

365R- Chronic Pain Techniques with Pippa Cossens

Steven Bruce

Hello, welcome to some more of the Academy's lunchtime learning. It's been a busy weekend for us here. I've been hosting Laurie Hartman and his wife Susan for the last four days because Laurie was running another of his HVT masterclasses here in the studio, great weekend with some really fabulous students who were very kind and said some very flattering things about the academy. So if you were one of those students, and I know there are a few watching today. Well, thank you very much for that. I also managed to convince Susan to jump out of an aeroplane last Friday, and I'm delighted to say that she's really pleased with herself. Despite having spent most of the jump in thick cloud and covered in ice. It was apparently minus 15 degrees at 13,000 feet. So a bit of a challenge. Anyway, today, Pippa Cossens is joining me via our virtual link and she's going to be talking about the Supreme approach to treating chronic pain Pippa. Hello again.

Pippa Cossens

Hello, how are you?

Steven Bruce

I'm very well, I think this is your third or fourth time on the show, isn't it?

Pippa Cossens

I think it is. I had the pleasure of being in the studio last time but this time I'm virtual. So

Speaker 1

couldn't couldn't be bothered to come into the studio. We'll note that down here.

Pippa Cossens

Yeah, just couldn't be bothered. Yeah.

Steven Bruce

I suspect that lots of people will have seen the previous shows, but they may still need reminding about what Serpa is. And the purpose of this is to talk about the whole overall separate approach. Tell us about the organisation first of all?

Pippa Cossens

Well, sir, yeah, so surgery is the stress illness recovery practitioners Association. And it is, was certainly the first organisation within the UK. And it's probably still the biggest teaching practitioners about a mind body evidence based approach to chronic pain recovery. And it's run by a lady called Georgie Oldfield, and I do sit on the board of surplus, I have to say I have a vested interest in this. But I also have a vested interest because I use this approach myself to recover from fibromyalgia. So I certainly invested.

Steven Bruce

It's slightly weird, isn't it? I mean, you're dealing largely with chronic pain, but chronic doesn't appear in the title of the organisation. Why is that?

Pippa Cossens

Yes. I don't actually know. i To be honest, I don't know the answer to that question. I think when it first started, when God first started it over 10 years ago, it was so important to raise the awareness of stress illness. But I'm not sure why the chronic pain didn't quite come in there. It's in the tagline of simple steps to chronic pain recovery, but it's not in the in the title. Right?

Steven Bruce

So is there something different new and enlightening about the way sirpur treats chronic pain? How does it compare to what we're taught in colleges or elsewhere?

Pippa Cossens

Well, certainly certainly is very, very different. Because so I discovered this approach in 2017. And up until that point, I mean, I've been an osteopath, I'm 30 years graduated this year. So I've been doing it quite a long time before I even got to that point. And I'd also had chronic pain for four years before I met the surfer approach, and had had all sorts of information from, you know, my medics from my osteopath from various people about, you know, what I needed to do to manage it. And I think it

wasn't until I went to the conference in, as I say, November 2017, that suddenly you stand in a room full of medics who really did understand it, and really could put all the pieces of the sort of the jigsaw together, and also had sort of a, they had a way of treating it, they had a way of making it change. And therefore there was a huge amount of hope, at that point for myself. And I then followed the recovery programme or myself with a practitioner and actually, you know, been pain free and picked up would be alive. But basically, now I'm 98% pain free, most of the time and least now I have the tools and techniques and know how to manage it, if I do have some sort of pain come.

Steven Bruce

Now I was going to ask to what extent it had helped you. And I do but I do find myself that very often. People like to apply labels to chronic pain and you know, fibromyalgia is perhaps one of them. And it's not in itself that helpful, helpful, is it because it doesn't really tell you what you're going to do about it. And certainly I don't recall ever being taught at college, the best way of treating fibromyalgia, in fact, most of the most of the practitioners I've talked to talk to you about fibromyalgia, so they try and steer clear of those patients because they're bloody hard.

Pippa Cossens

They're the ones I love. But I agree with you. I mean, I don't I'm not even sure I'd heard of fibromyalgia when I was training and chronic pain was certainly not talked about as a different thing to pain if that makes sense. And that is a sort of Val delineation we have to make in the sense that when we are talking about chronic pain, we're talking about pain that has is persistent and has been there for more than three to six months. Usually, if so if there has been some injury normally within that 12 week period, we've usually most of the tissue healing has occurred. So we're talking about pain persists beyond that point. And again, with you, I agree about the labels, I think it's one of the hardest things I think about, in some respects this site, part of the work is, I was at a meeting with international people who are all working in the same way as we do, but we can't even agree amongst ourselves what to call it. So we might call it you know, Fibromyalgia is a bit of a catch all, but it's one that patients understand. Unfortunately, the messaging that's going with that is that you've got it for life, you won't ever recover from it. But then, you know, we might talk about it as a mind body syndrome, or a psychophysiological disorder, or a neural circuit disorder, or neuro plastic pain or chronic pain or persistent pain. So it's really, it's actually really difficult, I think, for both or more for patients, but also for practitioners if we don't have a good name for it. So chronic pain is sort of working, but not ideally. And as I say, it has that sense of, Well, you've just got to learn to manage it, you're not, you know, you're not going to recover. And I think that is the biggest thing that happened to me when I came across so that there was that sense that that sense of hope, and the sense of the you know, the evidence is out there. And actually, that was what spurred me forward. And as I say, that makes a huge difference to our patients.

Steven Bruce

In terms of the evidence is there. I'm not gonna say reliable evidence. So that depends on how you judge reliable evidence. But is there enough substantial evidence that the Sirpa approach is effective? For example, if you if you were to turn to the Advertising Standards Agency and say, I am

going to say on my website that I can treat fibromyalgia would they be happy with the evidence behind that?

Pippa Cossens

Well, interestingly enough, actually, yes, they would, because Georgie had a

Steven Bruce

Georgie is the founder of salpo. Yes. Georgie Oldfield

Pippa Cossens

is the founder of serpent. And she had a situation whereby somebody had queried what she had written on her website about it, and actually went to the Advertising Standards Agency and that whereas at the time, they it was they were concerned about there not being enough evidence, they're now I'm actually happy that we can put chronic pain recovery in.

Steven Bruce

Oh, right. So the but that's different. That's chronic pain recovery. That's not fibromyalgia.

Pippa Cossens

Yes. No, sorry. Yes. The Yes. Chronic Pain recovery rather than fibromyalgia. Yes, no, you're correct. Yeah.

The reason I say that is

the I wouldn't know about the fibromyalgia I know, it is one of the conditions that we are allowed as osteopath to include on the our advertising. But

Steven Bruce

I should have checked before I came on here, because I'm quite hot on making sure that people are aware of these things. But it's nice to say that we are because of course, most patients with fibromyalgia are probably not going to think of themselves as having chronic pain, because they've been given the label. And in fact, as you as you know, well as ever, as we all know, patients use the word chronic to mean extreme pain.

Pippa Cossens

Yeah, yeah, no, absolutely. And I think it's just doing what I do. I think so many people, I think the difficulty too, is when people have been experiencing pain for a huge amount of time. And this was certainly the case in my journey with no label, if that makes sense. So no, I just had pain. I mean, I had a lot of other symptoms as well, but no, we put them together, I actually was finally receiving the diagnosis of fibromyalgia was, it was kind of what I did if it was a relief, or it was like, there was a certain sense of feeling validated that you'd got to a situation or a condition whereby you were, you know, somebody was recognising it. And interesting enough people around you then go, Oh, I'm so sorry. You've got that was actually your symptoms haven't changed for the preceding four or five years. But suddenly, you had a label, you have a thing. And so people really hang on to the label and completely understandably and I was the same. Until then I got further through this. And this might recovering realised that actually wasn't wasn't helpful at all. Because

Steven Bruce

it's also useful because it's also useful because you know, what, to Google to find out what's wrong with you, don't you? So? Yeah, and when people like that they will they like to feel that? It's an understood condition, even if it's not understood. It's just labelled. So what's, what's the great breakthrough with the serpent approach them?

Pippa Cossens

In what, in what sense? Sorry, I don't understand. Question. Second ask? Well,

Steven Bruce

the Sirpa approach to treating chronic pain presumably differs to what we've been doing in the past. So

Pippa Cossens

yeah, absolutely. So the big thing I think, is that it really puts together the the it links the mind and the body together. So essentially, what we then end up with is a whole encompassing really takes on board that whole biopsychosocial approach, but it does something with it. So So Actually, not just understanding that there's psychological factors may be involved, but actually then really looking at them really looking at that mind and the body and how the two are inter playing together via sort of neurological neural dysregulation.

Steven Bruce

But then we always do that isn't that part of our bio psychosocial approach to treatment?

Pippa Cossens

It's, I felt I had quite a biopsychosocial approach to patients before I discovered sirpur. And now we integrate a huge number more of different tools and techniques and practices, and emotional strategies and things to say work on that and neural dysregulation that I never was including before. Right. And that's wonderful approaches.

Steven Bruce

And I know you said you'd have a case ready to discuss and actually talking through a case might give us an idea of just how you've approached that particular instance of pain. Absolutely,

Pippa Cossens

absolutely. So I've, I've found, I've picked a case today that has been a quite a challenging one, rather than, Oh, we'd have three treatments. And then she was better, I can give you an example of, sort of, I'll give you a quick example of a lady who we have that lady came in with us who'd had 25 years of back pain. And she came in and she had a huge amount of concern about the fact that she has was going to have cord retractor syndrome because she'd had very severe back pain, she'd gone to the emergency department 25 years before, and then they'd given her a card that said that she'd got, you know, if she got any of these symptoms, then she was to, you know, come back immediately, because obviously, she might lose, you know, the function of her bowel and bladder. And he, you know, she'd obviously been really concerned about this. And she finally came into the practice with us. And we talked through her symptoms, and we talked through her pattern, we talked through everything that happened. And I said, Well, you know, I don't feel that that's the situation. And she had long term back pain, no, you know, ridiculous signs or anything like that. And I said, so. And I said, it's not it's not that common, you know, it is obviously if it is that situation, you have to go to, you know, straight to the emergency room, but it's not that common. And so she said, so I don't need this card anymore. I said, No, I suggest that you get rid of it. And she came back in two weeks later, and she'd had no pain, because the fear of her pain had gone away. Right.

Steven Bruce

Okay, so common, is that commonplace?

Pippa Cossens

No, but it's a nice example of actually, you know, it's lovely having this knowledge and being able to explain that the neuroscience of the pain and saying actually, you know, doesn't relate it to tissue damage. And then the worry goes away. One of the biggest questions that we now asked, well, the most important questions that we now ask when we take our case history, which again, was not something I did before, is what are you worried that your pain is? And people have got such an amazing worry about what their pain is? And that if we can, often we can we can change that? Because it's not? It's not true? It's it's a perceived fear? What if we can change what they think it is. And this case, actually, I'm going to talk about now this lady was the same, she had a huge fear about her pain actually being caused by Ms. And when we can change that, then the fear goes away and the nervous system regulates and then essentially, we can start to change that and that will

change the pain. Right? Okay. So she was a lady. She's got some chronic neck pain, cervical spine pain that she's had since November 9 2019. She's 44 years old, and the onset of it was related to her job. She was a hairdresser, and she ran her own business and she was really stressed in the year before her pain came on because she'd got to sell the business and she'd had some trouble with her work colleagues. So her symptoms are also accompanied by and I think this is something again, that I wasn't necessarily looking at before I met Sirpa is she's she didn't only have pain, she's got fatigue, she's got some dizziness, she's got some anxiety, she's experiences insomnia, she gets reflux and irritable bowel, and actually for her a specific symptom is is a problem with she gets quite short of breath. And she all these things together, were making her obviously very, very anxious and she is incredibly tight. She she feels like a board literally the the muscles across her neck and into her shoulders are extremely, extremely tight. And what ahead, she's had a huge amount of treatment from different physical therapists over time. And as is common with these patients, the you find that they might have been a little bit of a improvement for a day, a day and a half, and then actually it starts to it doesn't last then they get then they go back again and they're back where they were when they started. So with her, what I'm what the Supreme approach does is we look very, very much about what's going on at onset. So we really dig into the sort of the timeline. And people very often will say, Well, I did a physical thing, it must be related to the, you know, the reality of what I was doing at the time. But actually, we know that obviously, after three to six months wasn't easily healed, we've now got a persistent sort of neural circuit pattern that needs to be retrained. And so with her, she, as I say, what we needed to treat really was the anxiety and the the sort of shortness of breath symptoms weren't related to the lungs, they are the cardiac system, they were related to the anxiety, she was having sort of panic type attacks. And so what we did with her, as well as treating her, to release the tissues very gently to release off the muscles to release the fascia to allow everything to calm and settle, we're also thinking about doing that with an intention of calming the nervous system. That's the sort of the physical part of it, not necessarily, that's when we start to combine the cert with the physical. And then we would then we then start it by teaching her sort of self soothing techniques. So certain breathing techniques that are really calming, certain, there's a havening technique where actually if you if you go across the body, and you start to soothe the nervous system, almost like you would if you've got a small frightened child on your lap, very, very simple, very smooth, small techniques to start to, as I stated downgrade of down regulate that sympathetic sort of response within the nervous system. And then what we do also, which is something that was new to me, is sort of teaching what we call somatic tracking. And somatic tracking is when you, you're taught to feel the pain, not to, you know, to really feel it, but just to observe it, to watch it with curiosity, but to then dissociate the sort of the worried sense of feelings and thoughts that go with, oh, my gosh, I've got my pain. I mustn't do that I mustn't do this, I mustn't do that. It's teaching people to be able to feel their pain without the sort of, as I say that the stress response that goes with it, and that takes practice. There's only so

Steven Bruce

is that something like? I think it's a no way approach, isn't it about drawing your pain? You might not be familiar with it. I certainly had a similar sort of thing described. So it's not necessarily put in the same way, not sort of withdrawing yourself and looking at your pain from the outside, but it was drawing what your pain looks like. And I wonder if that's a similar sort of thing.

Pippa Cossens

Oh, no, yeah, no, this is this is really about feeling your pain, but learning to feel your pain safely. There's so much fear, surrounding pain, understandably, completely, understandably. But that's the bit that we want to take out because essentially, that's the bit that's making it persistent very often. The neuro orthopaedic Institute Noye, they talk about dimsums DIMMs, a danger in me and Sims safety in me. And it is that sense of danger, everything becomes a danger for particularly a sensitised nervous system, you know, even loud noises and make a dent. So we you know, about deregulating that. So with this, as I say what we've done is we started this process of helping her to feel her, her pain safely. We also asked her to, to explore you know, what else was going on what she will have been worried about at the time that it came on. And as I say her biggest worry was that she got something like me. And we I'm sorry, I don't know if the slides aren't showing, are they? I think I've just

Steven Bruce

got the slide slide up on one of the screens here. I'm not sure if they're on full screen for the audience. They are now.

Pippa Cossens

Okay, I'll put it back to this. The second slide just where we apologies for the technology people. I'm an osteopath technology doesn't come naturally. Better with these than that, although interesting enough just to jet then occasionally. Now actually, with the sirpur work, it is more. There it is more about the pain coaching, if that makes sense. And so we do actually now I do see a few patients online. So that's a very big difference for me as a practitioner is to do some coaching when people can't actually can't actually get to us.

Steven Bruce

You're as effective as seeing them in person.

Pippa Cossens

I personally like the combination, I much prefer to see them because I think you can you get so much information from the tissues. You get so much information from what you're feeling and the reactions and being able to see that like you. There's a bit of distance. Obviously you're getting that information through your hands when you're not seeing them in person. And I also find the online thing it's a little bit disjointed, but it does work. There are a lot of people We're using the second approach, who aren't physical therapists who are actually finding it that really effective. Yeah.

Steven Bruce

We had a question for you from Elsebeth. Though she she quite liked to have a reference. Maybe you can give us a demonstration about these calming breathing techniques you talked about.

Pippa Cossens

Okay, well, yeah, no, absolutely. So one of the most one of the simplest ones, actually, which is called the psychological fifth, sorry, physiological sigh. And so with that, it's about, again, calming the system, this one works on changing the carbon dioxide and oxygen levels, but then has an effect on the nervous system. And that is a breath where you take a breath in. And then you take another little breath in, and then you breathe out. And another breath in. And then breath out. And sometimes the techniques have to be really simple, they have to be really small, they have to be really doable. Because if you give somebody who's got an overwhelmed nervous system too much to do, then it just overwhelms their nervous system further. So nothing is

Steven Bruce

happening. What's happening when you do that, what what's the physiological effect of taking the two breaths rather than one?

Pippa Cossens

My understanding of it is and I don't have the the I'm not, this isn't going to rattle off the tongue beautifully. I just know that it works really well, I have got the thing, but I haven't got it in front of me. But basically, what it's doing is it's a check with what we do when we're really stressed, it's a natural thing that our body would do when we're stressed to try and change that sort of oxygenation carbon dioxide balance within the body. And it then has a sense, as I say, it has an effect on calming the nervous system down. And so you often find that if people are in stressful situations, that's how they breathe. So actually, we can then extrapolate that and use that to calm the nervous system, because that's what they're doing naturally.

Steven Bruce

Right. Okay, thank you.

Pippa Cossens

Another thing that we do with PE A lot of patients is, we, it's amazing how unsafe P patients feel in their bodies. And again, I never used to sort of ask about this. And we often will say to people, whereabouts in your body, do you feel comfortable? Wherever whereabouts in your body? Do you feel comfortable, and people will often kind of heat they think about it for a moment. And then they're like, I don't think I feel comfortable anywhere in my body. And that is, you know, essentially walking around in a body in a vessel to feel safe. And so again, teaching that sense of safety when the body is really important. And so what we will do then is that we do an embodied sort of embodied technique where we teach people to try and find a place within their body that is comfortable. So we say listen, just scan through your body, if you can, and find a place that does feel, you know, feels okay to be in. And it often it's an extremity. If people are very, very anxious, it might be a first or it might be the lower legs. And we then say to them, okay, just describe to me the sensations that you're getting in there. Tell me how you feel when you're hanging out on your right foot? No, go on, I feels okay, my right foot, I feel okay, there. So that's great. And just does it feel warm or cold? And

they'll have it, you know, think about it. And so whether naturally, that feels it feels quite warm, and does it feel sort of safe? Do you feel secure if you're sitting in your in your right foot? And they'll say, you know, hey there, so it's alright to be there. And essentially, what that does is you then say, Okay, that's great. Well just hang out there for a minute, what I want you to do is just hang out there for a minute. And then I want you to tell me how that makes you feel. And people often then will say, Oh, okay, I feel, you know, that feels okay, I feel quite relaxed when I hang out on my phone. And that's when we say brilliant, that's great. Just remember that feeling just, you can always go back to that feeling. And again, it's the beginning of teaching somebody the safety to be in their own body. And later on again, what we would then do is, we then we then when we've got a place of safety, we'll then go on to say, Okay, now let's just have a little look at the air of your body that's uncomfortable. So we might pick what we call Pendulo eight, between the area that feels comfortable, and the area that feels uncomfortable. And so we're just going to have a little look at the bit that's uncomfortable, perhaps their low back. And then you can just sum them when they're here on online, you can see that they, you can see that they don't feel comfortable, and they feel a bit anxious about it. So we say that's fine, let's just pop back to your foot. And we then we might, you know, do sort of pendulum between the two areas till the point of which they can go on I can feel that I can feel into my low back. Now I'm not so scared of it. And as I say that's part of that sort of somatic tracking that being able to look at it with curiosity and feel it and know that whilst sensations are uncomfortable, they're not dangerous, and we get people to then do that every time they feel their pain when they're at home as well. So, just feel the pain just let yourself know that you're okay lots of room assurance. And he then starts to rewire the programme so that it basically changes the way that they respond to pain. And then we can change the pattern.

Steven Bruce

Okay. I'm curious thinking as you were talking there, how on earth did Georgie come up with this approach?

Pippa Cossens

So she, she came across it. And it has evolved since she first came across it. The guy was a Dr. John Sarno, who was a physician in America. And he realised in about the 1980s, he was seeing the patients that came with pain also had a myriad of what we consider to be stressed illnesses. So maybe things like heartburn, anxiety, headaches, things that we might associate with stress. And he was then realising that he had this cohort of patients who had chronic pain who also had these other stress illnesses. And so he was then he then tied the two together and went, Okay, hang on a minute, that, you know, stress is the key thing. And his big thing, actually, his was, was repressed emotion. And we do talk about that on you learn about that on the course often, people are holding down emotion within their body that then is then is affecting the way that they are functioning, essentially,

Steven Bruce

you just mentioned the course there. How long is the course? How long did you train to become a superb practitioner? So

Pippa Cossens

the cyber training is, it's in three levels, essentially, in the first level is a very much a basic introduction course. It's about 10 hours, I think, currently, it's about to change to be a bit more, but it's currently about 10 hours. And that's actually aimed at anybody, so anybody can look at that. That's literally like an information basic level. And then the second level is about 40 hours, I think, and that is to become sirpur sirpur trained, and essentially, that gives you so much of this information, and allows you to be able to integrate that into your work. And then the level three, which is the level that's actually just really under development even more, is really where you then learn to put that into practice one to one with with clients, if that makes sense with patients. Right? Okay. So it's about it's 40 hours, it's 4050 hours, currently 50 on paper. But actually, if you if you looked at all the watched all the sort of adjunct videos or whatever, it would be more than that. But it's 40 hours, sort of with regards to, you know, outline, outline training.

Steven Bruce

Okay, maybe before we finish, maybe we talk about how you go about training, if you want to be a separate practitioner, counsellors asked whether there's a list of separate registered practitioners around so you can refer people if necessary.

Pippa Cossens

Yeah, absolutely. On the sirpur website, which is sirpur.org. There is a list of practitioners on the site there. And also when they're interesting enough, if you don't just want to take my word for it, the people that it's helping they also have a success or stories page. And there's, there's a you can actually sort it by symptom and diagnosis. And so that's really helpful for people.

Steven Bruce

Yeah, that sounds very interesting. Sam ages ago, I asked whether sirpur works for people with me. And Sam says emerging pots as well.

Pippa Cossens

Yeah, no, absolutely. Often a chronic fatigue is from a similar sense of overwhelm within the nervous system. So yeah, we work with a lot of people with chronic fatigue me and Potts again, there's the is another one that actually can be influenced by the mind body approach. Who

Steven Bruce

makes up the bulk of sirpur practitioners are they mainly osteopaths or physios kind of practice?

Pippa Cossens

What Georgia interesting enough as a physio, so there is quite a large cohort of physios the beginning. There were at the beginning, now it's more diverse, and actually, it's you have to be a registered health professional to be able to do the training. So it is or to become a practitioner. So it is osteopath, chiropractors, physios but also psychotherapists, as well. So it does go into that side of things.

Steven Bruce

Is there any requirement as part of the separate approach to apply physical techniques, because obviously, a psychotherapist won't necessarily be trained or anything like that?

Pippa Cossens

No. So essentially, the the no, there's no, there's the there's the techniques that we teach, but there's no physical there would be no physical intervention from there doesn't have to be any physical intervention from the therapist. However, I think that's where it beautifully aligns with our hands on approach because I think it doesn't matter how in some respects, what techniques you apply. If you apply them with the intention of helping dysregulate, or deregulate rather than a sensitised nervous system, doesn't matter whether you're doing, you know, really lovely duty or some massage or cranial technique. I think actually, as long as your intention is to calm that sensitization, then actually that it's ties in so beautifully.

Steven Bruce

Yeah, I'm always a little suspicious. And forgive me, if you will, when when someone says, I have the intention of doing something, because I'm never quite sure how just be just intending to address a problem actually addresses it.

Pippa Cossens

I'd when I say that not No, not necessarily meaning just a mental intention. If you were, if you were articulating something, and you're doing it kind of quite vigorously to stretch the muscle and pull it, then I think that's a different intention. And when you're gonna go, actually, I'm going to work on releasing the, you know, the myofascial aspect of the hip, but I'm going to do it in a way that I know is sensitive to the nervous system.

Steven Bruce

Right? Okay. Can you be honest enough to share with us the success rate of surprise approach to chronic pain?

Pippa Cossens

I to be honest, I don't know. I don't know an exact an exact figure at all, but I what I do know that is we've had a in practice, and again, I don't have fingers, I'm going to talk to inquire about if we can somehow you know, measure that better. But the certainly we have, whereas I think there were a lot of chronic pain patients that we lost a patient who had treatment two or treatment three, because it wasn't make any difference. This one now we've tied in this approach, we certainly have people who come back and pursue a slightly longer journey and then getting results. Whereas you know, when we were just treating them sort of just osteopathic Lee, I think we lost them because essentially wasn't a difference. And they perhaps tried lots of other people first, certainly now, we have people who feel so empowered to own their own health that they're actually making, you know, they commit to a longer journey, and then they're getting better outcomes.

Steven Bruce

Yeah, I don't, I can't speak for the other professions. But I think one of the potential problems with what we do as osteopaths is that we're, we're kind of schooled, if you haven't fixed it in three sessions, then you've got to push people on. And I you know, and we're resistant to that whole idea of maintenance treatments, if we want to call it that for this purpose, you know, where we're seeing people over a regular basis. And I was actually talking to somebody on the course, we ran this weekend about Russ Rosen, one of the students on the Laurie Hartman course, was saying, he follows Russ rose, and he's a chiropractor. He's been on the show before. And he's just got this fantastic approach to, you know, the critics would say, getting people into the clinic, but actually, Russ says, It's not about that. It's about what does the patient want to achieve? And if you give the patient the idea that, you know, here's a goal that we're going towards, and you're getting closer, then they can make that decision to go on. And I wonder if that's Sorry, I'm talking a lot here. I wonder if that's quite an important aspect of sirpur. In that, you know, people have got to accept that it isn't a slow process. It's not an immediate process. Sorry.

Pippa Cossens

I completely agree with you. And in fact, the other question that we've added, along with what, you know, what are you worried that it is, is what do you want? What how do you want to feel? Or what do you want to achieve? And that then, like you say, then we've got an idea if they go, Well, I want to be better by next week, then? Well, I, you know, we might not be the people for you. But actually, people I think when you've sort of talked about and explained it, and I think so often they've been they've been not heard by other health professionals. And so actually, when they come in, and they are heard, and you go, or do you say we've added questions, things like, you know, Do do you suffer with anxiety? How's your sleep? You know, have you got any sort of major stressors at the moment? Have you had any major stressors in the past? Suddenly, they're like, Oh, hang on a minute, we're now being heard, we now know that there's a pathway that we can go on. So I do think that they stay for longer. And interesting enough. That's partly I didn't finish telling you about my case. But she's, you know, where we tend we tend to don't worry about it. We tend treatments in but she's it's now she's she's, she's got the tools. She's got the technique she now can see, actually do you know, if I have a bad half now it's about half an hour, not a bad week. And I think it's easy, then it's about, it's about learning how to sort of deal in this overstimulating modern world partly as well, you know, and I think, you know, people feel, I don't know, they feel supported on that journey.

Steven Bruce

Someone did ask earlier, and the question has disappeared off my list here. But I saw that someone asked how long a session is, with the server approach. They asked how long a sirpur appointment is, but obviously it's a pretty it's an element of your approach to treatment design.

Pippa Cossens

Yeah, so quite often people who are doing this sort of hard and so a pure separate approach might spend 90 minutes on a first initial appointment, and then maybe an hour each time after that. I actually still because we sort of Incorporated. But even when I'm doing an online often are I still doing about 45 minutes? 15 minutes, maybe an hour? Okay. There is a lot more talking.

Steven Bruce

And how are your How are your patients finding you? Are you getting patients in chronic pain coming to you because they've discovered that you're a sirpur practitioner? Or is it just your normal cohort of patients, but you're able to apply this technique?

Pippa Cossens

It's both we get, we get quite a lot of referrals from this website. But again, because that's not always done with a call in person, and some of those will take online. But I think what's really interesting is the one of the biggest things is I think a lot of patients that come and see us with pain that hasn't been there for three months, are actually in the same boat. Often a patient will come in and you'll say, Well, what did you do? Well, I just woke up with it. You said, Well, what was happening over the last few weeks, I will actually my mum has been really sick. And so I think we do I think as osteopath, I think we're gaining patients. I think we're luckier than perhaps the psychological therapists doing this work because people don't think of them for pain. Whereas we actually they're coming to us because they think we're going to manually fix them. And then we'll might say, we'll get by or actually we've got we think that this combined approach would be most appropriate for you. But I think as soon as you've got to take in that sign extended case history, you know where you're at.

Steven Bruce

I've had a couple of questions about other adjunctive therapies, if you like Elspeth has asked whether oxygen or hydrogen machines are of any value. And again, you might not know about this, it might be outside your experience, but

Pippa Cossens

I have an awareness that they talk about hyperbaric oxygen being useful for fibromyalgia, but I don't it's not really within my scope of practice.

Steven Bruce

Now, when I'm not I'm not aware of any hydrogen machines, as it were. Hannah said, What about pain reprocessing therapy? Do you know anything about that? Is that something that fits within the process?

Pippa Cossens

Yeah, no, very much. What we're doing is pain reprocessing therapy. So pre processing therapy is a phrase that has been is used by Alan Gordon, who wrote a book called the way out. And actually it pain reprocessing therapy incorporates a somatic tracking, which we're using all the time. Yeah, teaching people how to reprocess those neural pathways.

Steven Bruce

Right. Okay. A couple of other comments that come flooding me because going back to what I said about fixing patients in three treatments, and says this myth needs to die. It's arrogant to start with, I think, I don't know what the colleges are doing these days, but and maybe I was maybe I was overstating it. And you probably remember this yourself from training paper. People will say you've got to be seeing some change within three treatment. It's not necessarily fix people in three treatments. But yeah, Vladimir, I take your point in patients need to get over the idea that we can just do something in a one hit fix as well, don't they? And Lauren says said, Lauren said Malcolm Kendrick said in the clock thickens that his recent book that stresses the external factor, stimulus and strain is the expression of that in the body. And Lawrence apologises for being pedantic. But I think yeah, we take the point, though, and whether you stress or strain in conversation like this, yes, what's going on in the patient? So also for welcoming in more new practitioners?

Pippa Cossens

Absolutely. They are in Georgie has also very kindly put out a discount code for people who wants to apply, which is, I think I've given you a copy of that. I'm just going to find it here. Which is Yeah, so if you were interested in doing the training, if you want to go to the sirpur website, which is sirpur.org. And look at the practitioner training, they if you put in the discount, sirpur 15 off, that's serpent si Rpa 15 off, there's a 15% off deal at the moment. What I will say though, is that the training is in development. And so later this year, the level three practitioner training will be changing, but essentially, I don't think anybody would quite be able to get there that quickly. Anyway. So no, it's it's hugely changed the way we practice and this is like the icing on the osteopathic cake.

Steven Bruce

Okay, well, Justin's very kindly put that code up on the screen for people to use and I will send it out as part of an email tomorrow. The obvious question is Is 15% off how much?

Pippa Cossens

I think the combined training to which is 50 Something hours of CPD minimum is 556 pounds 556.

Steven Bruce

I think so. All right. Okay. Just wanted to check because your audio has been a bit dodgy at times. I just want to make sure I've heard that one correctly. Okay, and am I right in thinking that the course is largely recorded online modules or is it live? We have online or is it in person?

Pippa Cossens

No, it's, it is recorded online modules. But there is also somebody mazing community. And essentially, you get, certainly while you're doing the course you get free membership with the server community. And you also get there are fortnightly peer connect sessions where you can get online and ask questions. There. It's a hugely supportive community and is a Yeah, it's been it's been great from from that perspective, as well as just the learning.

Steven Bruce

Yeah, I mean, it certainly sounds as though it's, it's genuinely feeding into a sort of a holistic approach to treating patients, isn't it? And I do remember when I started that I just imagined that osteopathy would be able to fix everything. And of course it can't. So I suppose perhaps I ought to say to you, if you've got some examples where it hasn't worked, because it presumably can't fix everybody in chronic pain.

Pippa Cossens

But yeah, that's a really good question. I think, no idea. It would be incredibly arrogant to say we could fix everybody in chronic pain, I think there is a huge amount of scope. I think it there's an element Oh, no, yes, no, there's an element of whether the patient is on board with the understanding that if that makes sense, the the neuroscience, the pain science, essentially, almost the belief, the patients that we really struggle with, are the patient that are hugely concerned and attached to but I've got a disk or, but my, but I've got a I did this or I did that, you know, I did the when there's a visit when they hugely when essentially has been ruled out? It Oh, it's a tricky, it's a tricky one, because essentially, you can send a patient for an MRI or not, or they've been sent for an MRI and they had an MRI, essentially, to sort of rule anything serious out, they then have something that is almost sort of age appropriate, and that they'll get really hung up on that. But I've got, you know, I've got a desk. My MRI, when I was being diagnosed, said that I had a generative discs the whole way from L five to C six. And if I got stuck in that, I never would have got better because essentially, but I'm broken. I can't get better. So those patients definitely, it's it's much more challenging.

Steven Bruce

Yeah. It's fascinating Hearing you say that, because and again, I'm not I'm not obsessed with Laurie Hartman. It's just that he was here over the weekend. And Laurie would said, if he would say, if you

look at an MRI, or an x ray of his back, he's got virtually no discs in the hole of his lumbar spine. But he has no pain, you can't bend forward, but he's got no pain. So the imagery isn't always, as we well know, indicative of what the underlying problem might be.

Pippa Cossens

No, and we have actually, in the practice, we have a wonderful sort of set of resources, one of which is the degenerative spine imaging findings in asymptomatic pain through patients, you know, and in their 50s, you know, 80% of patients have got disc degeneration with no pain. So again, it's that introducing, is trying to take the fear out of chronic pain. Yeah,

Steven Bruce

paper, that's been great. I'm going to share your slides with people as a handout, I'll also send them a link to the sirpur website sirpur.org. With the discount code, I have to say that, you know, for 500 quid being able to add something like this to your own armoury is, is pretty impressive. I think it sounds as though he's very effective, and goes beyond what we're taught in standard training. So thank you very much for sharing it all.

Pippa Cossens

That's a pleasure. That's a pleasure.

Steven Bruce

I'm sure we'll get you and or Georgie back on the show at some point in the in the future as well. Maybe we should get you in the studio, both of you. And we'll talk through the whole of the appointment process, the training process and so on. But anyway, that's the Thank you for today. Yeah, that is it for today. As always, I hope you found that useful. thank you for joining me today. I'll see you soon I hope bye for now