

CORE CURRICULUM FRAMEWORK FOR SUPPORTED PAIN SELF-MANAGEMENT COURSES AT TERTIARY PAIN PROGRAMS IN BRITISH COLUMBIA

TOPIC: SYMPTOM MANAGEMENT

KEY POINTS FROM THE LITERATURE

- Non-pharmaceutical management strategies for acute-on-chronic pain often fall under the category of complementary and alternative medicine therapies or are difficult to objectively quantify treatment effect. Often, studies have small sample sizes, are typically not controlled or blinded, compare treatment to sham or no intervention, and do not have long-term follow-up; therefore, results are low to moderate quality¹⁻²⁸.
- Some non-pharmaceutical pain flare-up management options are effective for specific types or locations of chronic pain, while others provide general relief.
- Effective therapy may be attributed to other factors, including the patient-practitioner relationship¹⁸, or client expectation for positive result regardless of intervention, including sham¹⁹.
- In general, managing acute flare-ups of chronic pain is a highly subjective experience based on past experiences, cultural practices, accessibility of treatments, and personal choice. As a practitioner, it is wise to support clients by prioritizing safety, education, and choice of flare-up pain management options.

ELECTRICAL AND ENERGY THERAPIES

- Transcutaneous electrical nerve stimulation (TENS) and interferential (IFC) modalities have similar positive effects on pain reduction and function for people with osteoarthritis, chronic low back pain, neck discomfort, carpal tunnel, as well as menstrual and lower limb pain. This suggests that specific frequency of electrical stimulation does not necessarily support a positive effect¹.
- Peripheral nerve stimulation via TENS or percutaneous implantation can be effective to reduce or relieve acute onset of ongoing pain of chronic migraine, cluster headache, lower extremity post-amputation, chronic pelvic pain, chronic lower back pain, and chronic pain in the extremities including the shoulder²⁴. However, percutaneous implantation is not a relatively accessible modality.
- Transcranial direct stimulation can reduce intra-abdominal pain and improve quality of life for up to one month; however, the session frequency, intensity, and long-term effect are unknown⁴.
- High frequency repetitive transcranial magnetic stimulation, delivered via magnetic modality over the primary motor cortex, has shown at least short-term reduction or relief of neuropathic pain in people with spinal cord injury, post-stroke, amputation, and brachial avulsion conditions¹⁵.

ACUPRESSURE AND ACUPUNCTURE

- Acupressure provided by a practitioner or by self can safely and effectively reduce pain in the short term (less than six months) for those with low back pain^{13, 27}.
- Acupuncture can reduce pain for those who suffer with shoulder, neck, knee, or low back pain²⁷ as compared to using non-steroidal anti-inflammatory drugs (NSAIDs) alone, with a dose of two times per

week for at least five weeks¹⁹. Acupuncture is also found to reduce pain and depression in people with chronic pain when used alone or in combination with medication therapy^{26, 28}.

- As a sole therapy to address pain in women with chronic pelvic pain, acupuncture is not recommended but can be provided as an adjunct therapy²⁰. Acupuncture with injection (vitamin, anesthetics, glucocorticoid, Chinese herbal extracts or other) may or may not reduce pain in those with chronic low back pain; however, this modality is associated with localized transient adverse reactions of erythema, edema, and irritation²⁵.
- Auriculotherapy, acupuncture of the ear, can benefit muscle tension-induced flares of chronic low back pain and headaches for up to three months, and has been shown to help with quitting smoking and improving insomnia, both of which exacerbate the chronic pain experience²¹.

PHYSIOTHERAPY MODALITIES AND MANIPULATION

- In general, there is no specific manual physiotherapy intervention that reduces pain in those with chronic pelvic pain; however, electrotherapy modalities, trigger point therapy, biofeedback therapy, aerobic exercise, somato-cognitive therapy, and Thiele massage have demonstrated a positive effect on pain, quality of life and in men, prostatitis symptoms^{11, 18}.
- Despite ongoing clinical use, cryotherapy, or application of cold, did not reduce chronic pain levels and was not associated with significant acute pain reduction. However, moderate evidence suggested it improved function after acute pain. There is not conclusive temperature, dosage in terms of timing, or method of application (spray, gel, icepack)¹⁷.
- Dry needling by physiotherapists can reduce pain and increase pressure pain threshold immediately after treatment and for up to 12 weeks for people with chronic neck, shoulder, post-knee surgery and generalized myofascial and other pain^{10, 12}.
- Manipulation of the spine appears to be safe and can help reduce pain and disability in people with chronic low back pain²⁷ for no more than six months, with uncertain effect for those experiencing chronic back pain for 12 months or more⁸.

MASSAGE AND SCRAPING THERAPY

- For some people who suffer with chronic neck pain, Thai massage and isometric contraction techniques can improve pain intensity, pain pressure threshold, neck disability, and neck flexion immediately after or shortly following treatment; however, specific dosing and effects of long-term use are unknown⁵.
- Thai massage can also decrease anxiety, heart rate variability, and brain stimulation more than simple resting¹⁶.
- Thai massage and Swedish massage appear to be equally effective in reducing average pain intensity and disability that can last for several weeks with a dose of at least one session per week for five weeks¹⁶.
- Scraping therapies offered over multiple sessions can reduce pain intensity and lumbar dysfunction for up to three months in those with chronic low back pain; however, there is unknown dosing and uncertain long-term benefit²².

PACING

- Pacing of activities can provide balance between self-care and productive activity. There can be a trade-off of positive and negative consequences when adjusting activity. Reducing activity can initially be associated with poor mental health outcomes including depression, frustration, avoidance, and fatigue. However, consistent application of appropriate activity pacing with reduced avoidance can be associated with improved pain symptoms, reduced depression, reduced anxiety, and increased physical functioning^{2,3,6,7,9}.
- Considering these findings, some suggest that pacing as a learned strategy for adults with chronic pain does not reduce overall pain severity or improve psychological health¹⁴.
- Active breaks, such as postural changes, can reduce low back pain, muscle fatigue, and mental fatigue, more than passive breaks. It is recommended that active breaks occur at least every two hours to be effective²³.

RESOURCES AND TOOLS

This is a selection of recommended resources. Please supplement with resources and tools you have used at your clinic/program as needed.

For patients (general):

- University of Oxford health talk: [Coping with chronic pain flare-ups](#)
- Self-management tracking symptoms and function: [LivePlanBe](#)
- Planning and pacing:
 - [Chronic pain and the boom bust cycle](#)
 - [painHEALTH - Pacing and goal-setting](#)
- Physical therapy: [World Physical Therapy Day](#)
- US Veterans Health Administration videos on self-acupressure:
 - [Acupressure self-care for low back pain](#)
 - [Acupressure self-care for neck pain](#)
 - [Acupressure self-care for sleep](#)
- The University of Vermont Medical Center: [How to use a TENS unit](#)

For Indigenous people living with chronic pain:

- First Nations Health Authority: [Traditional Medicine web.pdf \(fnha.ca\)](#)
- First Nations Health Authority: [First Nations Virtual Doctor of the Day \(fnha.ca\)](#)
- Metro Vancouver Indigenous Counselling: [Indigenous Mental Health and Wellness Counselling \(mvic.ca\)](#)

Resources in Punjabi:

- Punjabi Community Health Services: <https://pchs4u.com/optimized/index.html>
 - Support with: Provide services in Punjabi for many different aspects such as mental health, family supports, addictions, and senior supports. Phone: (905) 677-0889
- Sikh Family Helpline: Call 1-800-551-9128 to be supported by volunteers in Punjabi. You leave a voicemail and they will return your call within 24 hours

- Moving Forward Family Services: Offer counselling in Punjabi. Phone: 877-485-5025
- Deltassist: Offer support groups and counselling in Punjabi. Phone: 604-594-3455
- List for Punjabi counsellors: <https://counsellingbc.com/counsellors/language/punjabi-64>

Resources in Arabic:

- [Mental Health Information & Resources in Arabic - MMHRC \(multiculturalmentalhealth.ca\)](#)
- [EENet | Arabic-language mental health resources for newcomers \(camh.ca\)](#)
- [عادات غذائية تساعدك في التخلص من الألم المزمن \(ajel.sa\)](#)
- [الألم المزمن: أسباب، وأعراض، وعلاج \(webteb.com\)](#)
- [الألم المزمن: قرارات العلاج - Mayo Clinic \(مايو كلينك\)](#)

Resources in Chinese:

- Richmond Mental Health Outpatient Services http://www.vch.ca/Locations-Services/result?res_id=665
- 中僑心理輔導服務 S.U.C.C.E.S.S. Counselling Service <https://successbc.ca/news/s-u-c-c-e-s-s-extends-free-affordable-community-counselling-services/>
- 中僑互助會心理熱線 S.U.C.C.E.S.S Chinese Help Lines <https://successbc.ca/counselling-crisis-support/services/help-lines>
- 由教練帶領的學習 BounceBack Coaching <https://bouncebackbc.ca/bounceback-coaching/>
- 粵語「打開心窗」關懷互助小組 Cantonese 'Heart to Heart' Share and Care Group <https://vancouver-fraser.cmha.bc.ca/programs-services/chinese-mental-health-promotion/>
- 開創會所中文愛心小組活動 Pathways Richmond Chinese Family Support Group <https://pathwaysclubhouse.com/what-we-do/chinese-support/>

For program facilitators:

- [Pain Foundations for Allied Health Providers](#)
- [Pain Foundations for Primary Care Providers](#)
- Pain BC Chronic Pain Management Workshops for [Occupational Therapists](#), and [Manual Therapists](#)
- PHSA: [San'yas Indigenous Cultural Safety Online Training \(sanyas.ca\)](#)
- Island Health: [Indigenous Health Cultural Safety | Island Health](#)
- Trans Care BC: [Intro to Gender Diversity - Expanded - LearningHub \(phsa.ca\)](#)
- Intercultural Online Health Network (iCON): [English iCON \(iconproject.org\)](#)
- EQUIP Health: [Trauma and Violence Informed Care](#)

LITERATURE SUMMARY

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