



# Prolonging independence

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# Inhibitors to Independence

- Weakness
- Reduced movement
- Reduced mobility
- Pain
- Fatigue
- Mood
- Belief

# BELIEF

### **Therefore**

# Your disease belongs to you.

# If YOU can control my disease Then I can use my body

# If I can control my Disease then can use my body

# PAIN

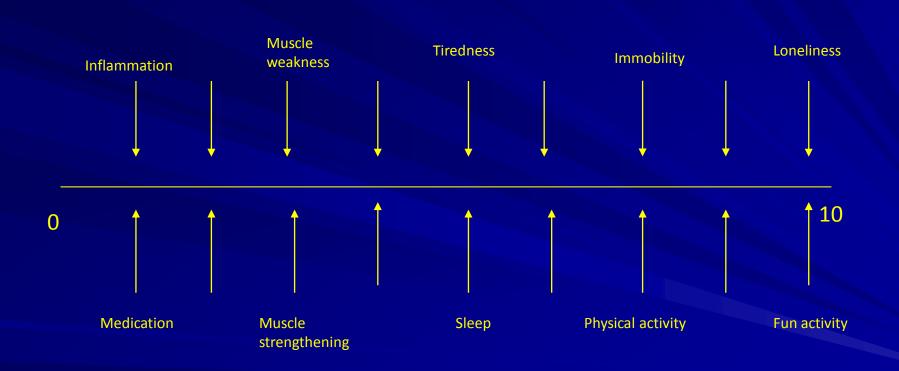
## **Definition of Pain**

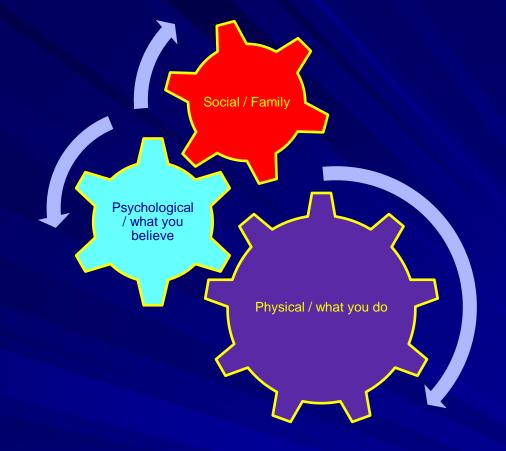
# A negative sensory and emotional experience

# Managing pain together

- Defined, shared and held by everyone
- American Pain Society (2012)
  - Improve all domains of functioning and quality of life
- For you and your family
  - Facilitate change in relationship to pain
  - Optimise quality of life
  - Increase function despite pain
  - Facilitate adoption of self-management approach
  - Enhance well-being

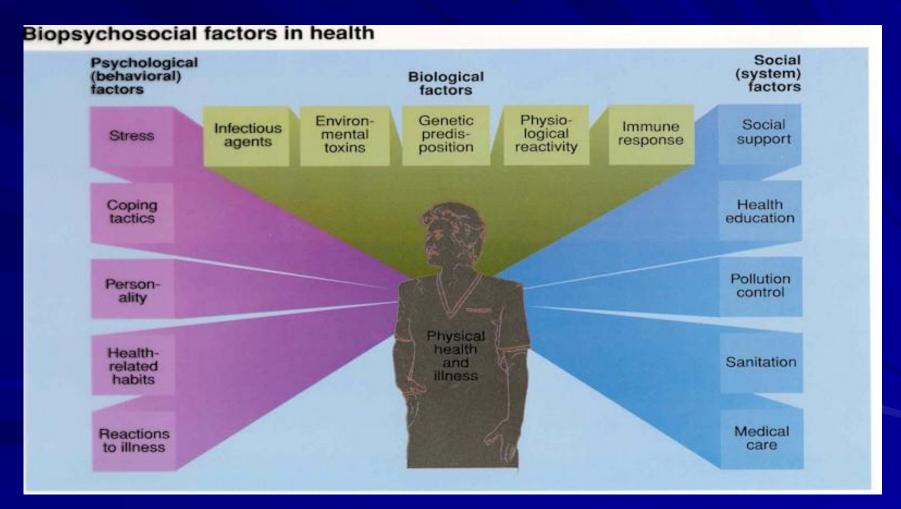
#### Complexity of Pain





# BIO-PSYCHOSOCIAL MODEL OF MANAGEMENT

# Bio-psycho-social model applied to chronic pain



Bio
Central sensitisation
Disease process
Physical deconditioning

Biological factors to consider in the formulation of chronic pain

#### **Psychological**

Cognitions (illness beliefs, cognitive distortions, hypervigilance)

Mood (anxiety, frustration, hopelessness, fear of pain)

Coping (avoidance, boombust, coping style)

Psychological factors to consider in the formulation of chronic pain

#### Social

Partner behaviours

Work (cognitive functioning, attendance, pressure)

Healthcare experience (e.g. disbelief, conflicting messages)

Cultural beliefs about pain/disability

Economic factors

Social factors to consider in the formulation of chronic pain

#### Obstacles to effective self-management/recovery

#### Bio

Complex condition,, changeable presentation, effectiveness of treatment, receptiveness to recommendations, biomechanical compensations, unclear prognosis,

functional impairments,

#### **Psych**

Anxiety re treatments/prognosis,
low mood
reduced function
social isolation,
family members anxiety/low mood,
family coping strategies,
Pain management,
adjusting to environment/
condition/function,
motivation,
helplessness

#### Social

poor work attendance (social isolation), family dynamics/discord, roles (sick role), reduced activity based interaction with peers, Supporting the family, partners employment, any welfare concerns, recommencing work, social support services locally

## Approaches to managing obstacles

#### Bio

Physiotherapy: rehab, retraining muscles, normal movement patterns and range of movement, function/mobility

> OT: encouraging child with age appropriate ADLs

Function despite pain

Pacing leep hygiene

**Group Rx** sessions Graduated return to work

#### **Psycho**

**Active Relaxation** Distraction

Stress management (goal setting, communication, time management...)

Psychological Therapy options:

Cognitive behaviour therapy (inc. graded exposure to overcome fear avoidance, cognitive restructuring to address anxiety)

> Mindfulness based approaches Acceptance and commitment therapy

#### Systemic/family

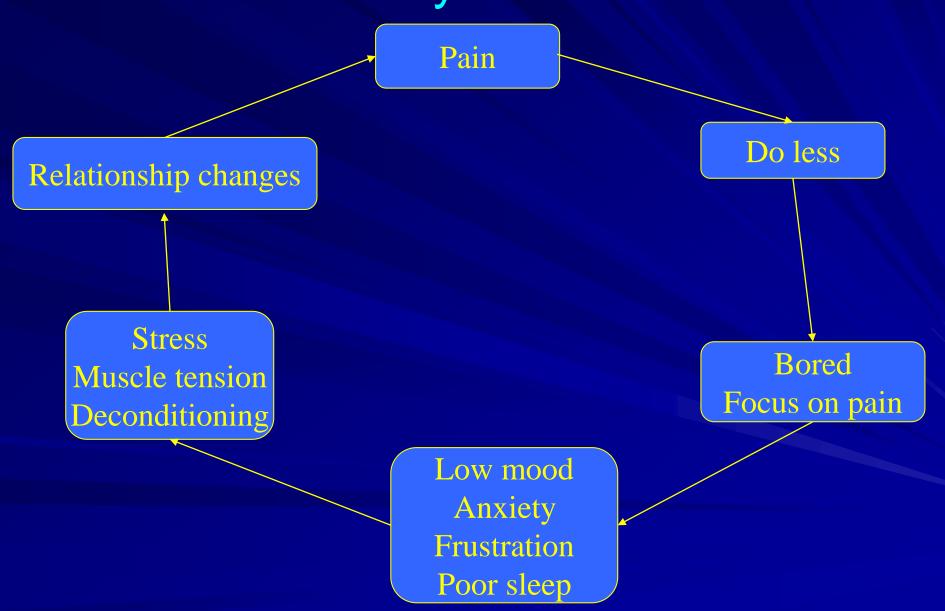
therapy: relationship function of disability

#### Social

Vork devise a paced, graded return rt to enable partner to access their own nanagement intervention and return to vork/alternative role outside 'carer' uraging enjoyable interaction with others

pport partner through understanding of pain to increase function

# The Cycle of Pain



# Things that Increase Pain

- Immobility / Rest
- Focusing on the Pain
- Fatigue
- Not being believed
- Negative thoughts/feelings/emotions
- Muscle weakness
- Abnormal movement patterns

# Things that decrease the Pain

- Exercise / Movement
- Distraction
- Positive thoughts / feelings / emotions
- ■Sleep
- Being believed
- Good muscle strength
- ■Normal movement patterns

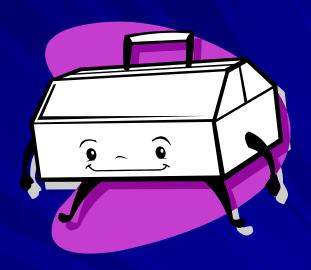


#### Comfort Tool Box

- Exercises and physical activity
- Distractions
  - Games
  - Crafts
  - Movies
  - Reading
- Going to work
- Positive statements
- Coping statements
- **Imagery** 

  - Safe/happy placeChanging the pain image
- Relaxation

  - Guided ImageryProgressive Muscle RelaxationControlled Breathing
- Comfort items (marbles/ velvet etc)
- Self hypnosis
- Hobbies/activities
- Friends and families
- etc



# MOOD

# Positive Approach

- Improve mood
- Increased energy
- Less pain
- More activity
- More determination
- More positive solutions
- More mobility
- Dedication to treatments exercise and meds.

## Partners as coaches

- Encouraging
- Supportive
- Confident
- Enthusiastic
- Acknowledging pain but not listening to it

Taking care of themselves



# FUNCTION

# 



### Exercise reduces Pain



- Correcting Biomechanical Dysfunction
  - Correct altered patterns of movement
  - Correct altered function
- Increases mobility
- Reduces Pain Amplification
- Reduces Central sensitisation
- Increases Inhibitory fibre Function
  - Aerobic exercise
  - Strengthening exercise
- Reduces low mood





# Emotional Affects of Exercise



- Confidence
- Self Esteem
- Inclusion

- Individual programme
- Group Physio Sessions
- Group sport / training
  - Care is needed to ensure inclusion and not exclusion!



# Simple vs Complex Exercise

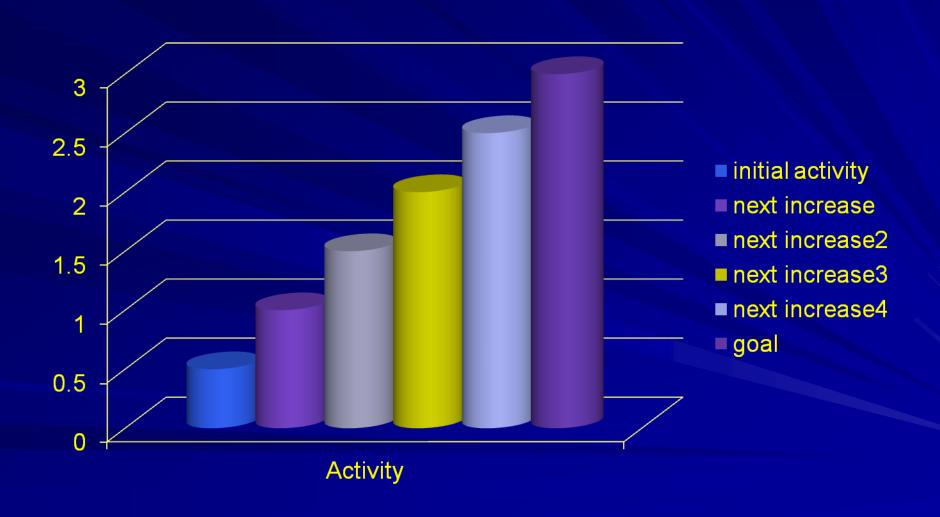
- Complex exercise (General fitness)
  - Walking
  - Running
  - Football



- Simple Exercise (Correct biomechanics)
  - Hip abduction
  - Straight leg raise



# Pacing



# **Consistent Pacing**

On GOOD days do not do more

On BAD days do not do less

# Changing the focus of pain in your life.

#### ■ Write lists:

- What you would like to do in your life?
- What is stopping you achieve this?
- How are you going to overcome these issues?
- What do you need to overcome these?
- Who do you need?

# Example:

- I want to walk the dog:
  - Too much pain in my legs
  - My muscles are too weak
  - I get out of breath easily
  - I am nervous the dog is going to pull me over
  - I am nervous about going out on my own

(How / what / who!)

### Conclusion



- Active participation
- Exercise is vital in the management of pain
- Pain management techniques
  - Distraction
  - Active relaxation
- Normal function
- Alter focus/thoughts about pain
- Mindfulness



## Activities in daily life

- Most affected
  - Activities of moving around (walking, running, walking stairs, public transportation)
  - Work/school work
  - Leisure activities
- How hand function influence activities and quality of life?
  - Opportunity to participate in a study in the lobby
  - Includes: measures of hand function and answering questionnaires

# How to improve activity

- Ergonomics
  - Less energy



# Take three minutes and talk to you neighbour

What do you do to manage the daily activities?

Any good advice that you want to share?

# Assistive devices and ergonomically smart things

Assistive devices

Compensatory

Eronomic/energy saving





#### **Assistive devices and ergonomically smart things**



# Wrist splint





## **Dorsal flexion**



http://camp.se/fot-och-fotledsortoser/toeoff -familjen/navigaittm.html







Swedish Ankle Foot Orthosis
http://www.rehabmart.com/product/swedish-anklefoot-orthotic-252.html (57USD)

## **Knee orthosis**





http://www.shutterstock.com/pic-305349119/stock-photo-anatomic-knee-orthosis-elastic-dressing-knee.htlm

# Exercise and physical activity

■ Talk to your neighbor- how do you use exercise to maximize your independence?