



# ACTIVITY Clinician Handout

Kim Jones – PhD, FNP, Dean of Nursing, Linfield University

Nora Stern – MS, PT, Director, Know About Pain

*"Your consistent encouragement and reinforcement will help your patients stay focused and improve their chance of success."*



[www.oregonpainguidance.org/paineducationtoolkitforclinicians/activity](http://www.oregonpainguidance.org/paineducationtoolkitforclinicians/activity)

Clinicians know that exercise/physical activity, like medication, is a cornerstone treatment for people with chronic or persistent pain and helps with mood, sleep, and social engagement, all of which can help ease pain and is a key aspect of pain care treatment. Yet most patients have experienced a pain flare-up after exercising too intensely. Most clinicians have heard "I've tried all types of exercise, but it always ends up with a flare-up. I just can't do it". When we are in pain, it is natural to avoid moving and to guard painful areas. In fact, bed rest was once considered standard treatment for chronic back pain.<sup>1</sup>

Research has shown that when patients start moving and exercising on a regular basis, the severity of chronic pain is reduced, their overall physical and mental health improves, and their level of function increases<sup>2</sup>. Of course, any program for a return to movement needs to be tailored to the individual's current level of health and fitness. And most importantly, we want to form a partnership with the patient, setting goals that are meaningful and motivating to them and achievable considering their health and level of fitness.<sup>3,4</sup>

To form this partnership with our patients, we need to:

- Validate patients' concerns that movement may be painful. Help them understand that pain is not equivalent to harm and is not an indication of injury.
- Explain that some pain or discomfort is likely and normal as they begin moving again, but that over time, this pain will subside as they get back into action.
- Have the patient watch the video on Activity which explains the concept of pacing.
- Use the Activity patient handout to have a shared decision-making discussion to help patients set short term goals that are meaningful, motivating, and achievable given their current level of health and fitness.
- Include in the plan of care regular follow-up checkups (e.g. via telemedicine) to coach them in their journey, celebrating their successes along the way.

- Communicate the plan of care to the clinic team, so that behavioral health specialists, social workers, and physical and occupational therapists can re-enforce the value of activity and provide encouragement.

As you collaborate with your patient to set some short term, achievable goals, keep these points in mind:

- **People who live with pain are often fear avoidant,** believing that pain indicates that they are harming themselves. Helping your patient understand pain and reconceptualize safe movement is fundamental to working with complex pain.<sup>5</sup>
- **Lower your expectations.** Clinicians commonly coach patients to begin activities at a level of intensity that they are not able to tolerate. A helpful guideline is to cut any expectations that we or our patients have by at least 50% and start out at this lower level.
- **Patients with centralized pain symptoms** (e.g. fibromyalgia, etc.) may interpret muscle soreness as muscle pain. These patients may also have an enhanced awareness of bright lights, loud noise, and strong smells and should avoid these in their exercise environment.<sup>6,7</sup>
- **Be aware of fall risks.** Research has demonstrated that otherwise healthy people with chronic pain in their 40s, have balance scores similar to people in their 80s. Patients can minimize the risk of falls if they avoid exercises that require cognitive multitasking such as memorizing a routine and exercises that require pivots or fast turns.<sup>7</sup>
- **Consider referral to physical and occupational therapist.** PTs/OTs have a variety of techniques and devices that help minimize pain during activities of daily living. They can adjust the exercise program over time to account for aging, injuries and other life changes that disrupt exercise.

# ACTIVITY Clinician Handout



## ACTIVITY RECOMMENDATIONS FOR YOUR PATIENTS

- **Include all components of exercise** and emphasize stretching, strengthening, aerobic conditioning and balance training. Note that physical function will improve before symptoms improve, so encourage patients to persist and to recognize that they are making progress.
- **Start low, go slow** is the general mantra for progressing exercise. Make recommendations that are individualized based on each person's fitness and abilities. Slow, consistent progression is the goal.
- **Promote water-based activities** for people with easy access to water. Water provides resistance that builds muscle. Buoyancy decreases load on lower extremities and may reduce nociception. However, hypermobile persons may find that weight training in water may move their joints outside the natural joint line, resulting in increased pain.
- **Whole body movement is best but avoid high intensity workouts.** Whole body, mindful movement exercises such as yoga, tai chi, qigong have been demonstrated to reduce pain and improve sleep more than traditional exercise<sup>8</sup>.
- **Modify strengthening for pain or swelling in specific joints.** Soft elastic bands have the advantage of providing resistance without requiring heavy lifting, a tight grip, or sustained contraction. This is especially helpful in rheumatoid arthritis and carpal tunnel syndrome.
- **Try out different times of day for exercise.** Some people with pain from autoimmune diseases have profound, prolonged morning stiffness. For those, exercising mid-day may be more achievable.
- **Group based activities can be motivating and fun.** Look for supervised, group-based exercise programs with other people of similar abilities. Seeing other people who have improved over time gives patients hope that they can improve as well. The social aspects of group exercise can be fun and may be helpful to those who suffer from depression or anxiety. (self mgt programs)

Your consistent encouragement and reinforcement will help them stay focused and improve their chance of success. Patients are more motivated when they feel that their healthcare team is monitoring their progress and providing regular encouragement. If they have difficulties or flare-ups, make adjustments rather than discontinuing the activities. And celebrate all gains, no matter how small.<sup>9</sup>

## REFERENCES

1. Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews <https://pubmed.ncbi.nlm.nih.gov/28436583/>
2. Exercise and Chronic Pain <https://pubmed.ncbi.nlm.nih.gov/32342462/>
3. Physical exercise as non-pharmacological treatment of chronic pain: Why and when <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4534717/>
4. Exercise interventions in fibromyalgia: clinical applications from the evidence <https://pubmed.ncbi.nlm.nih.gov/19647149/>
5. Exercise for chronic musculoskeletal pain: A biopsychosocial approach <https://onlinelibrary.wiley.com/doi/abs/10.1002/msc.1191>
6. Exercise, not to exercise, or how to exercise in patients with chronic pain? Applying science to practice [https://journals.lww.com/clinicalpain/Abstract/2015/02000/Exercise,\\_Not\\_to\\_Exercise,\\_or\\_How\\_to\\_Exercise\\_in.3.aspx](https://journals.lww.com/clinicalpain/Abstract/2015/02000/Exercise,_Not_to_Exercise,_or_How_to_Exercise_in.3.aspx)
7. Postural control deficits in people with fibromyalgia: a pilot study <https://arthritis-research.biomedcentral.com/articles/10.1186/ar3432>
8. Carson JW, Carson KM, Jones KD, Mist SD, Bennett RM. Follow-up of yoga of awareness for fibromyalgia: results at 3 months and replication in the wait-list group <https://pubmed.ncbi.nlm.nih.gov/22751025/>
9. Facilitators and barriers to physical activity in people with chronic low back pain: A qualitative study <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5526504/>