
Occupational Therapy and Pain Management

Lydia Royeen Ph.D., OTR/L
Texas Woman's University

Stephanie McCammon MS, OTR/L
Rush University Medical Center

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Learning Objectives

1. Understand how occupational therapy can have a role in pain management (non-pharmacological approach)
2. Identify 1-2 tools that you can use in practice to help when speaking with individuals who experience pain

OT misconceptions

"I'm fine with my fine motor coordination, I don't need OT."

"I am already retired, I don't need a job."

"OTs only work with people who have a physical issue"

Occupational Therapy

- “Enables people to do the ‘day-to-day activities that are important to them’ despite impairments, activity limitations, participation restrictions or risks for these problems.” *
- May address physical, emotional and psychosocial barriers
- Work with neonatal to geriatric populations
- Strive to improve ability to carry out activities of daily living, promote wellness, and promote safety in home/school/work environments

*(Neistadt & Crepeau, 1998, p.5)

Occupational Therapy Theory

Person-Environment-Occupation

- Person Factors
 - Physical Capacity
 - Psychological Flexibility
- Environment Factors:
 - Social
 - Physical
- Occupational Demands
 - Adapting
 - Changing
 - Compensating

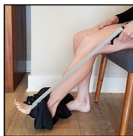


*Baum, C. & Christensen, C. (2009). Person-environment-occupation performance: An occupation based framework for practice. In Christensen, C., Baum, C., & Bass-Haugen, J. (Eds.), Occupational therapy: Performance, participation, and well-being (3rd ed.). Thorofare, NJ: SLACK Incorporated.
 **World Health Organization. International Classification of Functioning, Disability and Health (ICF) (2 March 2018). Retrieved from: <https://www.who.int/classifications/icf/>
 ***Lowe, M., Cooper, B., Young, S., Stewart, D., Rigby, R., & Smith, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance. Canadian Journal of Occupational Therapy, 63, 9-21. <https://doi.org/10.1177/0008172506030010>

Occupational Therapy Theory

Person Factors:

- Mindfulness Practice
- Psychological Flexibility (ACT)
- Strength
- Endurance
- Balance
- Flexibility



Environmental Factors:

- Support Groups
- Community Resource
- Caregiver Training
- Cognitive Compensation
- Home Adaptation (shower chair)
- Adaptive Equipment (walker, reacher)

Occupational Demand:

- Interest Exploration
- Task Simplification
- Energy Conservation
- Routine Adaptation
- Body Mechanics

OT and Pain Position Paper

- Occupational Therapy Practitioners work to increase client's engagement in meaningful activities
- Complete comprehensive assessment to understand how pain affects functioning
- Skilled to work with individuals who have pain individually or group across the continuum of care



American Occupational Therapy Association (2022). Role of Occupational Therapy in Pain Management. *The American Journal of Occupational Therapy*; American Occupational Therapy Association, 75(Supplement_3), 7513410010. <https://doi.org/10.5014/ajot.2021.75S3001>

Occupational Therapy Settings

- Hospitals
- Rehabilitation Centers
- Nursing Facilities
- Outpatient Clinics
- Home Care
- Community Agencies
- Schools
- Early Intervention Centers
- Sheltered Workshops
- Group Homes
- Behavioral Health
- Primary Care (including palliative care)

OT Treatment Approaches and Interventions Across Continuum of Care

Occupations



Assistive Technology and Environmental and Activity Modifications



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OT Treatment Approaches and Interventions Across Continuum of Care

Self-Regulation



Physical Agent Modalities



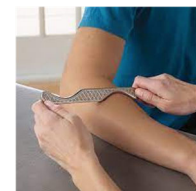
American Occupational Therapy Association (2022). Role of Occupational Therapy in Pain Management. *The American journal of occupational therapy*; American Occupational Therapy Association, 75(Supplement_3), 7513410010. <https://doi.org/10.5014/ajot.2021.75S3001>

OT Treatment Approaches and Interventions Across Continuum of Care

Exercises and stretching



Manual Therapy



OT Treatment Approaches and Interventions Across Continuum of Care

Sleep



Medication Management



OT Treatment Approaches and Interventions Across Continuum of Care

Self-Management Training

Mindfulness



Acceptance and Commitment Therapy



Case Study: Inpatient Behavioral Health

Jane is a 23 YO F with a past medical history of chronic pain syndrome, fibromyalgia, irritable bowel syndrome and a past psychiatric history of depression and PTSD who was transferred from the ICU to an inpatient behavioral health unit after a suicide attempt.

In the initial OT evaluation on the inpatient unit, Jane identified pain, poor sleep, inability to follow structured routine and emotional distress as primary barriers to occupational engagement. At the time of admission, she was on medical leave from her job as a computer engineer working from home.

Jane expressed during the evaluation that she "has to will to live" but is struggling to self-regulate (pain, thoughts, feelings).

The goal of OT treatment was to support Jane in finding ways to manage her physical and emotional pain to promote participation in valued roles and activities.

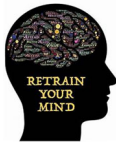
Acceptance and Commitment Therapy (ACT)

What is ACT?

- ❑ A mindfulness based, cognitive behavioral therapy grounded in science
- ❑ Based on deep and broad evidence and proven effective with a wide variety of psychological and physical conditions
- ❑ Aims to create a rich and meaningful life by increasing psychological flexibility rather than symptom reduction

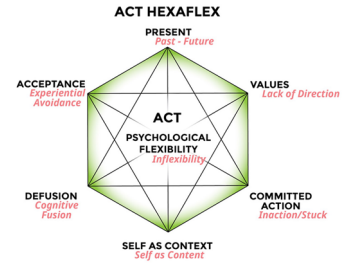


What Is ACT?



- ❑ Targets 6 psychological processes that have been shown to impact behavioral choice
- ❑ Makes no effort to change negative thoughts and painful emotions
- ❑ Emphasizes acceptance of what is out of our personal control and committing to take actions guided by values rather than feelings
- ❑ Offers concrete interventions that address underlying psychological barriers to function

Addressing Psychological Barriers to Function



Why use ACT in OT Treatment of Pain?

- ❑ ACT interventions support OTs ability to increase willingness co exist with physical and emotional discomfort related to pain experience
- ❑ ACT provides OTs a strong, evidenced based approach to address psychological barriers to function
- ❑ OT and ACT are interrelated and complementary - both focus on moving people toward a meaningful life by emphasizing person centered values and action
- ❑ ACT can be used across treatment settings and with a wide variety of populations, disabilities, occupational roles and diagnosis



Jane Case Study: Assessment

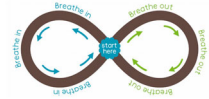
ACCEPTANCE AND ACTION QUESTIONNAIRE (AAQ-II)

	1	2	3	4	5	6	7
	Never True	Very Seldom True	Seldom True	Sometimes True	Frequently True	Almost Always True	Always True
My painful experiences and memories make it difficult for me to live a life that I would value						6	
I'm afraid of my feelings						3	
I worry about not being able to control my worries and feelings						3	
My painful memories prevent me from having a fulfilling life						5	
Emotions cause problems in my life						4	
It seems like most people are handling their lives better than I am						5	
Worries get in the way of my success						4	
Total (Higher scores indicate greater inflexibility)							30/49

Rond, F. W., Hayes, S. C., Boer, R. A., Carpenter, K. M., Guecole, N., Orsutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire - II: A revised measure of psychological flexibility and experiential avoidance. *Behavior Therapy*, 42, 676-688.

Jane Case study: Mindfulness based Interventions

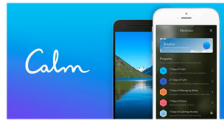
Breathing techniques



Essential Oils



Meditation



Case Study

Wrap up and talk about case study in more detail.

Occupational Therapy in Palliative Care

interventions are applicable in Palliative Care



Case Study: Palliative Care

Shonda was a 56 year old female being seen in palliative care for chronic hip pain. She had an MVA 14 year ago and has multiple comorbidities. She uses a walker for functional ambulation and able to complete her activities of daily living (ADL's) with increased time. She requires assistance with her instrumental activities of daily living (IADL's) including cleaning and cooking.

Shonda has been working with the Palliative Care provider to reduce and change her pain medication. The Palliative Care provider placed an OT referral in the EMR and the OT completed an evaluation in the primary care clinic and follow up treatment sessions with her in outpatient.

Intervention

Clean Pain & Dirty Pain

- Clean Pain
 - Physiological Pain
 - Sharp, shooting, burning, etc.
- Dirty Pain
 - Psychological response to pain
 - Anxiety, anticipation, worry, etc.



Mindfulness

- Present moment attention (ACT hexaflex)



Intervention

MORITA THERAPY WHAT IS CONTROLLABLE?

We cannot control our thoughts, feelings and body sensations directly by an act of will. Our actions may eventually influence our thoughts and feelings, but in the moment we cannot simply force ourselves to think or feel "better".

Uncontrollable	Controllable
<ul style="list-style-type: none">• Thoughts• Feelings• Body Sensations <p>* Thoughts and feelings create <u>urges</u> to react in conditioned ways. We feel an urge to react in the same old ways.</p>	<ul style="list-style-type: none">• Actions <p>* If we are conscious of our urges we can chose how we act. This suggests that we can feel unmotivated and take action anyway, or feel an urge and not act on it.</p>

Retrieved from: <http://www.moritaschool.com/research>

Questions?

