

MARCH 2021 | ISSUE 1

Rev'd Up

FOR OUR REVOLUTIONARIES IN 2021



pain revolution

PEAKS4PAIN

We are thrilled to announce that we will be running a new challenge this year!

SUE OUR NEW GM!

Welcome to Sue Caldicott! Pain Revolutions new General Manager!

DOREEN'S STORY

Doreen shares her story about her pain journey as well as her message for others.

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PEAKS4PAIN

Pain Revolution is BACK IN ACTION for 2021 and we are thrilled to announce that we will be running a new challenge this year Peaks4Pain!

The challenge will be a a 31 day fundraising challenge in October to walk, run, hike or bike up the greatest elevation that you can! We will be using the power of technology to track every persons progress!

Some of the mountain peak goals include Mt Kilimanjaro (5,895m), Mt Blanc (4,809m), Mt Kosciuszko (2,228m) Mt Everest (8,850m) or of course you can set your own goal, even if that's the elevation of your own backyard!

We can't wait to see our community get out there and achieve their goals while at the same time raising money to support people in pain, and their practitioners, in rural and regional Australia.



Peaks4Pain is powered by

AIA Vitality





**RE-THINK
RE-ENGAGE
RECOVER**



G'DAY SUE!

Sue Caldicott is
Pain Revolutions
new GM

SUE CALDICOTT

Sue is a qualified business manager with over 20 years experience across a diverse range of industries, most recently in the health sector where she was managing private psychology and physiotherapy clinics. Prior to this she held senior management roles within a law firm and credit union. She is particularly interested in helping small organisations grow and have a greater social impact.

Sue has a Master of Entrepreneurship and a Bachelor of Arts. She recently completed the Business Start-Up Program at Flinders University / New Venture Institute and has won numerous small business achievement awards over the years.

Sue is looking forward to helping build on Pain Revolution's core programs in order to reach more people and have a greater impact on the lives of those living with persistent pain.

When she is not working Sue loves a good long hike or a Pilates class to keep fit. She is quite fond of a cold G&T and makes her own sourdough. An intrepid traveller she is looking forward to some hiking in Tasmania and New Zealand and will be booking a trip to Iceland at the first possible opportunity.

ARE YOU A PASSIONATE ABOUT PAIN?

BECOME A LOCAL PAIN EDUCATOR



Local Pain Educator 2 Year Full Scholarship Program Includes:



Professional Certificate in Pain
Science, delivered online by
University of South Australia



Dedicated mentor program



Resources and support to
deliver pain education to your
community



Access to national network
including workshops, webinars,
peer support and resources

What is a Local Pain Educator?

A Local Pain Educator (LPE) is a health professional who has a special interest in persistent pain.

During a 2 year program, they will undertake post graduate training in Pain Science and Theory as well as training in educational principles and community facilitation.

Our LPE Program is a long-term strategy to build capacity in rural/regional communities, by embedding knowledge and skills around best practice pain care. The program supports prevention, early intervention and recovery within the community.

Who are we looking for?

Health professionals working in rural and regional West Australia, who want to become part of a national network of people who are striving to change how we care for people in pain:

- GPs
- Practice Nurses
- Allied Health
- Pharmacists

Why LPEs?

Research clearly shows that a better understanding of pain and what to do about it is both critical and seldom delivered. LPEs are experts in both, with high level training in how to teach others – both the general community and their health professional colleagues – about contemporary knowledge and practice.

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Universally and worldwide, it is recognised that we desperately need education on pain for the whole of community. LPEs are filling this substantial gap and driving change, supported in an immediate and ongoing way by an interdisciplinary collaboration of committed experts and consumer advisers.

Applications Open

Applications are now open for health professionals in rural and regional West Australia to join our Local Pain Educator Program.



Find out more

 painrevolution.org/local-pain-educator-program

 abbie.norrish@painrevolution.org

 amanda.simister@painrevolution.org

 facebook.com/painrevolutionride

ARE YOU A PASSIONATE ABOUT PAIN?

BECOME A LOCAL PAIN COLLECTIVE FACILITATOR



What is a Local Pain Collective?

A LPC is a group of cross-discipline, like-minded health care professionals that meet bi-monthly to discuss best practice pain education and care.

The aim of the LPC is to encourage clinician collaboration to improve access to quality pain care and consistent messaging in local communities. LPCs provide a network of support and a mechanism by which health professionals can stay engaged, motivated, resourced and inspired.

What is a LPC Facilitator?

A LPC Facilitator is a health professional with a special interest in improving pain care in their rural or regional community.

The role of the LPC Facilitator is to establish a LPC in their local community and facilitate regular bi-monthly events over an initial 2 year period.

What are the benefits of being a LPC Facilitator?

- Join a collaboration of researchers, clinicians, people with lived experience and peak bodies who have a vision of revolutionising pain care and education through understanding, empowerment and long-term capacity building
- Access to the most up to date pain research and pain experts to help build your knowledge and skills in best practice pain education and care
- Networking opportunities with like-minded peers in your local community and other rural communities across Australia

Who are we looking for?

- Someone who wants to become a part of a national network of people who are striving to change how we care for people in pain
- An accredited health professional who has undertaken post-graduate training in contemporary pain science and/ or extensive experience working in pain care
- Ability to bring together a group of like-minded health professionals in your community
- Available to attend several webinars and education events between June and Sept 2021 (4-5 hrs p/month plus a weekend Retreat)
- Capacity to facilitate 6 LPC events in 2022
(4-5 hrs p/month Feb-Nov)

What's on offer?

- Extensive training including a 2 day Retreat
- Dedicated mentor program
- Access to national network including webinars, peer support and resources
- You will receive a Fee for Service for each LPC event that you facilitate



APPLY NOW!

Due 17th of APRIL

CONTACT

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LIVED EXPERIENCE

DOREEN'S STORY

This is the story of Doreen, and how she works hard every day to live her best life despite chronic lower back pain.

Doreen was overseas on holiday when one day she woke up and couldn't put weight on her right leg, her pain was excruciating and she was admitted to hospital. After back braces and medication failed to help, Doreen had to fly back home to Victoria, where she was admitted to Hospital for 10 days! *"The MRI tests revealed I had a right L2-L3 foraminal disc extrusion, contacting the exiting right sided L2 nerve root."*

The pain left Doreen feeling unable to go out with friends, family, or go to work, losing her most treasured sources of joy. Doreen loved her job at the local pharmacy but her pain was preventing her return. *"I feared the pain; I got anxious and was scared & waiting for the pain to come back worse than the first time."*

Then things started to turn a corner. An insightful and caring work colleague, Sally, noticed that Doreen was caught in a downward spiral and encouraged Doreen to return to work, even if it was just for a few hours a day. Slowly but surely every week she felt a little more

confident. Sally made a world of difference in Doreen's progress, and was a stellar example of the RUOK principle; "a conversation can change a life".

With the help of a local Allied Health Professional, Doreen learned a little about her pain, got into yoga, and was introduced to mindfulness. Doreen confronted challenges in her sessions; *"sometimes I would cry during visits, not because of pain, but because she made me feel good about myself. Eventually she had me jogging in the consultation rooms; it was so funny I jogged better than I could walk."*



We asked Doreen a couple of questions and loved her insightful answers.

What was the most important thing you learned about pain and managing it?

"Pain will rule you if you let it! I learned not to wait for the pain to start but to manage it before. I exercised at work sometimes for just 10-15 minutes BUT never letting pain get the better of me and catching it before it caught me"

What would your message be to someone else in pain that has had pain for a long time?

"Speak to a professional. Your pain will change, but remember there may be days where it will sneak back, don't let it rule you, be the boss and keep moving. I'm now working 3 days a week, and I love it. Some days I come home and collapse but I'm glad I did it. Never give up, and

always speak to someone you feel comfortable with... and a little cry now and then helps."

Doreen has had improvements in function, pain knowledge, and has developed a mindful approach to life. Her pain has improved but is still something she has works hard at, and this includes managing ongoing flare-ups. Doreen's success has come from her hard work at changing her relationship with her pain, and looking at it from that extra step back, as well as the support of her family and friends, and an outstanding level of perseverance; consequentially her quality of life has improved significantly.

We would like to thank Doreen for allowing us to share her story and for remaining a continued source of pride and inspiration to all of those around her, and now, to all of you!



RESEARCH UPDATE

HALL ET AL. >

IMAGING AND UNCOMPLICATED LBP

Do not routinely offer imaging for uncomplicated low back pain - Feb 2021

This article discusses that imaging may do more harm than good when serious conditions are not suspected and is likely to prolong recovery in patients with non-specific low back pain.

The take homes in the paper:

- Less than 5-10% of all low back pain is due to a specific underlying spinal pathology
- The remaining 90-95% has no indication of a serious cause and should be managed with conservative treatments such as advice and reassurance, exercise, physical therapy, chiropractic care, cognitive-behavioural therapy, or pain management
- Diagnostic triage based on clinical history and examination can help distinguish between non-specific or more serious low back pain

- Imaging may do more harm than good when serious conditions are not suspected and is likely to prolong recovery in patients with non-specific low back pain
- Patients' primary concerns of whether their pain is caused by something serious and what they should do to aid recovery can be addressed by sound education and reassurance, without the need for imaging.



STEVENS ET AL. >

IMPACT OF 'NON-GUIDELINE BASED' RECOMMENDATIONS

Risk Factors Associated With Transition From Acute to Chronic Low Back Pain in US Patients Seeking Primary Care - Feb 2021. In a study looking at risks associated with low back pain becoming chronic, researchers found that the more 'non-guideline based' recommendations a patient received, the more likely they were to develop chronic pain. They concluded that emphasis should be placed on discovering strategies to successfully implement guideline concordant care in the primary care setting.

10 BACK PAIN FACTS



Back to basics: 10 facts every person should know about back pain - June 2020

1. Persistent back pain can be scary, but it's rarely dangerous
2. Getting Older is not a cause of back pain
3. Persistent back pain is rarely associated with serious tissue damage
4. Scans rarely show the cause of back pain
5. Pain with exercise and movement doesn't mean you are doing harm
6. Back pain is not caused by poor posture
7. Back pain is not caused by a 'weak core'
8. Backs do not wear out with everyday loading and bending
9. Pain flare-ups don't mean you are damaging yourself
10. Injections, surgery and strong drugs usually aren't a cure

PAIN SENSITIVITY & EXERCISE

Pain sensitivity is reduced by exercise training. Take homes from this research: Jan 2021

- Exercise leads to increased pressure pain thresholds
- Exercise improves pain sensitivity more than non-exercise interventions
- Exercise effects are greater locally at the site of pain than at remote regions



**WE WANT
YOUR FEEDBACK**



CLINICAL CARE STANDARDS



IN THE NEWS

Quoted from the Clinical Care Standards website ([link on next page](#))

Consultation on the draft Low Back Pain Clinical Care Standard

The Australian Commission on Safety and Quality in Health Care is seeking comment on the draft Low Back Pain Clinical Care Standard.

The draft clinical care standard includes:

- Eight quality statements that describe the care that should be offered to people with low back pain.
- A set of indicators to support with local monitoring of quality improvement activities.

The quality statements focus on priority areas of care and are accompanied by indicators and guidance for consumers, clinicians and health services. Please review the clinical care standard before completing the survey.

Fact sheets for clinicians and consumers have been developed to support implementation. Your feedback is welcome. There are five supporting documents available for comment:

- Draft Consumer Fact Sheet
- Draft Patient Information: How to manage your low back pain
- Draft Clinician Fact Sheet
- Draft GP Quick Guide
- Draft Health Services Fact Sheet

Instructions for completing the survey

The survey will be open from Tuesday, 16 March 2021 until 11:59 pm Tuesday, 20 April 2021

- The survey will take about 15 - 20 minutes to complete
- Only one survey can be completed from the same device. You can exit the survey and return at any point prior to completion
- Click 'Done' at the end of the survey to submit your response
- Once submitted, the survey cannot be accessed again.

Reporting of findings

The findings of this survey may be published on the Commission's website, and may include verbatim responses to the consultation questions along with the names of organisations. No individual names or personal information will be published or reported. More information about the Commission's Privacy Policy is available at:

safetyandquality.gov.au/privacy-policy



This is your opportunity to have a voice. Please follow this links, read them and comment. Go on.....do it. Here's your chance...

<https://buff.ly/3cNFgH4>





Re-think.
Re-engage.
Recover!

Contact Details

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Pain Revolution is a University
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