

Module 3: Lecture 8. Challenges in connecting with the patient with chronic pain

Introduction

Remaining physically active despite chronic pain is key for chronic pain management, which is why physiotherapists play a crucial role in treating chronic pain patients. Achieving that goal is not without its challenges, and these frustrate chronic pain patients, as well as physiotherapists. There are many obstacles to building an effective therapist-patient alliance and achieving treatment goals. Due to living with a condition that cannot be proven with medical imaging or easily obtainable biomarker identifiers, chronic pain patients face systemic stigmatization, which can impact their level of trust in health care providers. Physiotherapists often are not equipped with recognizing cultural, experiential and various contextual factors that determine how the patient assesses pain, responds to pain, goal setting and treatment. Biomedically oriented beliefs about chronic pain in patients as well as physiotherapists are a hindrance to effective pain management. When faced with the expectation of promoting a biopsychosocial model of physiotherapy for chronic pain, physiotherapists are often uncertain of their role or focus on professional shortcomings when it comes to psychosocial chronic pain factors. Integrating motivational techniques into the physiotherapy process is also a task that goes well beyond the physiotherapists' expertise in muscles and joints.

Learning Outcomes Mapped to EFIC Pain Physiotherapy Curriculum

The lecture / workshop touches on the following curriculum points

1. Certain elements of medical history and pain science that remain implicitly embedded and influence our understanding and treatment of chronic pain, especially Cartesian Dualism (1.2.1).
2. The biopsychosocial model of chronic pain and challenges in implementing it in various clinical settings (1.3.1).
3. The role of cultural, societal, economic and institutional influences on the assessment of pain (2.1.3).
4. Identifying patient and healthcare provider factors that may influence treatment (patients and healthcare providers' attitudes and beliefs, health literacy levels, patient and their family's response to the experience of pain and illness including affective, cognitive and behavioural response) (2.1.4).
5. The impact of health care providers' attitudes and beliefs on patient management (3.2.5).
6. Evidence based behavioural therapies including cognitive and behavioural therapies, mindfulness, acceptance and commitment therapy (3.3.1).
7. The importance of identifying and addressing psychosocial factors regarding ability to comply with individualised exercise prescription and physical activity/ activities of daily living (ADLs) e.g. fear avoidance, catastrophizing (3.4.3).

8. Essential role of close collaborations between the various teams involved in the care of patients with differing pain presentations: medical specialists, nurses, psychologists, social workers, workplace, and family (4.2.6)

Preparation

Think about frustrations you have experienced when treating chronic pain patients. Try to identify which area(s) of connecting with the chronic pain patient seem to be most problematic in your physiotherapy practice.

Content

I will discuss factors that challenge effective patient-physiotherapist working alliance and can hinder physiotherapy chronic pain management. Some cases and possible solutions will be presented and discussed.

Follow up / suggestions for processing and practice

Think how you could do things differently in cases that have frustrated you in the past. How can you apply this now and in the future?

Reference material

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