



Pain University Symptom Inventory

Last Name: _____ First Name: _____

Last 4 of Social: _____ Date: _____

Veteran

Guest of Veteran

In the past 7 days...

1. At its WORST, my pain rating from 0-10 is... _____

2. At its BEST, my pain rating from 0-10 is... _____

3. In the past 7 days, how many flare-ups have you had?

4. Flare ups typically last how long?

- a. 0-2 hours
- b. 2-5 hours
- c. 5-8 hours
- d. More than 8 hours

Pain Interference- Short Form 6b



Please respond to each item by marking one box per row.

In the past 7 days...

PAININ3		<u>Not at all</u>	<u>A little bit</u>	<u>Somewhat</u>	<u>Quite a bit</u>	<u>Very much</u>
	How much did pain interfere with your enjoyment in life?	○ 1	○ 2	○ 3	○ 4	○ 5
PAININ8						
	How much did pain interfere with your ability to concentrate?	○ 1	○ 2	○ 3	○ 4	○ 5
PAININ9						
	How much did pain interfere with your day to day activities?	○ 1	○ 2	○ 3	○ 4	○ 5
PAININ10						
	How much did pain interfere with your enjoyment of recreational activities?	○ 1	○ 2	○ 3	○ 4	○ 5
PAININ14						
	How much did pain interfere with doing your tasks away from home (getting groceries, running errands, etc.)?	○ 1	○ 2	○ 3	○ 4	○ 5
In the past 7 days...						
PAININ26		<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
	How often did pain keep you from socializing with others?	○ 1	○ 2	○ 3	○ 4	○ 5

PROMIS Item Bank v1.0- Pain Interference- Short Form 6b

Reference: 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group

Pain 101 – Pop Quiz



		Adapted Moseley's Pain Sciences Quiz					
Questions		Before			After		
		True	False	Unsure	True	False	Unsure
1.	When part of your body is injured, special pain receptors convey the pain message to your brain.						
2.	Pain only occurs when you are injured.						
3.	The intensity of pain matches the severity of injury.						
4.	Your internal pain control system is more powerful than any drug taken by mouth or injected.						
5.	In chronic pain, the central nervous system becomes more sensitive to nociception (danger messages from tissues).						
6.	The body tells the brain when it is in pain.						
7.	Stress can make a peripheral nerve fire.						
8.	Peripheral nerves can adapt by increasing their resting level of excitement.						
9.	Chronic pain means an injury hasn't healed properly.						
10.	The brain decides when you will experience pain.						
11.	It is possible to have pain and not know about it.						
12.	When you are injured, the environment that you are in will not have an effect on the amount of pain you feel.						



Pain 101 – Take Home Points

<p>1. Remember that we work like the thermostat in your house. That is, we have a continuous loop of <u>Input -> Processing -> Output</u></p>	<p>Pain is an Output, not an Input!</p>
<p>2. Most often, we associate pain with harm, or damage to our bodies. While this can be true at times, usually it is not. Especially the longer the pain has been present.</p>	<p>Hurt does not necessarily equal Harm</p>
<p>3. Tissues get injured. And, they heal. Typically, within 6 months, for sure. If your pain has been around longer than that, then the most important part of that is related to changes in the sensitivity in your nervous system.</p>	<p>Your alarm system's sensitivity is not set in stone. There are many things you can do, over time, to reduce the sensitivity of your alarm system. BIOPLASTICITY</p>
<p>4. Remember, we will work with you to:</p> <ul style="list-style-type: none"> - KNOW THE ENEMY - PICK YOUR TARGET(S) and - BUILD YOUR BATTLE PLAN 	<p>MOVEMENT IS MEDICINE!!</p> <p>SORE, BUT SAFE</p> <p>PACING, NOT RACING!!</p>

PLEASE CONSIDER WRITING YOUR OWN NOTES ALONG THE WAY.



Pain 101 – Course Manual

There is a lot to discuss and consider from this class. One of the key points is that pain (most often) is not an accurate indication of how injured, or damaged, we are. In fact, it goes both ways and there are similar examples to consider. Read on...

1. Have you ever been hungry, even when you know that you are not low on calories? Or, thirsty when you know that you are not dehydrated?
 - a. Just as pain is not a reliable indication of injury, hunger is not an accurate indication of nourishment; nor is thirst an accurate sign of hydration. Truth is, each of these is more complex than that, and are affected by many factors.
 - b. Heck, even our eyes can often deceive us. We will watch a magic trick and marvel at it, even though we know it's an illusion (more on that soon).

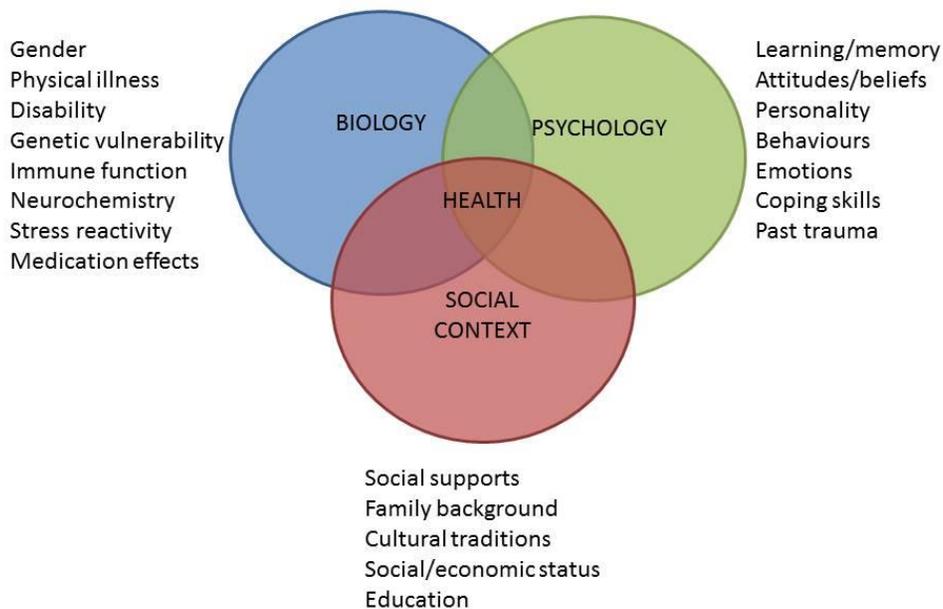
2. Have you ever noticed a scratch, bruise or mosquito bite after the fact that didn't hurt?
 - a. Can you think of any other times that you were injured and didn't hurt?

 - b. Have you had any injuries that hurt more than you would have expected? Maybe a paper cut?

When we view ourselves and others through the classic “biomedical” model, we often think of the “pain messages” being sent from our body to our brain to tell our brain that our back/knee/shoulder/ring finger/any body part is in pain.

We share a few examples in Class 101 that are 100% real stories, but cannot be explained fully by this approach. Rather, we need to consider ourselves and others through the “biopsychosocial” model, which factors in more than just those signals from the body. In this way, we can better understand any number of sensations, including hunger, thirst and pain.

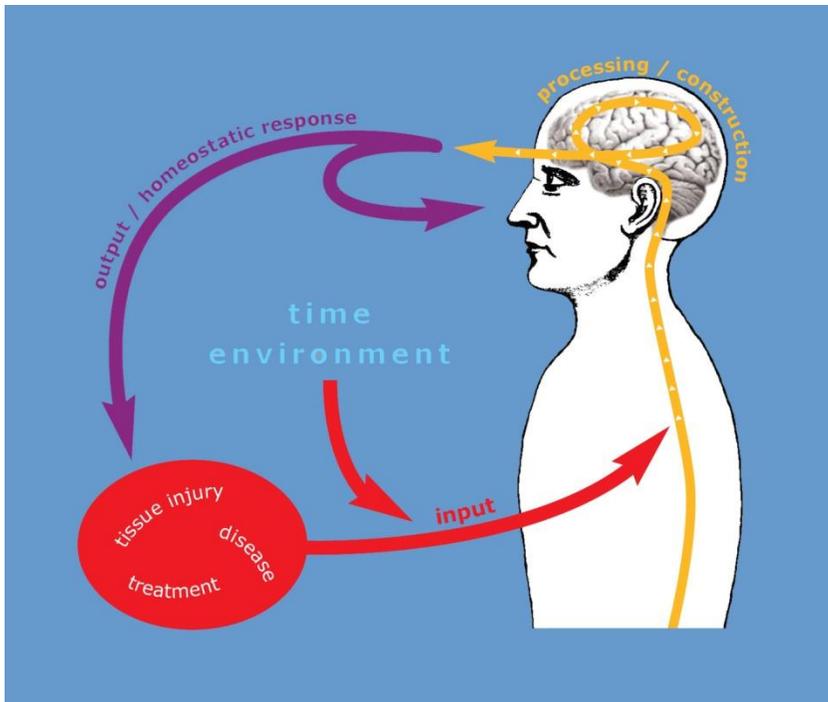
BIOPSYCHOSOCIAL APPROACH TO UNDERSTANDING HEALTH



1. Can you think of any factors, besides calorie count that might contribute to a sense of hunger?

2. Can you think of any factors, besides hydration level that might contribute to a sense of thirst?

In Class 101, we describe that, instead of pain indicating our degree of injury or damage, we can better understand it is an indication of our level of “danger” assessment. This assessment of danger level (and ultimately the pain we feel) can be influenced by a number of different things from different places and at different times. Remember the model below for understanding how we work, whether we have pain or not.



Let's use this model to consider vision and magic tricks...

- A. Input → light waves enter our eyes and stimulate nerve endings in the back of the eyeball.
 - a. Key point: Our eyes do not send images to our brain, only information (input) regarding light wave patterns.
 - b. There will be other inputs as well, including audio (the magician speaks about what is about to happen...)
- B. Processing → multiple areas in our brain respond to “process” this input.
 - a. Visual cortex...processes things such as detail, colors and speed
 - b. Memory areas....have we seen this pattern before? If so, what did it mean?
 - c. Areas for expectation or anticipation....what might we need to do about this...duck?!
 - d. The fact that multiple areas communicate together to “process” the input is known as the Neuromatrix concept.
- C. Output → our brain produces a perception (best guess) of what just happened, and that is ultimately what we will “see” or perceive. If successful, the magic trick will have you thinking something “magical” has occurred. Even though, in the back of our minds we know it can't be true...

Similarly, the pain we feel works within the same model. No matter where the pain is or how long it's been there. It's important to realize that pain, like what we see, lives on the output phase of this cycle. As miserable as it can be at times, it is in fact protective by nature. Sometimes OVER protective!

Old thinking would have pain as the input, as an offender. New age understanding of how we work, especially in pain, helps us to realize that we can do many things to help the painful output.

1. This could include doing things to alter the inputs (which has been done FOREVER because we used to think pain was the input).
 - a. Stretches, postural changes, massage, TENS, ointments, medications, injections, ice, heat, relaxation.....to name a few.
 - b. Remember, the body does not send “pain messages”. It sends “DANGER messages” (nociception).

2. And/or we could also find ways to influence the Processing phase. More current research is showing value in “pain science education” and understanding ourselves in the biopsychosocial model in the longer term treatment of persistent pain.
 - a. Remember the example of the magic trick. Our processor determines its “best guess” of what just occurred. Similarly, our processor determines its “best guess” of how dangerous a particular situation is or could be and can “turn on the alarm bells (that would be your protective pain response)”. In the end, this is what determines IF and HOW HARD we hurt/”turn on the alarm”.

Therefore the key to improving pain is to find ways to reduce the perception of “danger”. It is as simple, and as complex as that....

1. It should start with a good evaluation from a qualified clinician. This might lead to more work up....maybe physical exam, blood work, x-rays, etc...

As you continue on to Class 102, begin to ask yourself:

- What thing, or things, might be contributing to a heightened alarm system? (Hint: don't look at your neighbor's worksheet...these are unique to each of us)
 - o Remember, they could be coming from any or all of those three spheres: Body, Brain and World around us.
 - o Begin to look at the attached “Danger Scale”, considering areas of potential ‘Danger’ in your world....but, also note areas of relative ‘Safety’ in your world.
 - They can live in hard to find places. I've included a few examples on the attachment....but it's worth considering those unique to you.

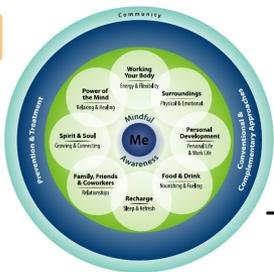


SAFETIES

- **Things you hear or see**
 - *There are many safe, non-medication ways to treat pain*
- **Things you do**
 - *Eat right, exercise a bit*
- **Things you say**
 - *I am more than my diagnoses*
- **Things you think and believe**
 - *I am strong, can be fixed*
- **Places you go**
 - *Local veteran's groups*
- **People in your life**
 - *Spouse, children, grandchildren*
- **Things happening in your body**
 - *Acute inflammation as part of normal healing*

DANGERS

- **Things you hear or see**
 - *Infomercials about "disc pain"*
- **Things you do**
 - *Avoid activities for fear of further harm to my disc*
- **Things you say**
 - *My disc is slipped/torn/obliterated/etc*
- **Things you think and believe**
 - *Disc issues are a sentence to persistent pain*
- **Places you go**
 - *"Doctors" focused on fixing my disc*
- **People in your life**
 - *My boss, my ex-wife*
- **Things happening in your body**
 - *My gut has been irritable, to*



To better serve you and other Veterans, please comment on the following:

Content:

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