

WEBINAR



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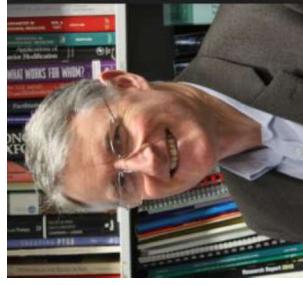
Comcare

Strategies to support work participation for clients/patients living with chronic pain

Tonight's panel



Dr. Irina Hollington
Pain Specialist & Anaesthetist



Prof. Michael Nicholas
Psychologist



Catherine Ketsimur
Physiotherapist



Erin O'Donnell
Rehabilitation Manager –
Australia Post



Facilitator:
Stephen Trumble
General Practitioner

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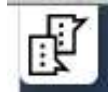
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Learning outcomes

Through an interdisciplinary panel discussion of a case study, this webinar will provide participants with the skills and knowledge to:

1. Identify the challenges for clients/patients with chronic pain engaging with and participating in the workplace, including psychological, pain-related, and work environment obstacles.
2. Discuss practitioner challenges in helping clients/patients with chronic pain to constructively engage with the workplace.
3. Discuss the risks and opportunities for clients/patients with chronic pain participating in work.
4. Recommend ways to facilitate safe and sustainable work participation for clients/patients with chronic pain.



Dr. Irina Hollington

*‘Behind every chronic pain patient
is an acute pain patient
who wonders what went wrong.’*

Acute pain is simple

- Injury <3m
- Alarm system pain to protect the tissue from injury
- Physiological response is adaptive and protective
- Brain sends a response to an unpleasant physical and emotional experience

Only the patient knows what pain feels like

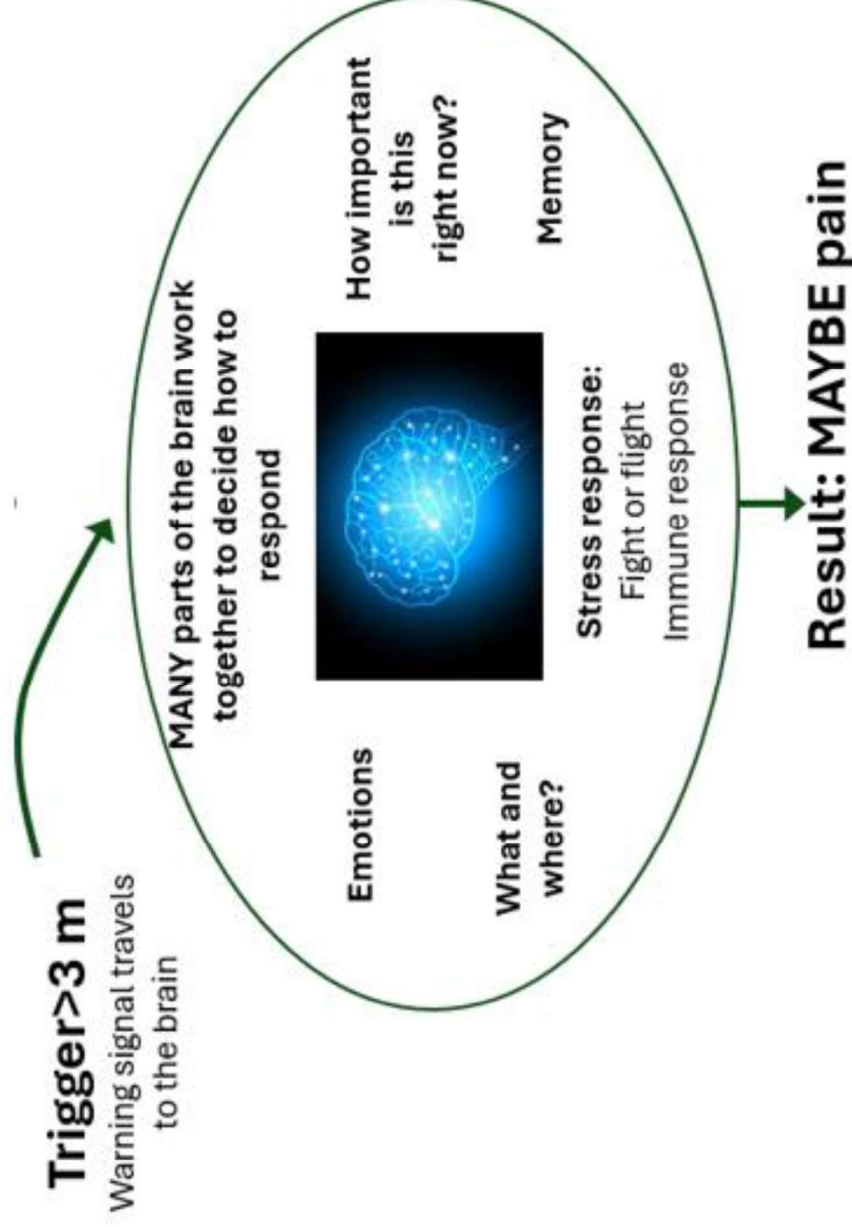


Dr. Irina Hollington



Chronic pain is complex

Dr. Irina Hollington



Assessing pain

Comprehensive history, examination and investigation

- Guidance from the Faculty of Pain Medicine emphasise the importance of a comprehensive pain assessment, including social, psychological and biomedical contributors¹
- Taking a biopsychosocial approach to pain assessment assists in addressing psychosocial factors influencing pain perception.



Dr. Irina Hollington

General tips

Think like a detective

Active listening

Be patient and empathetic

Persons-in-pain often want to get a lot off their chest

They've often been stigmatised, dismissed or not believed

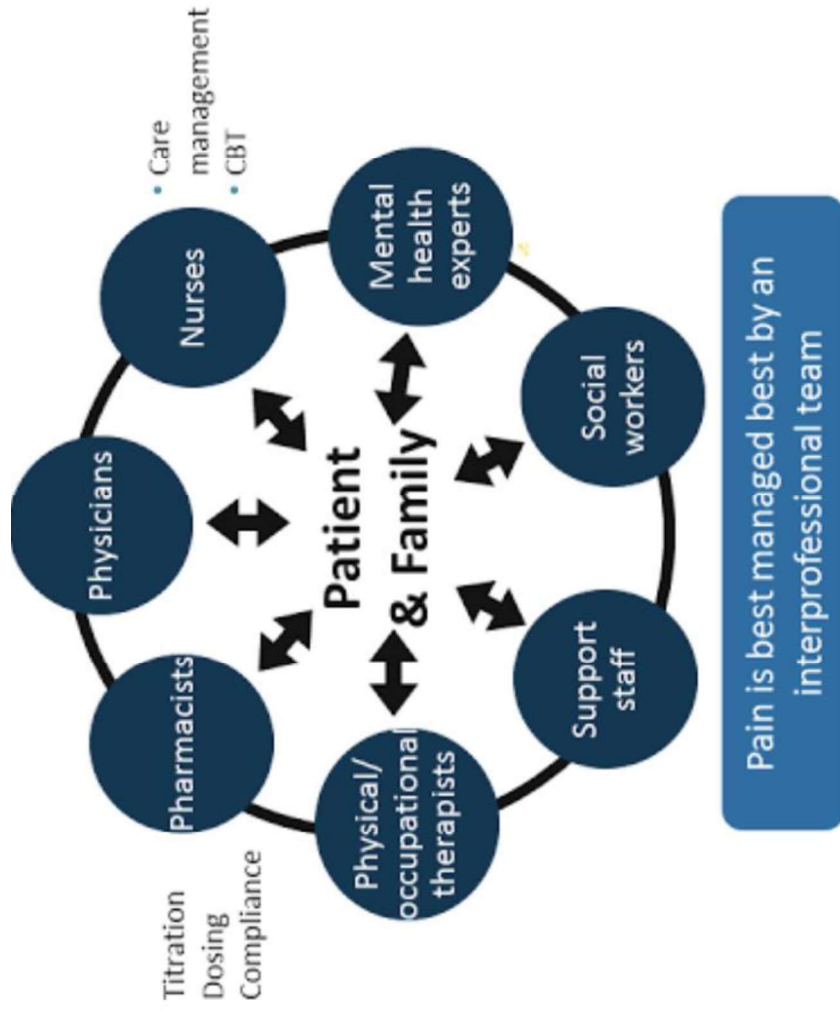
Adopt a bio-medical-psychosocial-environmental approach

Assess the whole person and their environment

Don't rush: You won't get all the information you need in one sitting

Reference: 1. PSO1 (PM): Statement Regarding The Use Of Opioid Analgesics In Patients With Chronic Non-cancer Pain. ANZCA, FPM. PSO1(PM)) 2021 accessible [here](#).

How do we treat a complex pain condition?



Dr. Irina Hollington

What do we mean by ‘Chronic Pain Management Strategies’



Dr. Irina Hollington

Chronic pain management is different to acute pain management

Individualised pain management plans should be **tailored to patients' preferences** and cultural backgrounds to enhance treatment adherence

Aim for multimodal approaches combining non-pharmacological interventions, such as physiotherapy and cognitive-behavioural therapy, with appropriate medication

Multimodal analgesia is the **rational use of two or more analgesics** to improve pain and reduce adverse effects.

Combine analgesics **with different mechanisms of action** at the lowest possible dose to achieve optimal pain relief and avoid side effects such as cognitive clouding, insomnia, mood disorders, gastrointestinal upset and many more...

Beware if active treatments become passive



Dr. Irina Hollington



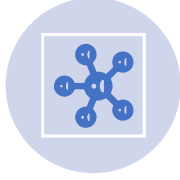
Missed appointments



Worse pain despite medication



Worsening mood



Conflict with employers, case managers, GP, physio, employer, family



*Instead:
The right treatment
at the right time*

Presenting problems identified by Emma

- **Persisting pain interfering** in normal activities
- **Behaviour patterns** influenced by pain and expectations of pain
- **Pain interfering in usual roles (work)** – losing time from work; considering change to part-time
- **Distress** (financial worries, fatigue, impact on work)
- **Worries** (?response of employer, impact of pain on work)
- **Problems with concentration, memory**
- **Sleep disturbance**
- **Unpleasant side-effects** of medication (tired, groggy)



Prof. Michael Nicholas

Treatment plan so far

- Medication (for pain and sleep)
- Exercises (water based)
- Rest
- Diet
- Psychological treatments (strategies and tools for pain & distress)
- Considering changes at workplace



Prof. Michael Nicholas

Recent guidelines for chronic pain



Prof. Michael Nicholas

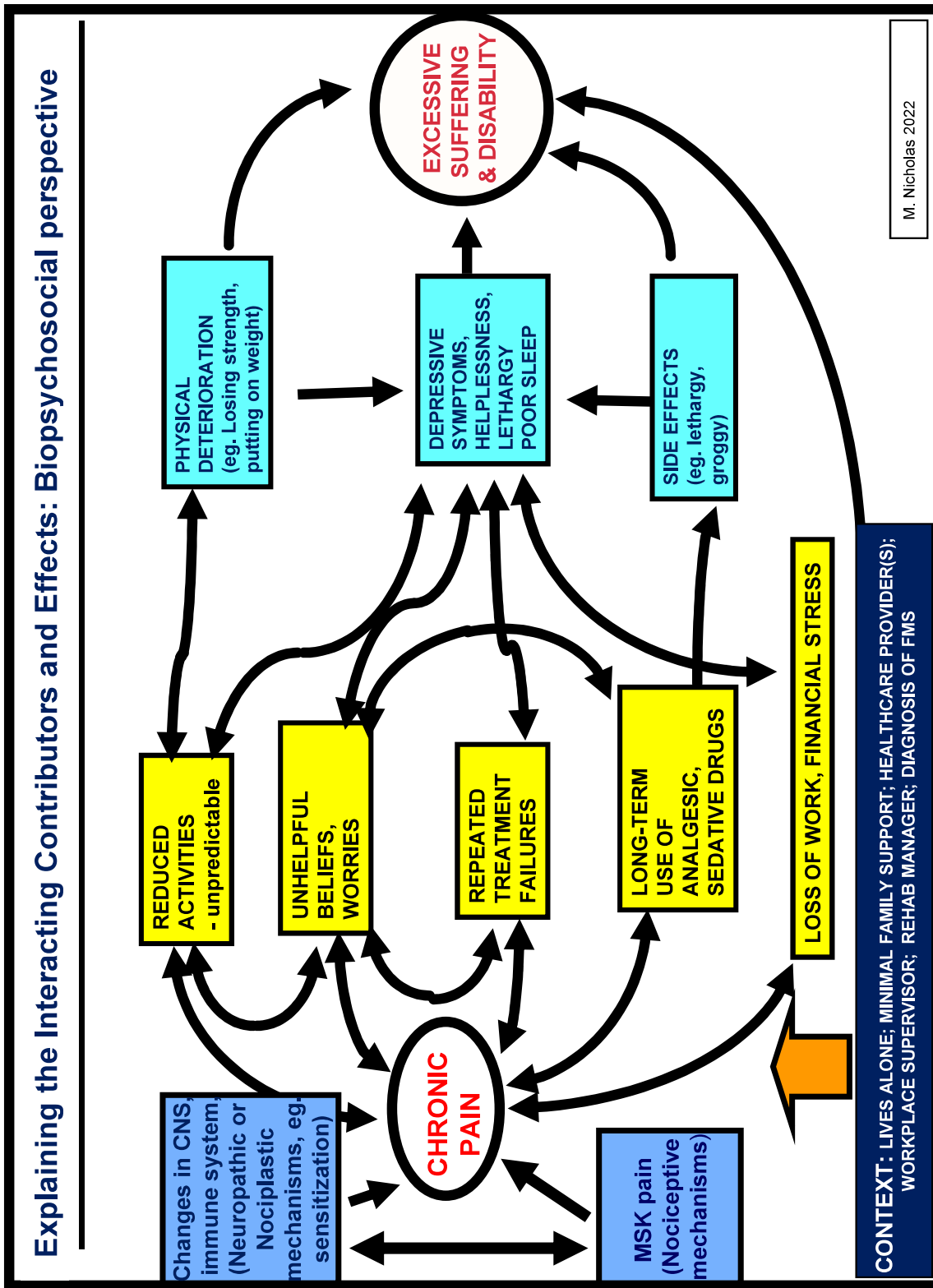
U.S. Department of Health and Human Services (2019, May). **Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations**. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

Key points:

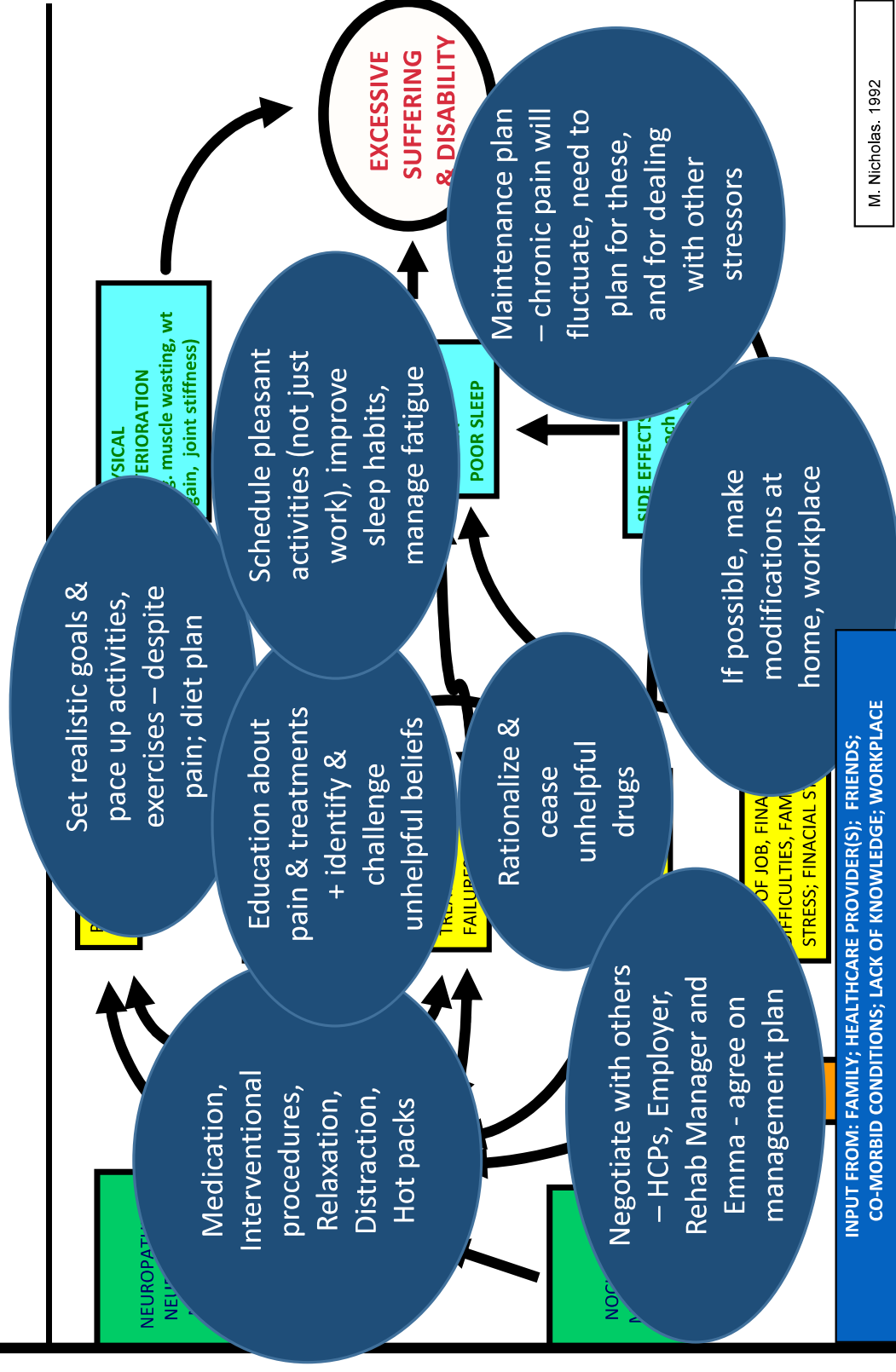
1. Adopt an individualized patient-centred approach.
2. Focus on measurable outcomes including functional abilities and improved activities of daily living (ADLs).
3. Enhance the quality of life of patients
4. Establish a therapeutic alliance (collaboration) between patient and clinician.
5. Consider a multimodal approach (may include combination of medications, physical therapy, behavioural approaches and complementary and integrative health modalities).
6. Use a biopsychosocial model of care.
7. Minimize adverse outcomes.



Prof. Michael
Nicholas



What if we targeted as many of these contributors as possible?

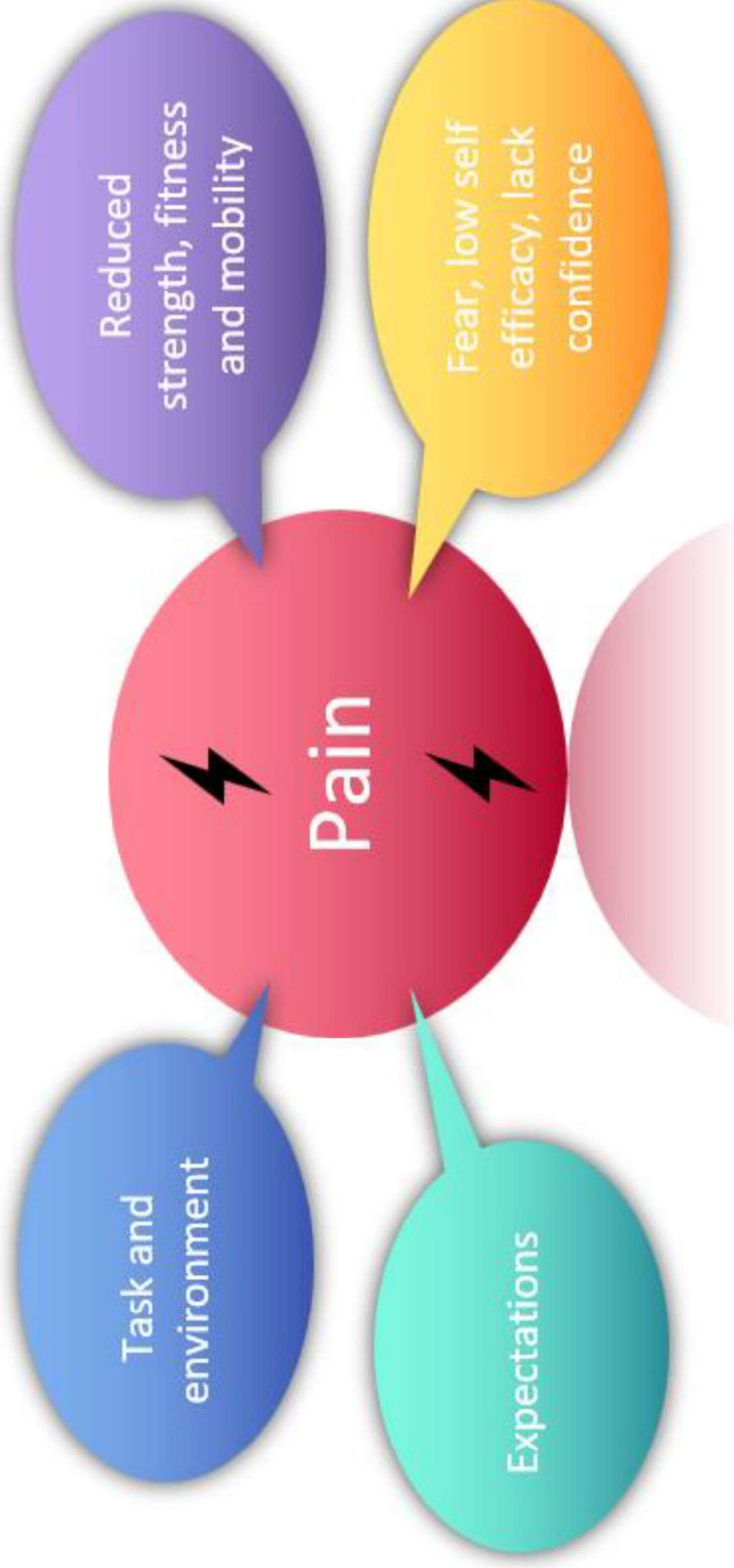


Prof. Michael
Nicholas

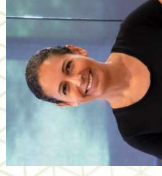
Challenges for clients/patients



Catherine Ketsimur



Practitioner Challenges



Catherine Ketsimur

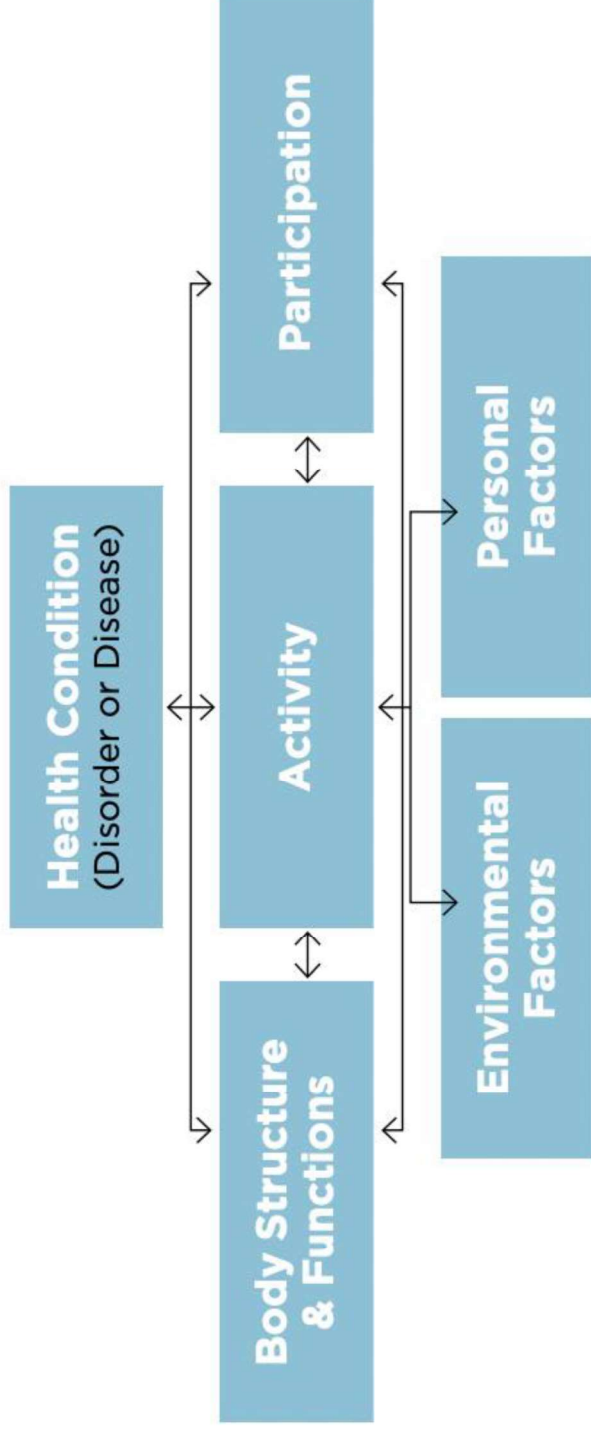


Figure 1: Interactions between the components of ICF

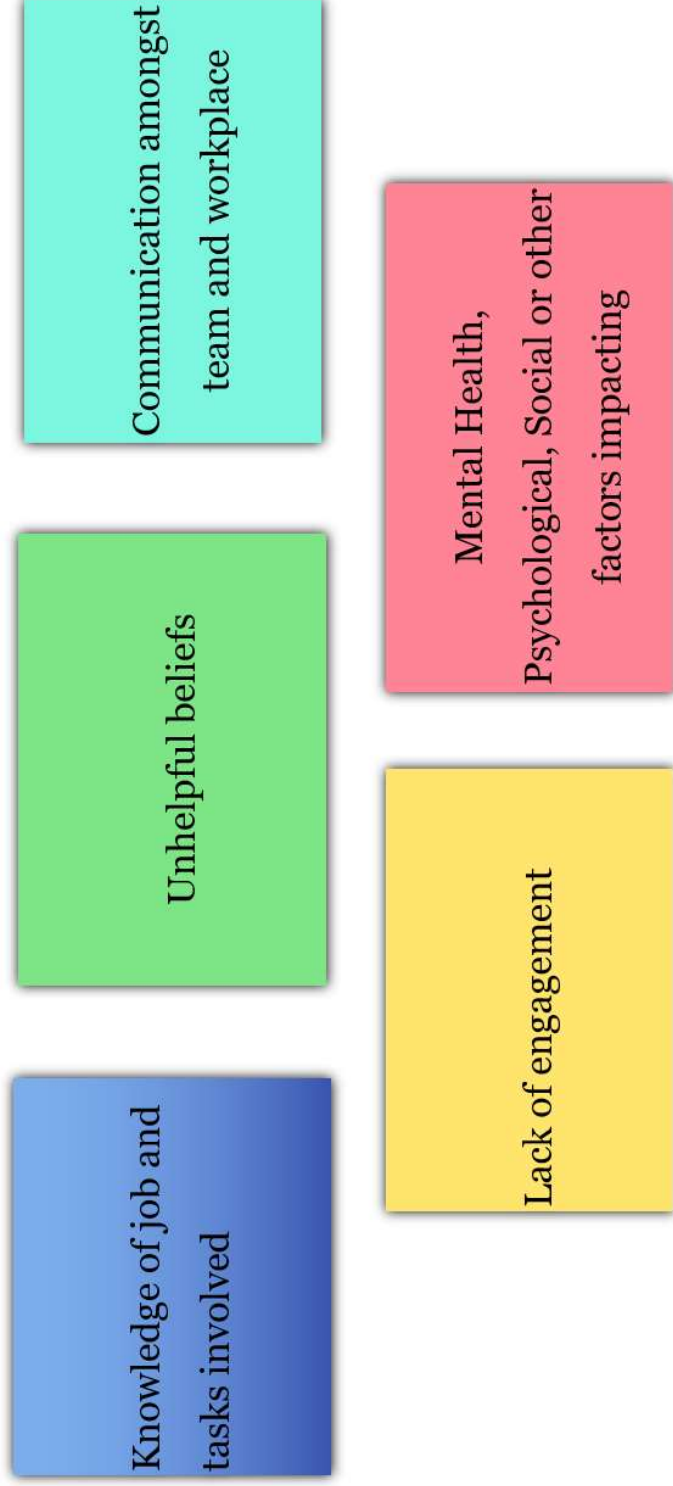
¹ Australian Health Ministers' Advisory Council 1993, 'AHMAC Sunshine Statement', Proceedings of the AHMAC Health Outcomes Seminar, AHMAC, Sunshine Victoria

² World Health Organization 2001, International Classification of Functioning, Disability and Health, World Health Organization, Geneva.

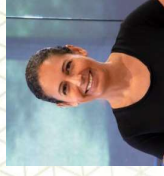
Practitioner Challenges



Catherine Ketsimur



Risks and opportunities for clients/patients with chronic pain participating in work



Catherine Ketsimur

Risks

- Worsening pain and fatigue
- Work demands not matched to work capabilities
- Stress
- Failed return
- Reduced general wellbeing and health

Opportunities

- Improve general wellbeing and health
- Sense of purpose and structure
- Maintain mobility and fitness
- Financial independence
- Engagement in community, and social contact

Facilitation of safe and sustainable work participation



Catherine Ketsimur

- Thorough and holistic assessment
 - Evidence based outcome measures (Short Form Örebro (OMPSQ- 10), Patient Specific Functional Scale)
- Collaborative, attainable and practical goals
- Psychologically informed management

- Education
 - Pacing
 - Problem Solving
 - Flare-up planning
- Early return - adapted and adjusted as needed
- Empower to self manage & promoting independence

Australia Post's Rehabilitation Approach

Initial Needs Assessment



Erin O'Donnell

- Holistic
- Örebro musculoskeletal pain questionnaire (OMPQ)
 - > 50/100 score indicating higher estimated risk for future work disability

Australia Post's Rehabilitation Approach

Early Matched Care at Aus Post (EMCAP)



Erin O'Donnell

Partnership with our Employee Assistance Program (EAP) Provider,
Converge

- 35% improvement in mental health outcomes
- Average 51 day faster return to pre injury hours
- 44% reduction in incapacity costs for intervention group

Australia Post's Rehabilitation Approach

Supports

- Ergonomic Assessment
- Workplace adjustments
- Collaborative RTW approach
- Case Conferencing
- Coaching and educating Line Managers

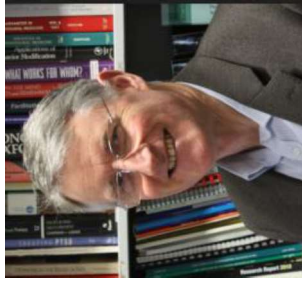


Erin O'Donnell

Q&A Session



Dr. Irina Hollington
Pain specialist & Anaesthetist



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Psychologist



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Physiotherapist



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Rehabilitation Manager –
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Resources and further reading

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2.  Info
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Tuesday the 19th of March at 7:15pm AEDT.**

**Navigating cultural differences: Culturally
responsive practice supporting families
Wednesday 20th March at 7:15pm AEDT**

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clients/patients living with chronic pain

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