

Pain science

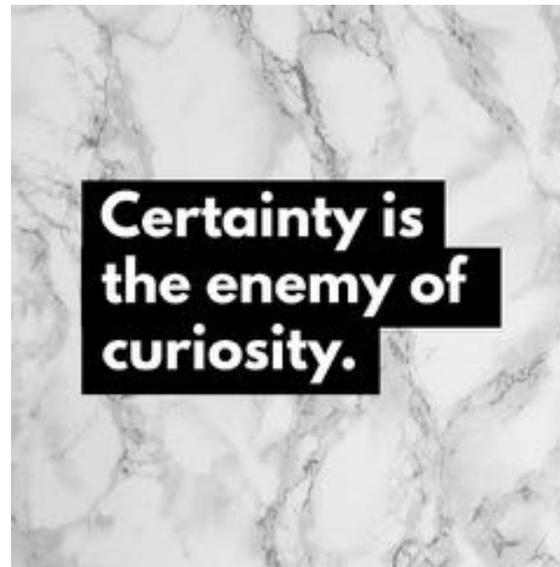
Is for life - not just for lockdown



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Before we start



The toolbox

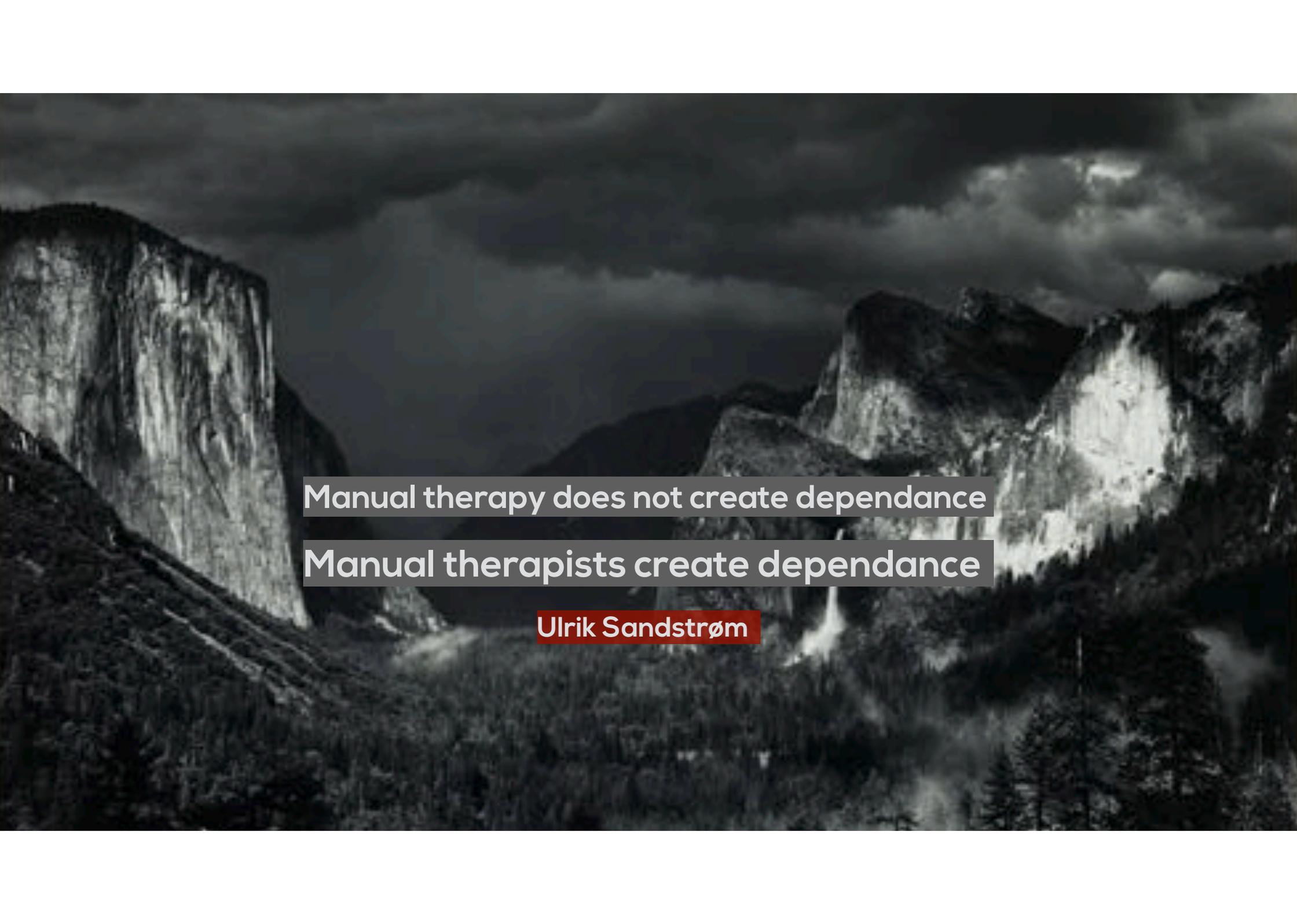




No one cares how much
you know, until they know
how much you care.

Theodore Roosevelt

 quotefancy



Manual therapy does not create dependance

Manual therapists create dependance

Ulrik Sandstrøm

The Diagnosis Illusion

- ▶ Facet syndrome
- ▶ Disc herniation
- ▶ Degenerative disc disease
- ▶ SI syndrome
- ▶ Category II
- ▶ Subluxation
- ▶ Scoliosis
- ▶ Short leg
- ▶ Foot pronation
- ▶ Etc etc etc



Pain science



Has changed my understanding, outlook and advice on patients' pain, activity, tolerance and rehab

- ▶ Pain is the opinion of the brain
- ▶ You will experience no pain that your brain hasn't made a decision on
- ▶ As pain is a danger signal, your brain will give you pain proportional to the danger it perceives - eg stress
- ▶ Pain vs Damage vs Structure
- ▶ "Sensitivity" is a great concept and word
- ▶ Stop anatomical body and posture shaming!



Contextual effects

- ▶ Includes all factors of the patient experience
- ▶ Driven by the patient's current state of mind
 - Fears, hopes, aspirations, expectations, social situation, work stress, family, values etc etc
- ▶ Words matter!!
- ▶ What you say, how you say it, what you do and how you do it
- ▶ 'Placebo' vs 'nocebo'
- ▶ Well researched
- ▶ The more we understand the more important we know it to be
- ▶ Works even if the patient is aware of it!



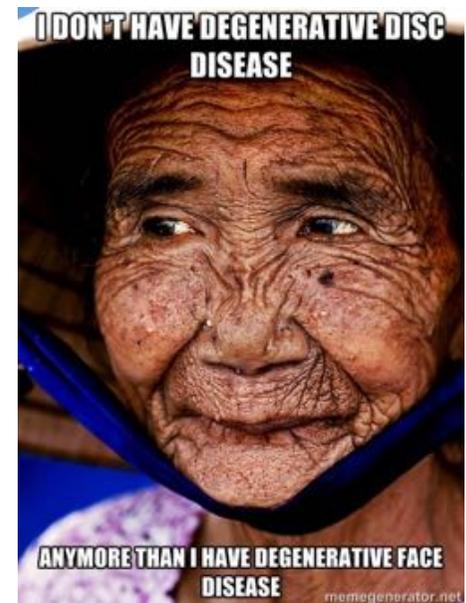
Limiting beliefs in patients

- ▶ Age
- ▶ Wear and tear
- ▶ Imaging findings
- ▶ Discs/bone's are 'out'
- ▶ Arthritis
- ▶ Fragile
- ▶ Unstable
- ▶ Previous injury (30 years ago)

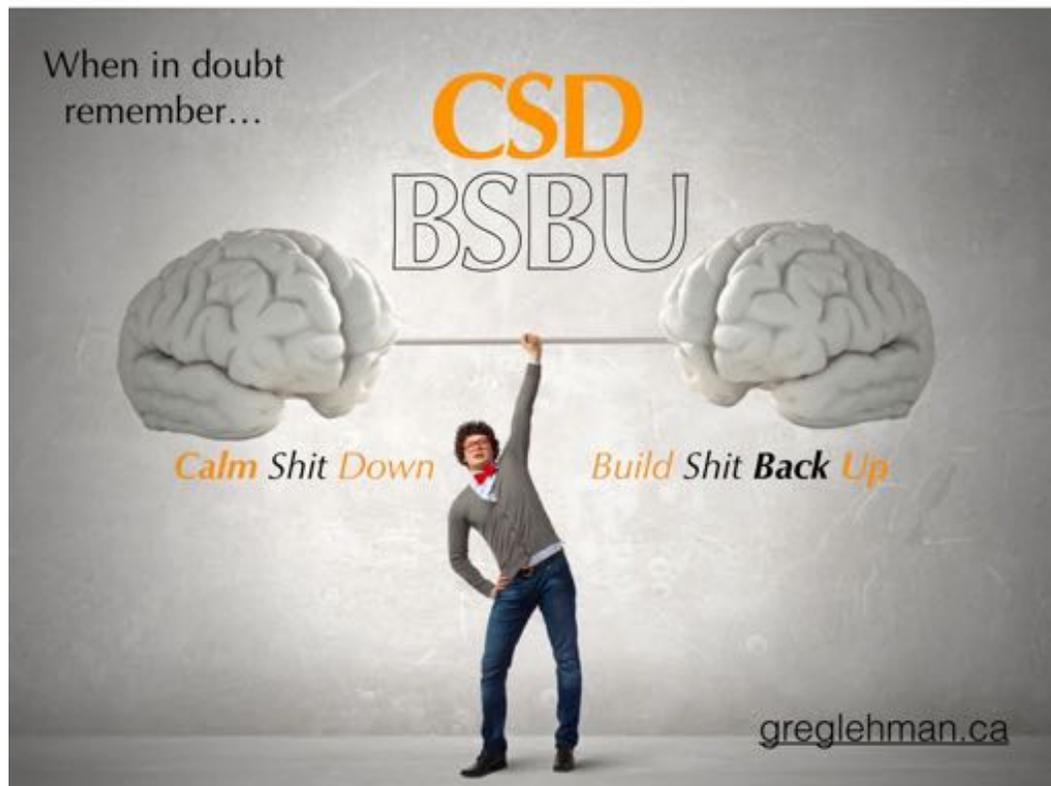


Positive messages

- ▶ Your body is constantly repairing and healing
- ▶ Pain does not mean damage (smoke alarm)
- ▶ My face doesn't look the same as it did 30 years ago - neither does my spine
- ▶ It's normal!
- ▶ Very poor relationship between imaging findings and symptoms



Modern concepts in rehabilitation



Load

- ▶ The body needs appropriate load to heal
- ▶ Load is good – overload is bad
- ▶ Load makes you stronger
- ▶ Load makes your tissues less sensitive



Poke the bear

- ▶ ...but don't hump the shit out of it...
- ▶ 3/10 pain is fine
- ▶ Find something that hurts a bit – and keep pushing into it
- ▶ Relax your muscles and let go
- ▶ You will decrease sensitivity and increase tolerance



Follow-up

Hi

It was good to see you today.

As we discussed, here are a couple of interesting videos about pain science:

<https://www.youtube.com/watch?v=ikUzvSph7Z4>

<https://www.youtube.com/watch?v=gwd-wLdIHjs> - this is the funny one!

https://www.youtube.com/watch?v=C_3phB93rvI

And if you fell really keen - there's a Canadian physio/chiropractor who has done a very thorough article and info sheet about this: <http://www.greglehman.ca>

It won't all be relevant to your situation as every is different, but you can hopefully take something from this. And remember - you're not making the pain up. The pain is real - it is just that your subconscious brain has lots of ways of processing signals and trick us.

Sometimes meditation or mindfulness can really help give your brain some 'space' and turn down the volume of your pain experience. Here is a great and free little app that guides you through it: <https://www.smilingmind.com.au>

All the best

Ulrik



Pain science - the pitfalls

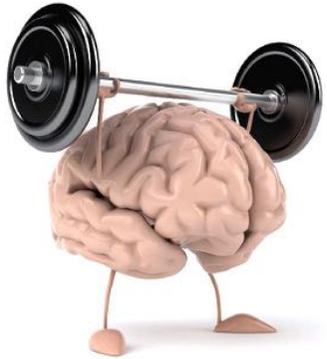
- ▶ “You’re telling me I’m making this up?”
- ▶ Patient not being ready to take this on board
- ▶ There actually being something significantly wrong with them
- ▶ Often better once you’ve got someone over 3-4 treatments



Great resources

- ▶ www.greglehman.ca
- ▶ NOI group
- ▶ Making Sense of Pain (Jarod Hall):
- ▶ Lots of good videos on youtube:
 - ▶ TED Talk: Lorimer Moseley - Why things hurt
 - ▶ Understanding pain in less than 5 minutes
 - ▶ Tame the beast
- ▶ General understanding of behaviour
 - ▶ Chimp Paradox - Stephen Peters
 - ▶ Thinking Fast & Slow - Kahneman

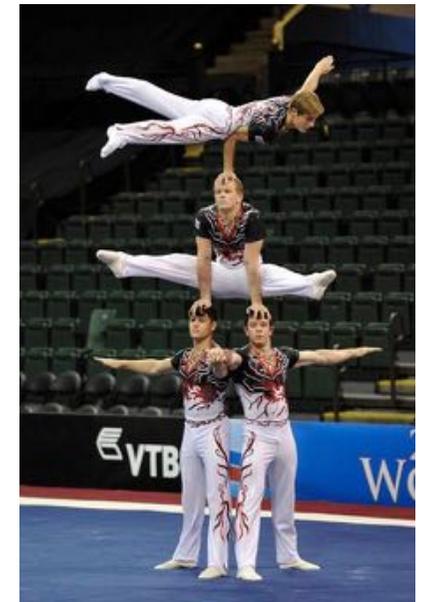




The human body and mind are naturally strong and resilient

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Anything we do or say during a patient encounter should aim to return them to that state



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