Resources

Pain Assessment tools

*Partners Against Pain*
A variety of printable pain assessment tools and strategies on how to use them.
http://pain-topics.org/clinical_concepts/assess.php

*Health.com*
Commmerical site with tips and tools for consumers with chronic pain. Printable pain diary and instructions on how to get the most out of it.
http://www.health.com/health/chronic-pain

Pain Management tools

*National Pain Foundation*
Mission is to improve the quality of life for those living with pain through information, education, and support that connects persons with pain to each other and to those that can help.
http://www.nationalpainfoundation.org/

*American Chronic Pain*
Mission is to facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain and increase awareness of pain in health care.
http://www.theacpa.org/

*Intitution of Clinical Systems Improvement*
ICSI is a non-profit organization that brings together diverse groups to transform the health care system so that it delivers patient-centered and value-driven care. Section on chronic pain includes a great personal care plan.
http://www.icsi.org/

*Web MD – Pain management*
Tailored for the consumer provides a variety of skills in all areas. Has free weekly newsletter consumer can subscribe to.
http://www.webmd.com/pain-management/

*Medscape*
Great site for anything and everything medical that you might have a questions on.
http://search.medscape.com/

*Manage Your Pain Before It Manages You by Margaret Caudill*
Easy to use workbook for consumer to learn skills to manage pain across the biopsychosocial realm. Contains worksheet for a variety of skills including Pacing.

*Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness by Jon Kabat-Zinn*
One of the original books on mindfulness and medical issues, this is a great book for consumers struggling with the day to day drain of chronic pain.

*Association for Contextual Behavioral Sciences*
Website for all things ACT (Acceptance and Commitment Therapy)  http://www.contextualpsychology.org/
Abstracts You Might Find Helpful:


Abstract
A growing number of investigators have used models of stress and coping to help explain the differences in adjustment found among persons who experience chronic pain. This article reviews the empirical research which has examined the relationships among beliefs, coping, and adjustment to chronic pain. Although preliminary, some consistent findings are beginning to emerge. For example, patients who believe they can control their pain, who avoid catastrophizing about their condition, and who believe they are not severely disabled appear to function better than those who do not. Such beliefs may mediate some of the relationships between pain severity and adjustment.

Relationship of pain-specific beliefs to chronic pain adjustment
Mark P. Jensen, Judith A. Turner, Joan M. Romano and Brian K. Lawler (1994)

Abstract
Cognitive-behavioral models suggest that pain patients' beliefs about their pain play a critical role in their adjustment. This study sought to replicate and extend previous research that has examined the relationship between pain-specific beliefs and adjustment to chronic pain. Two hundred forty-one chronic pain patients evaluated for possible admission to an inpatient pain treatment program completed the Sickness Impact Profile (SIP) and the Survey of Pain Attitudes (SOPA), as well as measures of pain, medical services utilization and demographic characteristics. The results indicated that the beliefs that emotions affect pain, that others should be solicitous when the patient experiences pain, and (for subjects reporting low and medium levels of pain severity) that one is disabled by pain were associated positively with psychosocial dysfunction. The beliefs that one is disabled and that activity should be avoided because pain signifies damage were associated positively with physical disability. None of the beliefs assessed was significantly associated with number of physician visits in the previous 3 months, although belief in the appropriateness of medications for managing chronic pain was associated positively with pain-related emergency room visits. The results support a cognitive-behavioral model of chronic pain adjustment and suggest specific pain beliefs to target in treatment studies examining causal relationships between beliefs and adjustment.

Predicting persistent disabling low back pain in general practice: a prospective cohort study
Gareth T Jones, et al. (2006)

Abstract
To examine, in patients with low back pain in general practice, the prognostic value of active and passive coping styles, in the context of baseline levels of pain, disability and pain duration, patients consulting their GP with a new episode of low back pain were recruited to the study. Information on coping styles, pain severity, disability, duration, and a brief history of other chronic pain symptoms was recorded using a self-completion postal questionnaire. Patients who report passive coping strategies experience a significant increase in the risk of persistent symptoms. Further, this risk persists after controlling for initial pain severity and disability. The identification of this low back pain subgroup may help target future treatments to those at greatest risk of a poor outcome.

Self efficacy as a mediator of the relationship between pain intensity, disability and depression in chronic pain patients
Paul Arnstein, Margaret Caudille, Carol Lynn Mandle, Anne Norris, Ralph Beasley (1999)

Abstract
To clarify the relationships between physical, and psychosocial components of chronic pain, a path analytic model was tested conceptualizing self efficacy as a mediator of disability. In turn, disability was hypothesized to mediate depression. This model could help explain the circumstances under which disability develops and why so many chronic pain patients become depressed. Regression analysis supported that self efficacy partially mediates the relationship between pain intensity and disability. This model accounted for 47% of the explained variance in disability. The lack of belief in one’s own ability to manage pain, cope and function despite persistent pain, is a significant predictor of the extent to which individuals with chronic pain become disabled and/or depressed. Nevertheless, these mediators did not eliminate the strong impact that high pain intensity has on disability and depression. Therefore, therapy should target multiple goals, including: pain reduction, functional improvement and the enhancement of self efficacy beliefs.
Personal Care Plan for Chronic Pain

This tool has not been validated for research; however, work group consensus was to include it as an example of a patient tool for establishing a plan of care.

1. Set Personal Goals
   Improve Functional Ability Score by ____ points by: Date ______
   Return to specific activities, tasks, hobbies, sports...by: Date ______
   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   Return to limited work/or normal work by: Date ______

2. Improve Sleep (Goal: ______ hours/night, Current: ____hours/night)
   Follow basic sleep plan
   1. Eliminate caffeine and naps, relaxation before bed, go to bed at target bedtime _____
   Take nighttime medications
   1. __________________________________________
   2. __________________________________________
   3. __________________________________________

3. Increase Physical Activity
   Attend physical therapy (days/week ______) 
   Complete daily stretching (____ times/day, for ____minutes)
   Complete aerobic exercise/endurance exercise
   1. Walking (____ times/day, for ____minutes) or pedometer (_____ steps/day)
   2. Treadmill, bike, rower, elliptical trainer (____ times/week, for ____ minutes)
   3. Target heart rate goal with exercise _______ bpm
   Strengthening
   1. Elastic, hand weights, weight machines (____ minutes/day, ___ days/week)

4. Manage Stress – list main stressors __________________________________________________
   Formal interventions (counseling or classes, support group or therapy group)
   1. __________________________________________
   Daily practice of relaxation techniques, meditation, yoga, creative activity, service activity, etc.
   1. __________________________________________
   2. __________________________________________
   Medications
   1. __________________________________________
   2. __________________________________________

5. Decrease Pain (best pain level in past week: ____ / 10, worst pain level in past week: ____ / 10)
   Non-medication treatments
   1. Ice/heat __________________________________
   2. __________________________________________
   Medication
   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   4. __________________________________________
   Other treatments _____________________________

Physician name: ____________________________ Date: __________