

SquareONE Rehabilitation

Educational Tips

How understanding your pain helps you conquer it

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Sydney (name changed), a 29-year-old mother to a growing family, found her knee pain getting worse with each passing year. After landing a high-stress desk job, she found herself sitting most of the day. The more she sat, the worse her pain got. What Sydney didn't realize was that she didn't have a very good understanding of her pain. Very few of us do, in fact.

Understanding pain is a key ingredient to conquering it.

That's why education, along with exercise therapy and behavioral health, is among the best practice for musculoskeletal (MSK) care. MSK pain is prevalent across all types of workforces, with 1 in 2 Americans suffering from it. Understanding the best practice care allows patients to combat pain and avoid surgery and drugs. Here are common misconceptions that could impact how you manage your pain.

Myth #1: Activity causes me pain. Therefore, it's harmful to my body.

Truth: Pain is a protector, not a damage detector.

If you were to hold your hand above a burning candle and slowly move your hand closer to the flame, you would experience pain far before your hand was actually burned. The pain encourages you to move your hand to avoid being burned. You may recall from "Pain and Movement part 1" education tip about how exercise therapy will reset our buffer zone.

The buffer zone generally works, as it should. But sometimes it becomes and stays so big that you experience pain with movements that are not dangerous or likely to result in injury. This maladjustment is actually what a lot of people with persistent pain experience. The very real pain that you feel with activity is not indicative of more damage being done.

Supporting this, a Systematic Review led by Ben Smith and published in the British Journal of Sports Medicine in 2017 demonstrated that painful exercise had no negative long-term effects compared to non-painful exercise and even demonstrated positive short-term effects over non-painful exercise.

Myth #2: I can't do activities I used to because my joints are too damaged.

Truth: You are almost always safe to move.

The fear avoidance model of pain has demonstrated when a patients or clinicians belief that pain or physical activity would cause tissue damage, the resulting inactivity can compound negatively. While you may experience pain and injury from time to time, your body is strong and resilient.

When it comes to pain, it's important to rule out rare but more serious conditions (like a fracture, for instance). Once we do that, we can feel confident that you are safe to move. Your body can handle movement, even if it hurts. And more importantly, movement will help to decrease your pain.

It's important to remember that your pain is **always** real. But it's also important to trust that you are safe to move. And learning about the healing nature of movement helps retrain your brain to distinguish safe from dangerous movement so that you are able to get back to the activities you love without being burdened by your pain.

Myth #3: Rest will make my pain go away.

Truth: Movement can retrain your pain system to conquer pain.

If you have persistent pain, you've probably said something like, "I was too sore to do yard work over the weekend" or, "I've started taking the elevator because the stairs cause me pain" at some point.

These types of statements are normal. Pain naturally encourages rest. But as it turns out, movement (not rest) is the key to overcoming persistent pain, and advice and education that promote return to activity is necessary and important to overcome fear of pain and tissue damage.

Understanding the protective nature of your pain allows you to change your perspective. It empowers you to move. And that movement not only assures the brain that there is no threat of injury present, but it also has a positive impact on strength, sleep, mood, and helps you return to your normal social life and hobbies, etc.

Conclusion

As Sydney started learning about her pain, she worked with her coach to implement important changes. She developed an exercise routine. She started doing "desk exercise" exercises at work. And she started taking the stairs so often that they don't even cause her pain anymore.

Pain management is a journey. And learning about persistent pain does not make it disappear immediately. But coupling education about pain with movement and behavioral therapy is, in fact, a recipe for success.

References:

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