Alberta Moving on with Persistent Pain™

JOURNAL

8 WEEK PROGRAM

Contents

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Name

STUDY ID# _____ HOSPITAL # _____

DO NOT WRITE ABOVE THIS LINE

Brief Pain Inventory (Short Form)

Date: _____/_____/_____ Time: _____

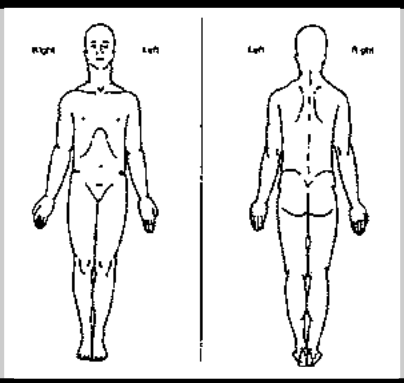
Name: _____ _____ _____

Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?

1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

4. Please rate your pain by circling the one nuimber that best describes your pain at its least in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief										Complete Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

MOVING ON WITH PERSISTENT PAIN

Name: _____ Age: _____ Gender: M(__) F(__) Date: _____

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about ❑
- I have slight problems in walking about ❑
- I have moderate problems in walking about ❑
- I have severe problems in walking about ❑
- I am unable to walk about ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

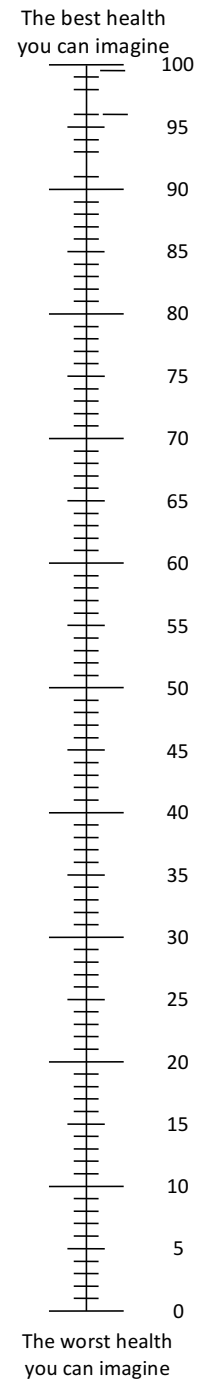
We are collecting this information according to the requirements specified in the *Health Information Act of Alberta,* sections 27 (1)(a), (g)

Turn Over

MOVING ON WITH PERSISTENT PAIN

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



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Alberta Moving on with Persistent Pain™

Introduction

Please read this while you are waiting for class to begin.

Alberta Moving on with Persistent Pain™ is a **Red Deer Primary Care Network program** designed by health professionals in the fields of pharmacy, psychology, nursing, nutrition, social work, recreation therapy and kinesiology with the support of family doctors.

It is an 8 week program that empowers you to improve your ability to function and your quality of life. Each week you will learn new skills that will help you to manage your pain. We will challenge you to try the skills out during the week. You will discover a few skills that you find work the best for you. You have the biggest influence over your journey through your everyday choices.

To get the most out of this workshop:

- Make the program your priority.
- Practice the weekly skills.
- Make these skills a part of your life moving forward.
- Attend all classes.

We recognize that everyone in the program is starting at a different place; some of you might already be involved in various activities while some of you may find it hard to get out of the house. This program is tailored to improve your life from where you're at. We understand you may be frustrated and may have been dealing with this for many years. This program is not a quick fix, but we are here to support you and help you along the way. Please keep an open mind as these concepts may be new to you.

Housekeeping

- Each class will have a **Vitality Break** – this is a chance to refresh yourself – walk around, use the facilities and get some water.
- Bring your **Persistent Pain Journal** each week.

Workshop Format

The **program format** is two hours a week for 8 weeks.

Each week begins with a **Check-in and you will have opportunities to practice the skills that will help you to manage your pain.** We will end with a **Check-out to set you up for success in the upcoming week**.

Group Guidelines

- Please make every effort to attend on time. If you must come late please slip in quietly and take a seat.
- If you are going to be late or miss group, please let one of the coaches know ahead of time. We will ask that you review the material you missed prior to your return if you are absent so that you can participate fully in the next class.
- Being absent for more than 2 sessions out of 8 will result in a request that you rebook into a future group.
- Treat other group members with the same courtesy that you would like to receive.
- Confidentiality – keep information that comes up in group private to the group.
- If there will be someone in the room observing, we will let you know prior to them being in the room.
- The PCN cannot control socialization, but intimate relationships outside of workshops are discouraged.
- Bringing snacks/water is permitted but please dispose of garbage afterwards. Does anyone have any severe food allergies we need to be aware of so we can avoid bringing those items?
- We encourage participation in class, but private conversations are discouraged until break so that you don't miss out on learnings. These conversations can be very distracting to others; we want to be respectful to all participants.
- If you need to leave the room before break, please give us a thumbs up so we know that you are ok. If you are gone for more than 5 minutes, one of us will come to check on you.
- This is a fragrance free facility, so please be mindful of this prior to group to maintain an adequate level of hygiene and avoid wearing fragrances.
- Please turn off all cell phones or put to silence/vibrate.
- Verbal or physical attacks on the other clients or coaches will not be tolerated in group. Please use your skills to manage angry urges. Anyone who violates this rule will be asked to leave group for that day and will be called to discuss relevant consequences.
- Avoid giving advice. It's okay to share your experience! Share what works for you.
- Other:_____.
  Is there anything else that will help you feel more comfortable or safe in the group?
- If you have a doctor associated with our PCN, you can be referred for individual services. If you don't, please see us for help finding the resource you need in your community.

Alberta Moving on with Persistent Pain™

Week 1

Purpose of Pain

The **overall goal** of our program is to reduce the impact of pain and allow you to do the things you need to do and want to do.

Pain has a **purpose** to **protect our bodies** from **actual** and **potential damage**.

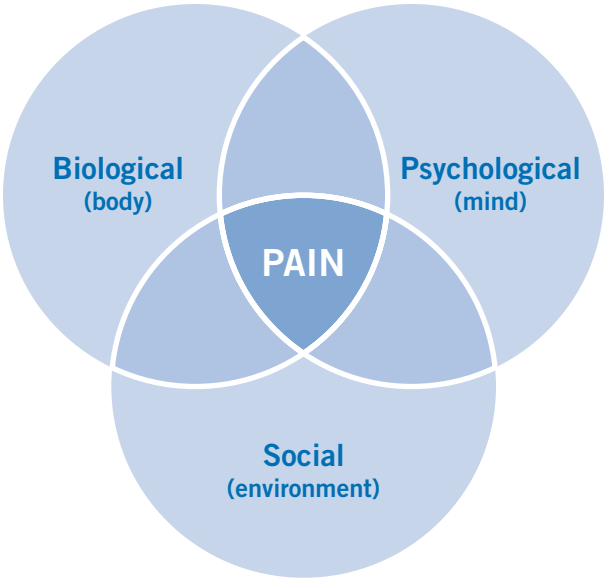
- We typically see **higher levels of pain** at the time of injury and then a **continual decrease** in pain until the injury has healed. This usually takes less than 3 months.
- Sometimes, even though the tissue damage or injury has healed, the pain persists.
- When it goes on **longer that 3 months**, it's called **chronic or persistent pain**. Changes have occurred in the nervous system that result in continued pain.
- It's like the body remembers the pain long after it has served its purpose.

In other words, your pain system has become **overprotective**.

Gate Theory – Summary

This concept of closing the gates and reducing the experience of pain will be built upon for the next 8 weeks. Highlights from the video:

- Our **thoughts** and **feelings** are **important** in how we **experience pain.** When we are stressed, anxious and tense, our **brain releases chemicals that open the gates** and turn up the volume of pain.
- However, when we are calm and relaxed, our **brains release chemicals that close the gates** and turn down the volume of pain.
- You will be able to **experiment** with the **tools you learn,** find out **what works for you** to **turn down the volume** and put those skills in place.
- As the video stressed, you are not alone in managing your pain and the improvements will not happen overnight—it takes **time** and **practice**!



Each class over the next 8 weeks will have the following **three sections**:

Mind-Body Connection

Approach to Activity

Lifestyle

Mind-Body Connection

Realistic expectations for this class

- Not eliminating pain
- Long term process
- Trial and error
- Individual process – not one size fits all
- Need to practice skills & invest time
- Be open to listening to your body
- After the class – still ongoing changes and work
- This is the beginning step for moving on…

Riding the Backwards Bike

In what ways am I already "Riding the Backwards Bike"?

What will motivate me to do more activities that will help "Ride the Backwards Bike"?

Approach to Activity

My Approach to My Activity

What activities do I tend to push through?

What activities do I wait until?

What activities am I already pacing?

Lifestyle

Positive Reminiscing

Positive reminiscing helps you to re-experience positive emotions. This is an instant uplift in your mood.

"In my mind, I built stairways. At the end of the stairways, I imagined rooms. These were high, airy places with big windows and a cool breeze moving through. I imagined one room opening brightly onto another room until I'd built a house, a place with hallways and more staircases. I built many houses, one after another, and those gave rise to a city—a calm, sparkling city near the ocean, a place like Vancouver. I put myself there, and that's where I lived, in the wide-open sky of my mind. I made friends and read books and went running on a footpath in a jewel-green park along the harbor. I ate pancakes drizzled in syrup and took baths and watched sunlight pour through trees. This wasn't longing, and it wasn't insanity. It was relief. It got me through." – Amanda Lindhout, A House in the Sky

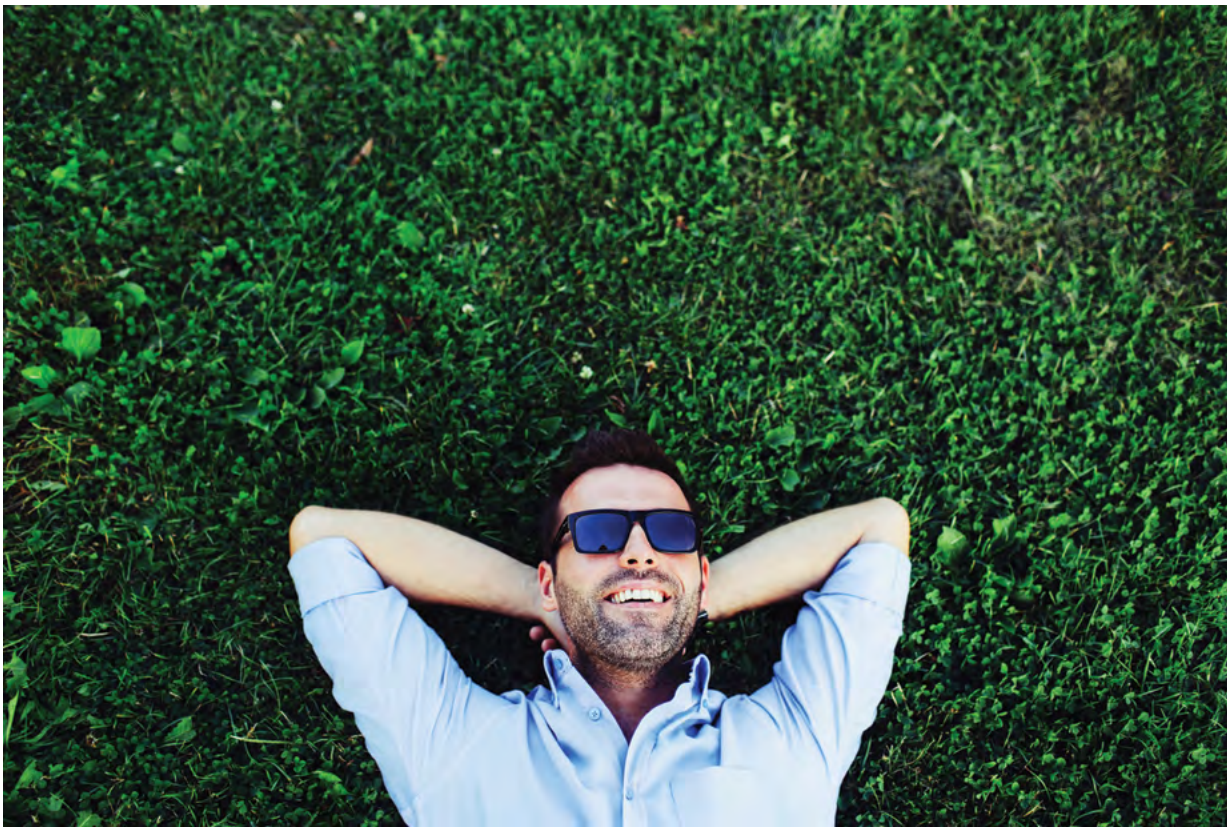
Think about a positive experience that I had in past. Write about it. Notice what I smell, hear, see, feel and taste. Describe the scene and the feelings. Who am I with? What am I doing? Focus on the moment.

Reflect

What was my pain like before (I relived or recalled this positive experience)?

During the experience?

After the experience?



Check-out

Homework options

1. **What is one thing I could do this week to help there be more of the "Riding Your Backwards Bike" experience?**

2. **Consider an activity I would like to start pacing. Consider work, chores, recreation or exercise when thinking of an activity that is important to me.**

3. **Seek out an enjoyable experience/create it and then reflect on it and my pain before, during and after that experience. Take the time to absorb the good feelings!**

"Be brave and have hope." – Tame the Beast website – Lorimer Moseley and David Moen

Notes:

Alberta Moving on with Persistent Pain™

Week 2

Check-in

WEEKLY REFLECTION: How did my week go? Did I try one small thing to help get more of the "Backwards Bike" experience? Did I consider an activity I would like to start pacing? Did I seek out or create a positive experience?

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Mind-Body Connection

Coping

"The last of human freedoms is the ability to choose one's attitude in a given set of circumstances." – Viktor Frankl, Man's Search for Meaning

Things that help me cope:

_____

_____

_____

Colour Zones

In this colour zone chart, each colour represents an emotion or physical state—how you feel at the time. All colours serve a purpose. They are a **message** of your body "**climate**" of what's going on for you in that present moment. It's your body talking to you.

BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad	Happy	Frustrated	Mad/angry
Sick	Calm	Worried	Terrified
Tired	Feeling okay	Excited	Yelling/hitting
Bored	Not focused on pain	Hyper	Elated
Moving slowly	Focused on what is going well	Agitated	Out of control
Sore	Relaxed	Focused on pain	All consumed with pain
Stiff	I can do this differently.	Body tensed	Wincing
I'm too tired to do anything.		I can't do the things I used to do.	I'm never going to be okay.
			This will never get better.

Circle the signs in the yellow and red zones that are warnings for me that I am not coping well.

What are some activities I can do, when I am in the yellow or red that can help me achieve "green" which is a state where the pain is not as pronounced?

When will I use this colour zone tool? Who will I use it with?

Approach to Activity

Listening to My Body

Self: "Excuse me body, I feel really betrayed by you. You always seem to be sick, sad or sore. What are you trying to tell me?"

Body: "I'm not trying to betray you. But I have needs too. I try to let you know but you're too busy hanging out with your mind. When you two get together, you get lost and sometimes I have to scream at you for you to hear me!"

– Tahlee Rouillon

Thoughts I have about this quote:

Approach to Activity

My Approach to My Activity

ACTIVITY	HOW PAIN AFFECTS THIS	MY APPROACH (WAIT UNTIL, PUSH THROUGH, PACE)	OBSERVATIONS
gardening	Haven't gardened in 2 years.		
washing dishes	Takes me twice as long now.		

Consider

Think of a time or times when my pain was less severe. What was different about that situation?

What can I do differently based on what I have just learned?

Lifestyle

Mindfulness

Persistent pain is a **constant stressor** causing the body to be in a **prolonged flight** or **fight response**. **Stress hormones** keep the body in **constant state of tension**—this hurts.

Mindfulness exercises **calm the nervous system** and reduce stress. Long term use of these exercises can counteract harmful effects (i.e., persistent pain). They change the pathways and develop different parts of the brain.

Options are:

- **Breathing:** e.g., belly breathing
- **Guided imagery:** creating calm peaceful images in your mind—in great detail, using as many senses as possible.
- **Positive visualization:** using your imagination, visualize or picture yourself doing something well, for example, coping, or doing what you want to be doing and doing it well.
- **Hypnosis:** this requires a specially trained clinical hypnotist. Research has shown it to be very effective in managing and reducing pain.
- **Meditation:** focusing attention to help you feel calm and give a personal awareness of the present moment.
- **There are many free apps for phones and tablets:** e.g., Breathe, Calm, Mind Shift, Headspace.

Remember the bike video from last week? You need to consistently practice any of these things to get results.

As I reflect on the **listening exercise** I just did:

What do I notice while I was doing it?

Did my pain change during or after that exercise?

Did I notice any change in my emotions or thoughts?

How might I apply this outside of class?

What mindfulness techniques do I want to try in the next week?

Check-out

Homework options

1. List "things" in my life that calm me and put me in the green zone (e.g., walking, dogs, dinner with friends, puzzles, yoga, etc.)

2. Fill out the last column of the chart on page 15. Answer the questions at the bottom of the page.

3. What if I did a listening activity everyday? How would that impact me?

Alberta Moving on with Persistent Pain™

Week 3

Check-in

WEEKLY REFLECTION: How did my week go? Did I work on communicating the colour zones and what I need? Did I notice my approach to activity? Did I try a new approach? Try the listening activity?

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Mind-Body Connection

Sleep

Sound Sleep Statements

Match the sound sleep statement with the phrase from below that best describes it. Discuss with the others at your table as you go.

___ Get some sort of exercise throughout the day to burn off excess stress energy.

___ Sleep in a cool, quiet, dark bedroom—you may need to use ear plugs, decrease your thermostat or get black out blinds, block pet access, use pillows as props, set up a routine.

___ Cover your clock.

___ Avoid caffeine and tobacco products close to bed.

___ Avoid alcohol drinks in the evening.

___ Aim to wake up at the same time everyday, including weekends. Keep naps short or skip them altogether.

___ Leave your bed if you haven't fallen asleep within 20 – 30 minutes and do something boring until you get sleepy.

___ Different types of light either help or hinder our natural sleep system.

1. Watching this all night leads "night time math" and negative thoughts about how little time you have left to sleep. "If I fall asleep now, I'll be late for work!"
2. Sleep drive: the forces that control our sleep and wakefulness—gradually builds over the day. Sleeping in, getting up late and napping can reduce your sleep drive so you may not be tired at bed time.
3. These may initially help to get to sleep, but sleep is lighter and more fragmented.
4. The endorphins produced by this can help you to relax, de-stress and decrease anxiety.
5. Set your sleep environment up for success. Rover and Fluffy don't care about your sleep!
6. We need to reteach ourselves that going to bed = being sleepy, not feeling anxious about being unable to sleep.
7. Early morning light helps; light from screens (laptops, phones and TVs) hinder sleep.
8. These stimulate you before bed, and for some people, long after they take them.

Skill to practice in class:
6 Minute Mindful Progressive Muscle (PMR)

If you don't like PMR, you can try:

- Mindfulness meditation
- Visualization

What did I notice about my pain before?

What did I notice about my pain after?

What did I learn?

You may need further help with improving your sleep if what we have just talked about is not working for you. There are some great self-directed sleep programs available online and at some PCNs if you are struggling with insomnia. Talk to your facilitator for more information.

If you do not struggle with falling asleep, but have been told you snore loudly, if you wake up not feeling refreshed or if you are told you hold your breath throughout the night, you might have sleep apnea and need to be assessed for this condition. This is best done by talking to your doctor.

Approach to Activity

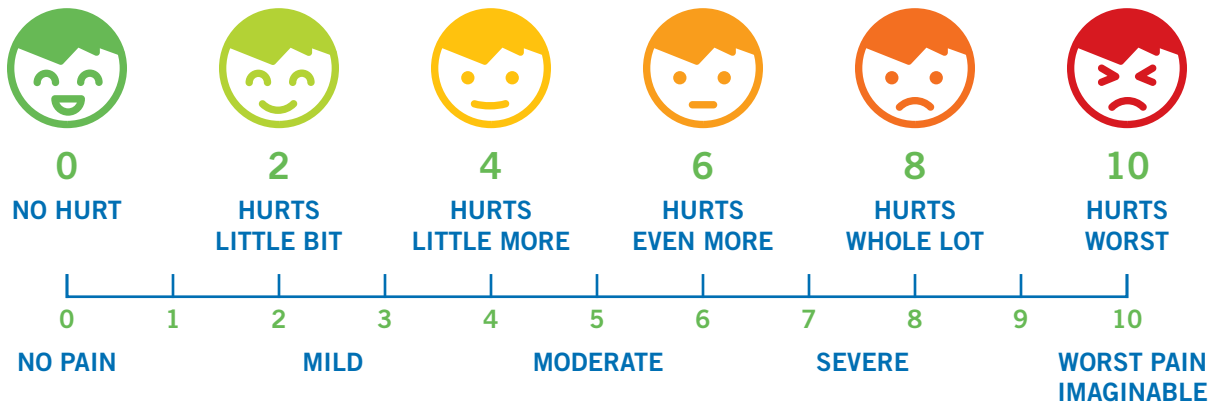
Self-Monitoring

Pain Scale

You can use the pain scale to rate your pain for the purpose of monitoring an activity you would like to improve on:

- Pain Levels: **0 = no pain 10 = worst pain possible**
- The pain scale is subjective.
- It is individual/personal to evaluate yourself.
- This is for your own information so you can continue to move towards improving your function.
- We want you to get active even though you have pain.

Pain Measurement Scale



Monitor my activity

Choose an activity (either from Week 2's chart on page 15 or another activity that is important to you that you would like to begin working on.

Monitor only the activity that you are choosing to pace on the chart below.

ACTIVITY OR TASK	PAIN BEFORE ACTIVITY (0–10)	REPETITIONS OR MINUTES UNTIL PAIN INCREASES BY 1 POINT ON PAIN SCALE*

*Maximum time you should perform this task without taking a break.

Reminder this week

Duration of time or repetitions until pain increases by 1 point—this is the maximum time you should perform this task without taking a break. Your body is telling you to take a break until the pain goes back to what it was before you started the activity (your baseline).

Remember from week 1 that this is not about stopping the activity altogether for all time (wait until) or about pushing through and overdoing it. Both will set you back to the old pathway.

Listen to your body!

Lifestyle

Resources I Can Access

Programs through AHS:

- **Occupational therapist (OT):** Help people to be able to participate in the **activities of everyday life**. This includes daily living and working skills. They can assess your home for devices you might need to make life easier.
- **Home care OT can be accessed through Central Intake (1-855-371-4122)**
- **Outpatients occupational therapy**
- **Physical therapist:** Use treatment techniques to promote the ability to move, reduce pain, restore function and prevent disability.
- **Recreation therapist**
- **Supervised exercise program (1-877-314-6997):** Group exercise sessions 2 – 3 times per week for 8 weeks.
- **Home help support:**
  - **Alberta Health Services Home Care:** Home Care will arrange Occupational Therapy assessments for supports if needed in the home.

Community resources:

- **The Lending Cupboard:** Lend out assistive devices (e.g., bath tub bars)
- **Seniors centres**
- **Hot yoga, Tai Chi**
- **Prescription to get active:** From your physician or a PCN health professional. A number of local fitness businesses are supporting this by providing a free trial class.
- **Online grocery shopping:** Many of the grocery stores offer programs to order items online and pick up at the store.
- **Special needs assistance program** (for 65yrs+): These funds are for things like fixing appliances, roof repairs, etc.
- **Public library**
- **Other resources in my community:**

Check-out

Homework options

1. **Set aside some time this week to problem solve on sleep. What is working and what is not? Choose one of the Sound Sleeping Skills and try it out consistently this week.**

2. **Use my pain scale and the chart on page 23 to decide the maximum time to perform my task before taking a break. Notice when my pain goes back to where it started.**

3. **Seek out one community or health care resource to help me if I need it.**

Notes:

Alberta Moving on with Persistent Pain™

Week 4

Check-in

WEEKLY REFLECTION: How did my week go? Did I try any of the Sound Sleeping Skills? Did I use the chart to stop my activity and rest when the pain increased by 1 point? Seek out any community resources?

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Mind-Body Connection

Grief

Grief is a natural response to loss. It is the emotional suffering one feels when something or someone the individual loves is taken away.

Persistent pain is **erratic** and **unpredictable**, always forcing us to **readjust**.

We can experience **loss of**: personal power, independence, financial security, dreams/visions, role change.

What do I think might lie at the root of the persistent pain?

What does my body need in order to heal?

How has my experience of grief changed me? What has it given me? (meaning)

What skills have I had to learn in order to cope?

What have I learned about myself?

What good traits do I have that I didn't know were there?

Approach to Activity

When to Stop; Flare-up Plan

Persistent pain does not mean you are causing damage and an increase in pain does not always mean that you have caused damage.

However any increase in pain does mean that you need to **stop and reevaluate**.

This is when you **take a break** or you **re-evaluate the activity** (does it need to be done or can it be done by someone else?)

If you notice pain increases by 1 point then take a break and continue another time after a rest.

Points to consider

If your symptoms change such as unfamiliar pain or a significant change in pain sensation (shooting to tingling) stop and re-evaluate.

Why are we stopping?

The point of **taking a break** is to **bring you back to your starting point**—**releasing the tension**. The whole point is to get away from that alarm and danger signal. This danger signal sends you down the same nerve pathway you always go down. This will help you decrease the buffer zone that we talked about in week 2.

How to Prevent and Manage a Flare-up:

(Adapted from Pain Management Network **www.aci.health.nsw.gov.au/chronicpain**)

High risk situation or trigger:

Sunday family dinner.

Warning signs:

Increased anxiety.

	PREVENT FLARE-UP	MANAGE FLARE-UP
Meds:	None	Acetaminophen 500 mg 3 times daily for 2 days if needed.
Physical activity:	2 days prior – only walk 10 mins. 2x/day instead of 20 mins. 2x/day.	Walk 5 minutes twice daily so not completely inactive.
Rest:	Book Monday morning off after dinner for rest.	Make plan with manager to spread lunch break out for more frequent breaks and leave 1 hour early.
Relaxation:	Do progressive muscle relaxation before bed.	Take warm bath with good book.
Coping strategies:	Plan menu the week prior. Prepare 1 dish a day in advance.	Have family member help. Use colour zones to communicate feelings.
Healthcare team support:	Ensure doctor is seen to get refills of medication.	Book massage.
Delegation:	Before dinner, arrange family members to do clean up.	Ask family to cook dinner on Monday and Tuesday.
Adaptation:	Perform food prep sitting at table.	Schedule 1 or 2 small tasks for Monday and pace them.

If I have a pain flare-up, I will do this for the next few hours:

If I have a flare-up, I will do this for the next few days:

How I will build back up to my previous activity level?

How I will reward myself-once my flare-up settles?

High risk situation or trigger:		
Warning signs:		
	PREVENT FLARE-UP	**MANAGE FLARE-UP**
Meds:		
Physical activity:		
Rest:		
Relaxation:		
Coping strategies:		
Healthcare team support:		
Delegation:		
Adaptation:		
If I have a pain flare-up, I will do this for the next few hours:		
If I have a flare-up, I will do this for the next few days:		
How I will build back up to my previous activity level?		
How I will reward myself—once my flare-up settles?		

Lifestyle

Distraction and Fun

Distraction and Fun can be one way of decreasing or coping with pain. How might it help?

- There may be days where you are feeling unmotivated and distraction such as hobbies and fun may be a useful tool to stay active.
- Remember, when you are calm and relaxed, your **brain releases chemicals that close the gates** and turn down the volume of pain.
- Fun activities can help replenish your physical and mental energy.

There are **two kinds of distraction**:

1. **Active:** you are fully engaged or involved in the activity to sustain it, e.g., playing music, creating art.
2. **Passive:** you are not actually involved, you are just a bystander.

Active distraction is more effective because when you are in persistent pain, unless you are actively engaged/involved in the distraction, it is easier for the pain signal to intrude.

However it is important to have a balance of activities, balancing distraction with your daily activities so you are not avoiding acceptance of your pain.

What did I notice about my pain during the Olaf and Sven video experience?

What did I notice about my pain during the Boomwhacker orchestra experience?

Flow

A life of **engagement** involves the experience of **flow**. Flow happens when you are so **fully immersed** in an activity that you enjoy, **you lose track of time**. The activity challenges you physically and intellectually. It is described as "**being in the zone**."

Reflection

Which activities or hobbies am I interested in? Consider your values, meaning, and interests to help you find activities you would like to try. Pick your flow activities. Physical activities are likely to induce flow and yet it can be achieved other ways. Note that an activity can be social and intellectual as well.

List my flow activities:

- Maybe it is something I have done in the past and would like to do again.
- Maybe something I am curious about—try something new.

Choose one flow activity to immerse myself in this week. How will I make it happen?

Check-out

Homework options

1. **What has helped me move on and allowed for new possibilities? How can I harness my newfound strengths and growth opportunities for the good? E.g., grow personally, improve the system, be more empathetic toward others.**

2. **Continue to do activity for the time decided in week 3. Begin to implement plan to prevent flare-up.**

3. **Find something that I like and distracts me from my pain-something that gives me flow-that I am actively involved in.**

Alberta Moving on with Persistent Pain™

Week 5

Check-in

WEEKLY REFLECTION: How did my week go? Did I do one small thing to address my grief as an opportunity? Did I do anything from my flare-up plan? Did I find something that gives me flow?

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

_____

_____

_____

_____

Mind-Body Connection

Balance

What is one good thing I am doing or could do to create more balance in my life?

- Insert more positive things: fun, memories, thoughts.
- Make time for hobbies.
- Learn to say "no".
- _____
- _____
- _____

Make deposits regularly to build yourself back up and fill your "feel good" bank account.

Approach to Activity

Safely Increasing Activity

Notes on Egg Timer video:

When you are **experiencing success** and **accomplishing things,** you run the risk of **overdoing it** and **getting carried away**. This is dangerous because it will cause a flare-up and set you back. We've given you this **Activity Time Chart** to **safely increase your activity one step at a time**—to continue establishing that new pathway we have been talking about.

Use the times you found in **week 3**, **page 23** and the **Activity Time Chart** provided below to decide how to increase activity. Fill out the **new chart at the bottom of the page** as your guideline.

ACTIVITY TIME	INCREASE YOUR TIME
Less than 5 minutes	30 seconds
5 to 10 minutes	1 minute
10 to 15 minutes	1 minute 30 seconds
15 to 20 minutes	2 minutes

ACTIVITY OR TASK	PAIN BEFORE ACTIVITY (0–10)	MINUTES UNTIL PAIN INCREASES BY 1 POINT ON PAIN SCALE	SECONDS OR MINUTES TO INCREASE ACTIVITY THIS WEEK
Example only: Walking	5	6	1 minute

Delayed Pain Recognition and Prevention

Stop and reflect on what you have done in the last 24 – 48 hours.

Can you identify anything that might have triggered the pain?

If you identified the causing activity, change your approach to that activity (take breaks, use other tools or delegate to others).

Some delayed pain may be due to deconditioning of the muscles and joints. Increasing strength and range of motion will help alleviate some delayed pain.

Be curious, inquisitive and reflective.

Example: A lady started journaling and noticed that her pain increased two days after a visit from her grandchild. With further reflection she noticed that she had a funny posture when she was feeding her grandchild. The lady changed how she sat when feeding and had her husband help with the feedings. Then she noticed that the pain flare-ups went away.

Lifestyle

Positive Changes for My Body

Do you have some changes that you would like to make for your health, but find yourself putting them off? You are not alone!

When we think about making changes, most of us don't really **consider all sides** in a complete way. Instead, we sometimes get **confused** or **overwhelmed** and give up thinking about it at all. Thinking through the **pros and cons** of **not making a change** and **making a change** is one way to make sure we have fully considered a possible change. This can help us to hang on to our plan in times of stress or temptation.

Here are four areas to consider that can affect your pain. If none of these apply for you, take this opportunity to do this exercise based on another change you have been considering.

Smoking: Did you know?

- Tobacco smoke can interfere with many medications.
- Those who smoke tend to report more severe pain symptoms, more interference from pain, and poorer pain treatment outcomes.
- When cutting back on tobacco use, you also need to reduce your caffeine intake to prevent caffeine overdose symptoms (jitters, nausea, heart palpitations, anxiety).

Alcohol: Did you know?

- Alcohol doesn't help with pain unless you drink more than the recommended amount for moderate alcohol use.
- Alcohol can disrupt your sleep cycle.
- Consuming alcohol and medications can cause interactions. This can be dangerous.
- Chronic alcohol drinking makes pain worse.

Caffeine: Did you know?

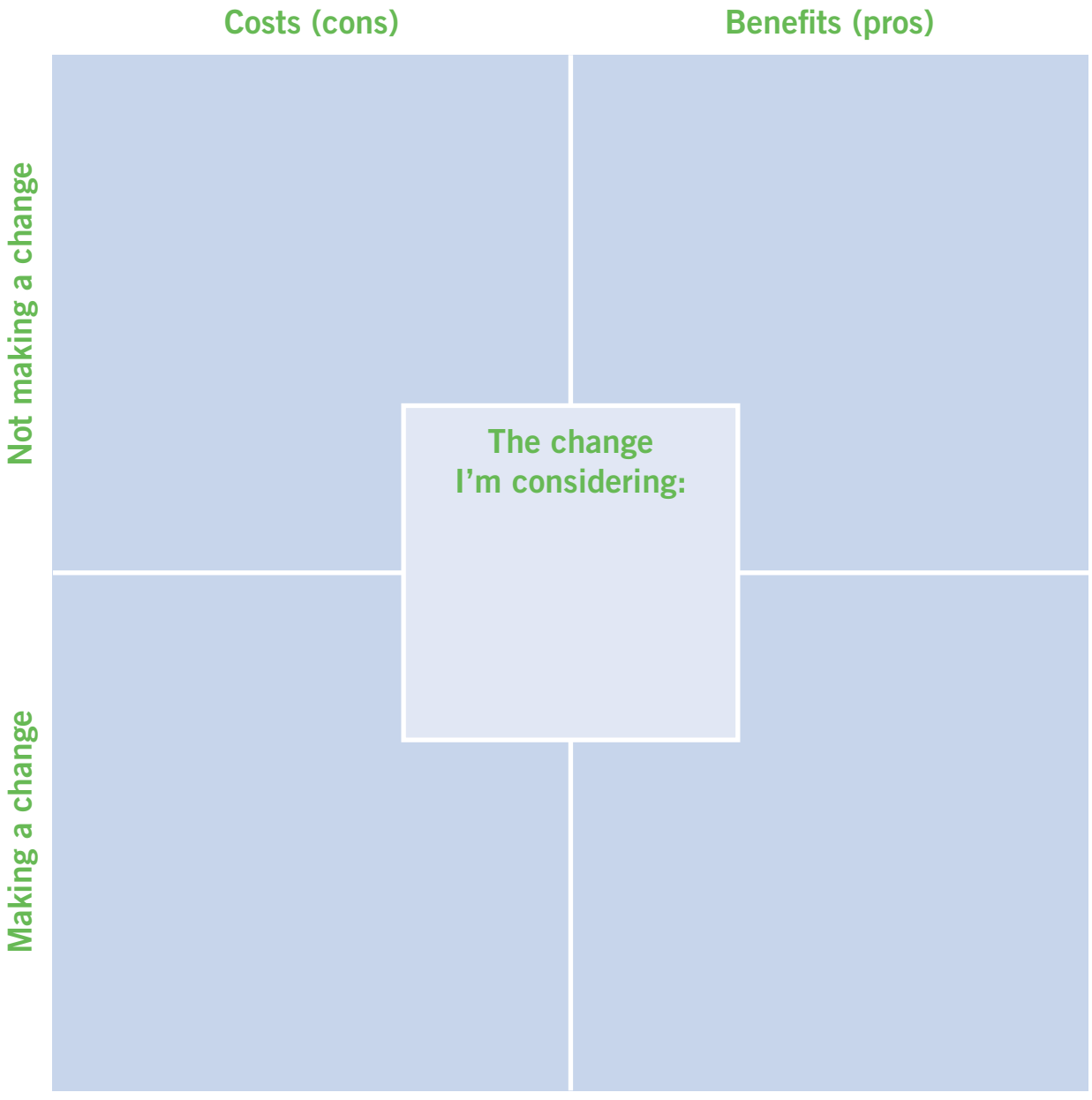
- Effects of caffeine can last for 6 or more hours, so it can disrupt sleep if consumed after lunchtime.
- If caffeine is consumed in large quantities, it can lead to dependency and withdrawal symptoms (such as headaches, anxiety, irritability).

Marijuana: Did you know?

- For most health problems, there is not enough research to tell if they work.
- Side effects are common.
- Long-term harms are unknown.

In the boxes, write as many reasons as you can for each one. Consider both the pros and the cons of not making a change and of making a change.

Then, step back and look at the overall picture. You may notice that you can make smaller changes before you make the big leap. **Small steps lead to big changes!**



Decide to start

Tips for starting on your journey to make the change:

Quit smoking

Get support and make a plan.

- Ask your family, friends and co-workers for support.
- See your doctor to put together a plan. Ask for a referral to the family nurse who can help you with an action plan.
- Call **Alberta Quits: 1-866-710-7848** or visit **albertaquits.ca**

Cut back on alcohol

Guidelines:

Women: no more than two drinks per day, maximum 10 per week.

Men: no more than 3 drinks per day, maximum 15 per week.

Cutting down:

- Sip slowly
- Mix it up: alternate with non-alcoholic drinks like water.
- Set non-drinking days.
- If you want to talk about alcohol concerns:

  AHS Addiction services

  Alcoholics Anonymous meetings

  AHS Addiction and Mental Health Helpline: 1-866-332-2322

Caffeine

- Reduce caffeine intake by about half.
- Replace half of your daily cups of coffee with decaffeinated coffee.

Marijuana

- See your doctor or family nurse to help you put together a plan.

What is the most important reason I can think of right now to (stop smoking/cut back on alcohol, caffeine or marijuana)?

What is one thing that would motivate me to make the change?

_____

_____

What is getting in the way/barriers?

_____

_____

Use these answers to encourage and motivate yourself this week and in the weeks to come to make a plan.

Your plan should be:

Small/specific_____

Measurable_____

Attainable_____

Realistic_____

Timely_____

When your plan gets tough, “dont quit quitting!”

Check-out

Homework options

1. **This week, make an effort to do one small thing to improve my life balance. Notice what difference this makes to my stress levels and my pain.**

2. **Increase activity as per my chart. Plan an outlet for that positive energy(that "yay I want to do more" feeling (e.g., do something fun, share with someone else)).**

3. **Consider my most important reason for making a change for my health.**

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Week 6

Check-in

WEEKLY REFLECTION: How did my week go? Did I do one small thing to improve my life balance? Did I increase my activity according to my chart? Did I plan an outlet for my positive energy? Consider my most important reason for making a change for the health of my body?

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Mind-Body Connection

Mood

What has my pain made me grateful for? For example: greater empathy toward others.

What are six things in my life (in general) for which I am grateful?

"Be thankful, dream big and never give up!" – Nick Vujicic, YouTube video "Attitude of Gratitude"

Approach to Activity

Adaptation and Delegation

Adaptation is **reducing the frequency** or amount of activity **or changing** it in some way to make it easier for you.

Energy savers

- Sitting uses less energy than standing.
- Pushing uses less energy than pulling.
- Change activities/positions every 20 minutes.
- Take micro or mini breaks from sustained positions.
- Insert stretch breaks into activities.
- Use tools to decrease your effort (e.g., mop with long handle, stool, and raised toilet seat).
- Adjust your seat in the car.
- Buy good shoes.

Energy savers I could use:

Body mechanics

- Use arms right in front of you.
- Use hands between shoulder and hip height (more stable as it's in core area).
- Have stable base of support (e.g., feet wider apart).
- Work close to your body.
- Carrying a load requires more energy.

Body mechanics I could use to my advantage:

Delegation is getting others to help you with things you can no longer do, or delegating one activity so you are able to participate in another.

Delegation involves

- Identifying those activities you wish to delegate and knowing that some delegation is only temporary.
- Communication and how to ask for help.
- Social supports to access.
- Needs may change and you can reassess your needs, which is why self-monitoring becomes important.

You may need to use a combination of **adaptation** and **delegation** for your best approach to activity.

Practice scenario

You have to do a spring clean up on your yard.

OR

My own example:

_____

Notes on how to use adaptation and delegation in these examples:

_____

_____

_____

_____

Adaptation and Delegation

Pick an activity or chore that depletes you or you find quite taxing. Use this chart to plan how to adapt and/or delegate to accomplish what you need to do.

TAXING OR DEPLETING ACTIVITIES	HOW CAN I ADAPT OR DELEGATE IT?	OTHER IDEAS THAT MIGHT HELP ME
Grocery shopping	Use online ordering	• Smaller cart • Rest in middle of shopping trips

Remember to go back to my flare-up plan (page 31) and fill in the adaptation and delegation sections this week.

Lifestyle

Nutrition

What you eat and how much you drink makes a difference in your health and well-being when you are living with persistent pain.

How? It can help manage or reduce persistent pain, increase energy and strength, provide nutrients for healing and rehabilitation, and can help other pain treatment be more effective. It can improve mood, immunity and feeling of health and well-being.

Tips

- Follow Canada's Food Guide. This means to use suggested serving sizes and plan your day to include the right number of servings from each food group. Start with small changes.
- Eat regularly, three meals a day (incorporate 3-4 food groups into each meal) and space meals no more than four to six hours apart (or smaller, more frequent meals).
- Eat fresh foods when possible: vegetables/fruit/meat/grains/milk products.
- Stay hydrated (urine should be a light lemonade colour); water is the preferred beverage.
- Try keeping a "food diary" to identify triggers (foods that may cause flare-ups or increased pain).
- Processed or packaged foods may have added fat/salt/sugar/preservatives—some people are sensitive to additives and preservatives.
- Some people have increased pain with caffeine, MSG, aspartame or alcohol.
- Your bowels may be affected by medications, medical condition, decreased activity, not enough fluids and/or fibre, and varied eating habits. All of these may contribute to constipation. Aim to:
  - eat 3 meals and 1 – 3 snacks daily—on a regular schedule.
  - increase fluids and fibre.
  - work on increasing activity.
- For flare-ups, have healthy, easy to access foods and fluids.
- Make a plan and prepare ahead; ask for help if possible.

At the nutrition stations, use your PCN meal planner/grocery list to:

Station 1: Plan two easy nutritious meals for when I have a flare-up. Aim for 4 food groups. Plan how I will get groceries as well.

Station 2: Add one Omega-3-rich food to my grocery list. When and how will I eat it?

Station 3: Plan healthy snacks for the next 3 days (2 snacks/day).

Check-out

Homework options

1. **Find an object that I can use to remind me to be grateful. One idea is to write one "grateful" word on a stone of my choosing.**

2. **Continue pacing. Use the chart to add delegation and adaptation to my plan.**

3. **Pick one of my plans from the three nutrition stations and put it into practice this week.**

Alberta Moving on with Persistent Pain™

Week 7

Check-in

WEEKLY REFLECTION: How did my week go? Did I think of things to be grateful for each day? Work on delegation or adaptation? Pacing? Put into practice one of my nutrition plans?

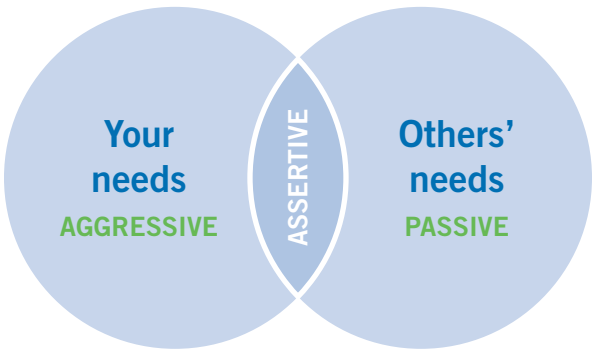
If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Mind-Body Connection

Relationships

Assertive:

Honestly express your opinions, feelings, attitudes, and rights or needs, in a way that respects the other person. Be direct, plain and simple, with no hidden "axe to grind". This includes being able to openly say "no" without feeling guilty.



SCENARIO	Your boss asks you to stay late, while everyone else leaves. You're always the one who stays late, and tonight you have plans.
Passive-aggressive	
Passive	
Aggressive	
Assertive	

SCENARIO	Your partner left a mess in the kitchen, and you're too busy to clean.
Passive-aggressive	
Passive	
Aggressive	
Assertive	

SCENARIO	You're at a restaurant, and the server brought you the wrong dish.
Passive-aggressive	
Passive	
Aggressive	
Assertive	

SCENARIO	A friend showed up at your house uninvited. Usually you would be happy to let them in, but this time you're busy.
Passive-aggressive	
Passive	
Aggressive	
Assertive	

Think of a situation recently when you used either the passive aggressive, passive or aggressive style. Describe it.

What do I want to communicate, what is my goal and how could I best communicate this using an assertive style?

Approach to Activity

Replenishing and Depleting Activities

My replenishing activities:

My depleting activities:

What is one replenishing activity I can do at different times this week?

High and Low Function Days

Up until now, we have focused on pacing, adaptation, delegation and replenishing. Now we want to focus on days you are **particularly well** (**high function days**) and days when the **pain is worse** (**low function days**).

With pacing, the idea is to gradually add time to your activities in a way that allows for your brain to build those new pathways, teach your body that activity is safe and decrease that over protective buffer zone.

But remember, we have the tendency to either overdo it when we feel well or do nothing on the low function days. Both are going to make your pain worse in the long run.

Use the chart to create a plan that would be achievable on a higher and on a lower function day. Make sure on both days to consider pain and energy levels. For depleting activities that need to be completed, consider planning them for a high function day.

ACTIVITIES: HIGH FUNCTION DAY (CONSIDER PAIN AND ENERGY)	REMINDERS	REPLENISHING ACTIVITIES
ACTIVITIES: LOW FUNCTION DAY (CONSIDER PAIN AND ENERGY)	**REMINDERS**	**REPLENISHING ACTIVITIES**

My Weekly Plan

DAY	ACTIVITY I NEED TO OR WANT TO ACCOMPLISH	REPLENISHING ACTIVITIES

Lifestyle

Medications

Medications are **only one strategy among many** to close the gate, and they should be reassessed regularly.

Reasonable expectations include about a 30% reduction in pain from medications. For example, severe pain may **become moderate pain** with medication use.

Remember that the ultimate goal with medications is to use them as a tool to be able to do the things that are beneficial. Specific goals should be set to ensure that the treatment is beneficial.

We need to **regularly reassess** medications and **their effect on your ability to function**, and to ensure that we are **balancing pain relief** achieved from medication use with their **actual** and **possible side effects**.

How medications work

- Reduce the number of pain signals that are transmitted.
- Different medications work on different chemicals and receptors.
- Not all medications are effective for all types of pain.
- We do not fully understand how all medications work.
- Medications reduce the symptoms of pain, but they do not "heal"—with persistent pain the tissue damage is typically healed.

Questions I have about my medications:

MEDICATION POSITIVES	MEDICATION NEGATIVES

/100%

Does one outweigh the other?

Do I need to have my medications reassessed?

☐ **Ask for referral to PCN pharmacist**

Check-out

Homework options

1. **When in pain, I am more likely to use an aggressive or passive-aggressive style. Take a minute this week to reword my communication using an assertive style.**

2. **Continue to practice pacing. Use and revise my high function/low function plan.**

3. **Am I interested in an in-depth review of my medications? Identify any barriers to changing or reducing my medications (e.g., fear of worsening pain, change in sleep, reduced ability to function).**

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Week 8

Check-in

WEEKLY REFLECTION: How did my week go? Did I try using an assertive style to communicate in my important relationship? Stick to my plan for a high and low function days? Have my medications reviewed and/or consider barriers to having them reduced.

If yes, how was it helpful? If no, is there anything else that was helpful to me? What went well?

Making Positive Change

The overall goal for most people, when making positive change, is to **improve function and quality of life**. The approach to this will look different for everyone. Just by coming to the class, you have already started on the path toward making positive changes. You have likely **already made** many positive changes.

Let's keep that momentum going beyond these 8 weeks.

Start by asking yourself a few questions: (On a scale of 1-10, 1 is very low or very little and 10 is very high or a lot).

Have I accepted the changes I have already made? (1-10)

How important is it for me to continue to cultivate this change? (1-10)

How confident am I that I can continue to make change? (1-10)

Do I have the knowledge and support (people/programs/classes) that I need to make change? (1-10)

Here are a few areas where I would like to make a positive change:

Keep in mind that it can take a year or more to see significant change.

Recap of the Persistent Pain Skills

Each week we addressed **three skills** to help you manage your persistent pain. Look back on these skills often. Are you using your favourites in your every day life? Are there **other** skills you want to practice for your present situation?

Mind-Body Connection

- Ride the Backwards Bike
- Coping (Colour Zones)
- Sleep
- Grief
- Balance
- Mood
- Relationships

Approach to Activity

- My Approach (push through, wait until, pace)
- Listen to My Body
- Self-Monitoring (Pain Scale, Monitor My Activity)
- When to Stop; Flare-up Plan
- Safely Increasing Activity (Pacing)
- Adaptation/Delegation
- Replenishing/Depleting Activities; High/Low Function Days

Lifestyle

- Positive Reminiscing
- Mindfulness
- Resources I Can Access
- Distraction/Fun
- Positive Changes For My Body (smoking, alcohol, caffeine, marijuana)
- Nutrition
- Medication

My Year of Change

You may not be able to answer all of these today. Take some time this week and in the weeks ahead to use your **My Year of Change** booklet to guide you as you embark on the path of making further changes.

1. **Write my goals down.** This helps to make long term commitment, increases focus, and produces greater results. Visualize myself doing this and doing it well!

   My goal(s):

2. **Be specific.** Have a clear understanding of the expected outcome.

   Expected outcome:

3. **Decide** how I will measure my progress.

4. **Determine** what do I need to do to reach my desired goal? What specific steps do I need to take? You may wish to take some time this week and look through the PCN booklet for ideas.

5. **Determine** how long might it take to reach my goal? Set a date for achieving it.

6. **Consider** potential barriers to following through with my plan and ways that I might overcome these barriers?

7. **Consider** who can support me? My family, friends and/or my Health care team?

Check-out

Homework options

1. **What is one step I plan to take this week toward my goals?**

2. **What things do/did I notice that tell me that my plan is working?**

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Resources

My Colour Zones

BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad	Happy	Frustrated	Mad/angry
Sick	Calm	Worried	Terrified
Tired	Feeling okay	Excited	Yelling/hitting
Bored	Not focused on pain	Hyper	Elated
Moving slowly	Focused on what is going well	Agitated	Out of control
Sore	Relaxed	Focused on pain	All consumed with pain
Stiff	I can do this differently.	Body tensed	Wincing
I'm too tired to do anything.		I can't do the things I used to do.	I'm never going to be okay.
			This will never get better.

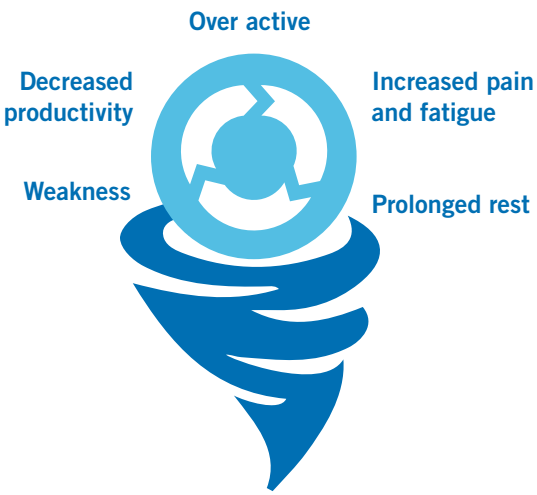
Exercise and Persistent Pain

Summary of exercise benefits for persistent pain

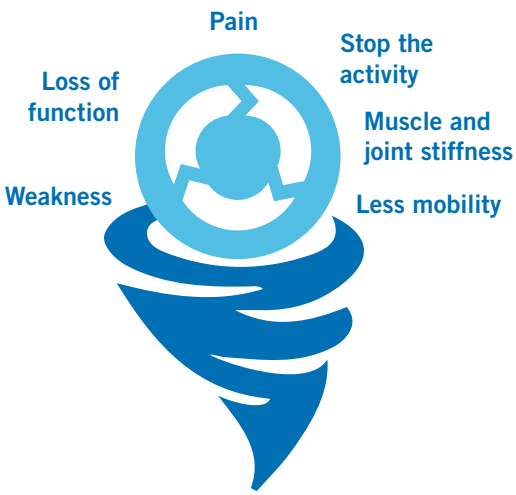
- Improves posture.
- Prevents deconditioning- lubricates joints so they glide easier and muscles get stronger so they don't tire as easily. "Motion is Lotion" (Exercise is Medicine, Australia Fact Sheet).
- Improves mobility.
- Some structures like nerves and spinal discs need movement to get their nutrients.
- Promotes relaxation and improves mood.
- Produces its own pain relieving medication or healing chemicals-endorphins-help to close the gate and turn down the pain volume.
- Overall it improves function!

Adapted from Exercise is Medicine Chronic Pain and Exercise Fact Sheet, Australia, 2014).
http://exerciseismedicine.com/au/public/factsheets/

Cycle of Pushing Through



Cycle of Waiting Until



How to develop a long-term plan for exercise

Tips: Start low, go slow.

- It must be balanced – include all three types- strength, heart health and flexibility (stretching).
- It does not have to be a structured program in a gym, you can set up a home program.
- Your program should include exercise and activities that you **enjoy**.
- You should think about high energy/low pain days vs. low energy/high pain days (e.g., you need to do something even on the bad days – lighter, shorter, gentler). Look at your plan under Approach to Activity **page 53**.
- You can get help with getting started on this:
  - Ask your doctor for a **Prescription to Get Active**. A number of local fitness businesses are supporting this by providing a free trial class.
  - Through our Health Basics program.
  - Through our Strong and Steady program.
  - Individual help through our recreation therapist.
  - Free physical therapy at the hospital with doctor's referral (be prepared for a longer wait time).
  - Bethany Supervised exercise program-self referral with doctor's consent.

Suggestions for warming up and cooling down

Sit in a chair with your back straight, looking forward. Your shoulders should be down and back, chin tucked in slightly, and arms on the armrests or in your lap. Use this starting position for each exercise.

Work up to doing the exercise 8 times.

Toe raises

Start with your feet flat on the floor about shoulder width apart. Raise your toes off the floor, shifting all the weight to your heels. Hold for four seconds. Lower your toes to starting position. Repeat.

Heel raises

Start with your feet flat on the floor about shoulder width apart. Raise your heels off the floor, shifting all the weight to your toes. Hold for four seconds. Lower your heels to starting position. Repeat.

Ankle circles

Raise one foot off the floor and slowly rotate your ankle in a full circle to the left eight times (counter-clockwise), then to the right eight times (clockwise). Lower your foot to the floor. Repeat with other foot.

Knee lifts*

With your knees bent, lift one leg up. Hold for four seconds. Lower your leg. Repeat with the other leg.

** People with a hip replacement should not do this exercise.*

Marching in place

March in place using your legs at first, gradually lift them a little higher. Add some arm movements by swinging your arms while you march. March for one to two minutes.

Wrist circles

With your arms out in front at shoulder height, slowly make circles with your wrists. Do 8 times, then go the other direction.

Arm circles

With your arms out to the side at shoulder height, slowly make small circles forward. Gradually make the circles bigger. Do eight times then go in the other direction. Remember to start with smaller circles gradually making them bigger.

Elbow circles

Start with your arms out to the side at shoulder height. Bend your elbows and touch your shoulders with your hands. Make full circles forward eight times, and then make full circles backward eight times.

Shoulder rolls

Slowly rotate your shoulder, making circles. Rotate them forward eight times and then backward eight times.

Shoulder shrugs

With your arms at your sides, slowly shrug your shoulders up towards your ears. Lower your shoulders. Repeat.

Shoulder checks**

Keep your arms at your sides, your shoulders back and down, and your chin tucked in slightly. Look straight ahead.

Without turning your whole body, slowly turn your head to look over your left shoulder. Slowly return and look straight ahead. Slowly turn your head to look over your right shoulder. Slowly return and look straight ahead. Repeat.

**People with neck problems should not do this exercise.

Alberta Moving on with Persistent Pain™ exercises

Do the following exercises every day and often throughout the day.

Cough muscle

Cough. Hold the muscles that get tight when you cough for as long as you can and during your day to day activities. You can still breathe and talk when these muscles are tight.

Reach up, reach out, give yourself a hug

Sit or stand, reach up as high as you can, reach out to the sides as wide as you can, then give yourself a hug. Hold each position up to 30 seconds.

Leg stretch

Sit in a chair, straighten one leg. Slowly bend towards your straight leg as if you were reaching for your knee, shin, ankle or toes. Hold up to 30 seconds. Repeat with the other leg.

Do the following exercises every other day. Start with 5 repetitions and work up to 15.

Chair crunch

Sit firmly towards the front of a chair with your feet flat on the floor. Gradually lean back in the chair until you feel your stomach muscles start to pull. Slowly pull yourself back to a sitting position.

Getting out of a chair

Sit firmly in a chair with your feet flat on the floor. Use the arms of the chair to slowly push yourself out of the chair to a standing position. Slowly sit back in the chair.

When you are able to do this exercise easily, cross your arms in front of you and use your legs to push yourself out of the chair.

Wall pushup

Face a clear space on a wall. Place your hands shoulder width apart.

Slowly bend your elbows and lower your body to the wall keeping your body straight.

Push your body away from the wall by straightening your arms.

Standing leg curl

Stand with your feet shoulder width apart and hold onto a chair for support if needed. Shift body weight over to right leg and bend other knee, forming a 90-degree angle by lifting the lower leg backward. Raise heel toward buttocks. Return to standing position. Repeat with other leg.

Heel raises

Stand behind a chair for support. Lift your heels off the floor until you are on the tips of your toes. Slowly lower your heels back to the ground.

My Activity Calendar

Write in the activity or exercise you did each day and for how long. Remember to use your pacing. This will help you to see your progress.

WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1							
2							
3							
4							
5							
6							
7							
8							

Resources

General

- National Geographic – Unlocking the Healing Power of You
  (Print it the first time you visit the link as multiple visits require subscription for access.)
  www.nationalgeographic.com/magazine/2016/12/healing-science-belief-placebo/?beta=true#
- The Pain Revolution, April 2017. Professor Lorimer Moseley.
  https://www.youtube.com/watch?v=oji2mfcjisk (21 minute video)
- Tame the Beast website
  https://tamethebeast.org (patient education website)
- The Anatomy of Hope – Jerome Groopman
- When the Body Says No – Gabor Mate

Mind-Body Connection

- The Brain's Way of Healing – Norman Doidge
- UCLA website (Mindfulness Meditation): marc.ucla.edu/body.cfm?id=22
- The ZONES of Regulation – Leah Kuypers. zonesofregulation.com
- Mind Over Mood – Dennis Greenberger and Christine Pedesky

Approach to Activity

Pain Management Network, NSW Agency for Clinical Innovation (ACI) website: www.aci.health.nsw.gov.au/chronicpain

Alberta Health Services Chronic Pain Series, Calgary Zone: www.albertahealthservices.ca/services/Page2790.aspx

Lifestyle

Sleep

Sleep: Five week self-directed program (Red Deer Primary Care Network)

Alberta Health Services Chronic Pain Series: online education on sleep:
www.albertahealthservices.ca/services/Page2790.aspx

Progressive Muscle Relaxation: www.youtube.com/watch?v=9x3tl81NW3w

Say Goodnight to Insomnia, 2009 – Dr. Gregg Jacobs.

Resources

Special Needs Assistance Program: for 65yrs+: www.seniors.alberta.ca/seniors/special-needs-assistance.html

Exercise

Alberta Health: www.health.alberta.ca/health-information.html

Canadian Physical Activity Guidelines: Canadian Society for Exercise Physiology:
www.csep.ca/en/guidelines/get-the-guidelines

Exercise is Medicine Chronic Pain and Exercise Fact Sheet, Australia, 2014:
exerciseismedicine.com.au/public/factsheets/

Smoking/alcohol

Alberta Quits: 1-866-710-7848 or albertaquits.ca (smoking)

AHS Red Deer Addiction services: 403-340-5466

AHS Addiction and Mental Health Helpline: 1-866-332-2322

Nutrition

FREE MOBILE APPS

These are all available for Android and Apple products:

- Cookspiration
- eaTracker
- My Food Guide
- <30 days (Heart and stroke-reduce your risk)

This is available for Apple only:

- Sodium 101

WEB RESOURCES

- www.dietitians.ca
- www.eaTracker.ca
- **Health Canada:** www.hc.sc.gc.ca
- www.myfitnesspal.com (has many different apps to choose from)
- **Heart and Stroke Foundation of Canada** (has **<30days app** under health eTools): www.heartandstroke.ca
- **Canadian Diabetes Association:** www.diabetes.ca

Grocery List

Veggies and fruits	Grains and breads	Meat, fish and poultry	Dairy

Pantry	Frozen goods	Other	

Plan for your success in the store with these simple solutions:

- ✓ Plan your meals
- ✓ Eat before you go
- ✓ Shop the perimeter of the store
- ✓ Stick to your list

Meal Planner

Meal	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Breakfast							
Lunch							
Dinner							
Snacks							

Save this menu for future reference as you continue to plan each week. Soon you'll have a month of menus!

Plan for success with these simple solutions. Aim for:

- ✓ 4 food groups per meal
- ✓ 1 – 2 food groups per snack
- ✓ Healthy choices 80% of the time
- ✓ Plenty of whole grains and vegetables
- ✓ Fish 2 times per week
- ✓ Bean and lentil dishes more often
- ✓ Something new on the menu each week

Notes:

STUDY ID# _____ HOSPITAL # _____

DO NOT WRITE ABOVE THIS LINE

Brief Pain Inventory (Short Form)

Date: _____/_____/_____ Time: _____

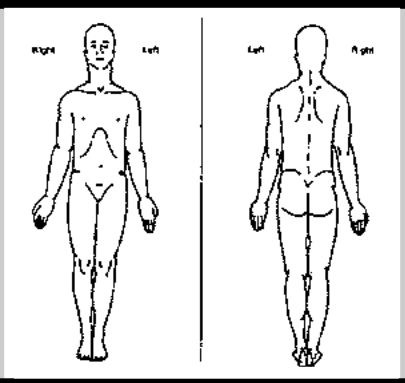
Name: _____ _____ _____

Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?

1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

4. Please rate your pain by circling the one nuimber that best describes your pain at its least in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% No Relief	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% Complete Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

B. Mood

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

C. Walking Ability

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

E. Relations with other people

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

F. Sleep

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

G. Enjoyment of life

0 Does not Interfere	1	2	3	4	5	6	7	8	9	10 Completely Interferes

MOVING ON WITH PERSISTENT PAIN

Name: _____ Age: _____ Gender: M(__) F(__) Date: _____

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about ❑
- I have slight problems in walking about ❑
- I have moderate problems in walking about ❑
- I have severe problems in walking about ❑
- I am unable to walk about ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

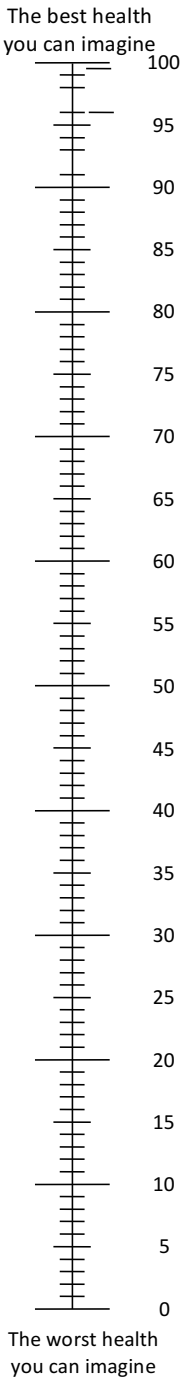
- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

We are collecting this information according to the requirements specified in the *Health Information Act of Alberta,* sections 27 (1)(a), (g)

Turn Over

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



We are collecting this information according to the requirements specified in the *Health Information Act of Alberta,* sections 27 (1)(a), (g)

Primary Care Network RED DEER

Moving on With Persistent Pain
Week 8 - Participant Evaluation

Date: _____

We welcome your feedback about the Moving on With Persistent Pain program and are interested in your experience with the program. Thank you for your time in completing these questions.

About the Program

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
(1) Please check the box that reflects your overall satisfaction in taking Moving on With Persistent Pain.	❑	❑	❑	❑

(2) Please check the best answer about the Persistent Pain program:

	Strongly Disagree	Disagree	Agree	Strongly Agree
(A) Program content was relevant to my needs.	❑	❑	❑	❑
(B) Program was easy to understand and follow.	❑	❑	❑	❑
(C) Program provided opportunities to learn and practice skills to manage my persistent pain.	❑	❑	❑	❑
(D) Program provided good mix between listening and group activities.	❑	❑	❑	❑
(E) Moving on With Persistent Pain workbook is useful reference in practicing persistent pain management skills.	❑	❑	❑	❑
(F) I am confident I can use the skills learned in my daily life.	❑	❑	❑	❑
(G) I have or am developing a support network.	❑	❑	❑	❑
(H) The workshop environment felt safe and non-judgmental.	❑	❑	❑	❑
(I) The instructors were knowledgeable and prepared.	❑	❑	❑	❑

(3) What was **most** helpful about this program?

_____

_____

_____

(4) What was **least** helpful about this program?

_____

_____

(5) Which **three** Persistent Pain management techniques do you intend to use regularly?

_____

_____

_____

About You

(6) Are you? . . ❑ **Male** ❑ **Female**

(7) Age . . . . . ❑ **18 - 24** ❑ **25 - 44** ❑ **45 - 64** ❑ **65 +**

Thank you for completing this survey!

Alberta Moving on with Persistent Pain™