

## Pain Care: Key Definitions

### Acute Pain

A widely accepted definition of acute pain is that it is short in duration, lasting no more than 6 months and can be as brief as a few minutes or days. Acute pain is typically caused by an injury, illness or occurs as the result of a surgical procedure. Causes of acute pain can be dental procedures, surgeries, broken bones, sprains, burns, or childbirth. The underlying cause will usually resolve, and the acute pain will go away.

### Chronic Pain

Chronic pain persists and typically lasts longer than six months. It can be caused by a chronic condition that causes ongoing pain or can continue after an injury or illness has appeared to heal. In some cases, pain signals are still active in the nervous system for months or years. Chronic pain can appear even when there is no discernable injury or apparent tissue damage. Some causes of chronic pain can be headache, arthritis, cancer, nerve pain, back pain and fibromyalgia.

### High Impact Chronic Pain (HICP)

HICP is a recently introduced concept for more severely impacted chronic pain patients. HICP incorporates both level of disability and pain duration and differentiates those with more severely impactful chronic pain from those with less impactful chronic pain. This new concept reflects the multidimensionality of chronic pain and can better inform research, clinical practice and policy formation.

### Complex Regional Pain Syndrome (CRPS)

Complex regional pain syndrome (CRPS) is a chronic (lasting greater than six months) pain condition that most often affects one limb (arm, leg, hand, or foot) usually after an injury. CRPS is believed to be caused by damage to, or malfunction of, the peripheral and central nervous systems.

### Central Pain Syndrome

Central pain syndrome is a neurological condition caused by damage to or dysfunction of the central nervous system (CNS), which includes the brain, brainstem, and spinal cord. This syndrome can be caused by stroke, multiple sclerosis, tumors, epilepsy, brain or spinal cord trauma, or Parkinson's disease.

### Biopsychosocial Model of Pain Assessment and Treatment

The biopsychosocial approach describes pain and disability as a complex and dynamic interaction among physiological, psychological, and social factors that perpetuate, and even worsen, one another, resulting in chronic and complex pain syndromes. This new approach has provided valuable new directions for pain management and has led to breakthrough clinical approaches with significantly better outcomes than traditional opioid therapy with some pain conditions.

### Patient Centered Care

The patient centered care model includes listening to, informing and involving patient's in thier care. The National Academy of Medicine (NAM) defines it as "defines patient-centered care as: "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

**Shared Decision Making**

Shared decision making is a key component of patient centered care for pain. It is defined as patients and providers collaborating on the best treatment plan and the desired outcomes including functional goals, pain intensity, and quality of life for chronic pain. This approach in pain treatments focus on appropriate education and understanding the nature of the patient's problem, including understanding the body's complex pain systems.

**Multimodal Therapy for Pain Care:**

Concurrent use of separate therapeutic interventions with different mechanisms of action to address biological, psychological, social and cultural factors involved in pain. For example: The use of meditation and group exercise classes for ongoing chronic pain management, with spinal manipulation as needed for back pain flares.

**Complementary vs Alternative Therapies:**

Health care approaches developed outside of conventional medicine can be considered *complementary* when used together with conventional medicine, or *alternative* when used in place of.

**Integrative Medicine:**

Integrative health care involves bringing conventional and complementary approaches together in a coordinated way, considering all factors that influence health, wellness, and disease including mind, body, spirit, lifestyle, and community. It emphasizes the therapeutic relationship and shared decision-making between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.

**Multidisciplinary Pain Care:**

Multimodal treatment is provided by practitioners from different disciplines. For example: the prescription of an anti-depressant by a physician alongside exercise treatment from a physiotherapist, and cognitive behavioral treatment by a psychologist, all the professions working separately with their own therapeutic aim for the patient and not necessarily communicating with each other.

**Interdisciplinary Pain Care:**

Multimodal treatment provided by a multidisciplinary team collaborating in assessment and treatment using a shared biopsychosocial model and goals. For example: the prescription of an anti-depressant by a physician alongside exercise treatment from a physiotherapist, and cognitive behavioral treatment by a psychologist, all working closely together with regular team meetings (face to face or online), agreement on diagnosis, therapeutic aims and plans for treatment and review.

**Hyperalgesia**

Increased pain from a stimulus that normally provokes pain. Hyperalgesia can occur temporarily in pain patients when long term opioid therapy is reduced or discontinued.

**Non-pharmacologic Modalities for Pain Care**

Non-pharmacological pain management refers to interventions that do not involve medications. These approaches include restorative, interventional, behavioral, and complementary and integrative (CAM). Some examples are patient education, mind-body therapies (e.g., meditation, yoga, Tai Chi), exercise therapies (e.g., active physical and rehabilitative therapies), manual therapies (e.g., massage, spinal manipulation, passive rehabilitative modalities), and psychological therapies (e.g., cognitive-behavioral therapy, acceptance and commitment therapy, relaxation, guided imagery).

## **Categories and Examples of Non-pharmacologic Modalities for Pain Care**

### **Restorative Therapies**

Therapeutic Exercise  
Physical Therapy  
Transcutaneous electric nerve stimulation (TENS)  
Massage Therapy  
Traction  
Cold and Heat  
Therapeutic Ultrasound  
Bracing

### **Interventional Procedures**

Epidural injections (steroids)  
Facet joint nerve block and denervation injection  
Cryoneuroablation  
Radiofrequency ablation  
Peripheral nerve injections  
Sympathetic nerve blocks  
Neuromodulation  
Intrathecal Medication Pumps  
Vertebral augmentation  
Trigger points  
Joint injections  
Interspinous process spacer devices  
Regenerative/adult autologous stem cell therapy

### **Behavioral Health Approaches-Group and/or Individual**

Cognitive Behavioral Therapy (CBT)  
Behavioral Therapy  
Acceptance and Commitment Therapy (ACT)  
Mindfulness Based Stress Reduction (MBSR)  
Emotional Awareness and expression therapy (EAET)  
Psychophysiological approaches-biofeedback, hypnotherapy, relaxation training

### **Complementary and Integrative Health**

Acupuncture  
Massage and manipulative therapies (osteopathic and chiropractic)  
Mindfulness Based Stress Reduction (MBSR)  
Yoga  
Tai Chi/Qi Gong  
Spirituality