT	SUN

Things to think about including:

Stretches	Cardiovascular	Housework	Work	Relaxation
Mobilising Ex	Goal Activity	Gardening	Volunteer Work	Family
Strengthening Exs	Handouts	Shopping	Socialising	Childcare

Appendix F - GOAL PLANNING

GOAL	END OF PROGRAMME	6 WEEK REVIEW	6 MONTHS	1 YEAR
e.g. to walk to the local shop & back without ongoing increase in pain.	To find a walking baseline & start doing it every second day	To walk to the shop & catch a bus back	To walk to the shop and back	
e.g. to join a reading group	(a) Find a sitting baseline (b) Find a group & work out transport	(a) Increase sitting tolerance (b) Practice introductions with a friend	To join the group!	

Appendix G - Flare up planning sheet

Planning day

Soothe pain

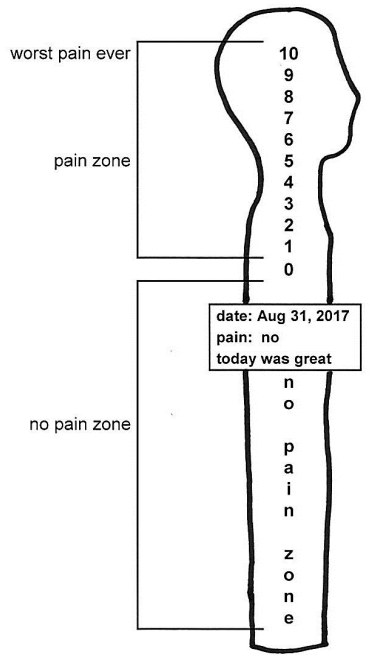
Specific stretches

General exercise plan

Medication

Relaxation/Distraction

Appendix H – My DIMs and SIMs

DIMs Danger in Me		SIMs Safety in Me	
	Things I hear, see, smell, taste & touch		
	Things I do		
	Things I say		
	Things I think & believe		
	Places I go		
	People in my life		
	Things happening in my body		

Adapted from Moseley, GL & Butler, D (2015) The Explain Pain Handbook: Protectometer, Adelaide, Australia. Noigroup Publications

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East Kootenay
Division of Family Practice
A GPSC initiative

SharedCare
Partners for Patients

NHS
Brighton and Sussex
University Hospitals
NHS Trust