

TRANSCRIPT #: 1003

'How Pain Science Changed My Understanding and Practice'

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[00:00:10] I took a job in Oregon, took a job teaching residents. And a resident, for those of you who don't know, is somebody who's a physician after medical school. They go into specialty training. And so I took a job **teaching resident physicians** even though I didn't have all the answers. And one of the residents one day came and found me and told me about this pain lecture that they had gone to and just how amazing it was. And I, of course was curious. "What's this about?" And they said, "Well, this **pain specialist** in town named **Kevin Cuccaro**, you know, these are some of the basics of what he said."

[00:00:59] So then I started going. I would sneak in with the residents, and it just completely blew my mind hearing how Dr. Cuccaro was talking about pain. And it's not like Dr. Cuccaro came across some profound new discovery. He was just sharing **what the science has been telling us**, but that we weren't paying attention to all along.

[00:01:29] And those of you who know Dr. Cuccaro, you know how transformative his journey has been when he really started to dig into what pain actually is. And he really lit the fire under me to start paying attention and start reading. And so **my old view** of understanding pain was that pain is a symptom of a disease, and I gotta find the disease to be able to help the patient. And then my new understanding of pain, as it began to emerge, was that **pain is protection**. That it's something that our body creates to protect us from potential damage.

[00:02:15] And the more I understand pain, the more brilliant I know pain is designed. You know, pain has a memory in our body. There's a memory in our brain. **Our body learns about dangerous situations** that have happened to us, and then it tries to protect us from those dangerous situations later in life. When our environment is not safe feeling, some of those memories can be dusted off. And we can start experiencing pain in various parts of our bodies.

[00:02:52] And this from **a clinician's perspective** is just mind blowingly different. When I see my patients now, I still believe my job is to make sure that there's not a disease that is causing pain as a symptom. And so I do my due diligence. And there's lots of good guidelines to make sure that I do a good job. But then I can also, while I'm trying to understand if there's something that's causing the pain. While I'm trying to understand if there's a secondary condition that is important to diagnose, like for example, rheumatoid arthritis, I'm also trying to understand why that patient may be experiencing a lot of protection, and then I can start educating the patient really early on in that experience about why they may be experiencing pain in those circumstances.

[00:03:54] So, lots of **frustration**, lots of self-doubt, lots of personal distress. And then Kevin Cuccaro, I see he might or might not be on here, really **changed my life**, and I owe him a whole lot because the amount of distress I experience now in practice is much, much better.

[00:04:14] My understanding of pain has also opened the door for me to understand my patients better in general. So, it helps me understand pain is a biological process that exists to protect us and to keep us safe. And sometimes it's redundant, and it's too protective. And there's other things in our body just like that. Hunger. We experience hunger so that we can sustain life. So that understanding pain changes **my understanding of obesity**.

[00:04:50] Understanding pain changes my understanding of many of the mental health "disorders" that we see in the world. There's just a lot of **anxiety and depression**.

[00:05:03] And perhaps most importantly, understanding pain also led me to understand the impact of **adverse childhood events** and how those can impact us throughout life and later in life, and how important it is to understand that and to help patients understand that.

[00:05:24] So it's not just about pain, **it's about everything**.

[00:05:30] So I'm looking down at my notes now. I was asked to potentially share a couple personal or **patient stories** that maybe help illustrate my understanding of pain.

And, you know, because of patient privacy issues, I'm going to remove any identifying information about the patients. But I'll tell you about two patients. One was a male in his late thirties. I'll call him John. His name is definitely not John. He was a **new patient** to me maybe three years ago. He was experiencing **really severe back pain** when he first came and saw me. When he first came and saw me, he was seeing a pain specialist and getting a whole bunch of injections, but really wasn't getting better. And so, he was really frustrated with his pain. I was wondering what else could be done to fix whatever was wrong with his back.

[00:06:33] So I asked him to tell me his story. So, by this time I understood how important early life events are for our pain experience. And he said that when he was a little kid, I don't remember the age, but my impression was, you know, eight or 10 or something like that. He **fell out of a tree**, and he hurt his back, and he said, "I fell out of a high tree and I damaged my back. And my back has been damaged ever since then." And I said, "Oh, you know, that really sounds scary. Tell me more."

[00:07:07] When he was a teenager, he grew up in a pretty rough area, and he got into some trouble with a bad group of kids who one day after school circled him and started beating him up. And the way John was explaining this was very uncomfortable to hear. It sounded very violent, very scary. And he said that one of the boys was **kicking him in the back** where his back had been damaged over and over and over again.

[00:07:42] John's dad, if I recall, was essentially absent from his life. John's mom, if I recall, struggled with drugs and alcohol. I think his dad maybe was in prison or something like that. John ended up getting into drugs and alcohol himself in his teenage years and really wasn't doing well in life. Ended up going to jail repeatedly. And struggled with addiction issues, **struggled with pain issues**.

[00:08:14] And then at some point in his late twenties or early thirties, he kind of grew up a little bit. He met a girl, so often how it happens. They had a kid. He realized that he wanted to be a grownup for his kid, and so he got a job. Got some training to become a mechanic. Got into lifting weights, became really physically fit, really strong. Kind of got away from his addiction issues, eventually, was really, really proud of that. And then one day he was driving along and got in a really horrific **car accident**. And that led to a hospitalization. And that led to the back pain that then persisted from the time of his car accident. And You know, so I, **my old way of understanding pain**, I would've looked at John and said, "Wow, you really must have damaged your back at 10, and there's something structural that maybe a surgeon in Seattle or Los Angeles can fix."

[00:09:26] My new way of understanding pain, which is based on what the science tells us, is that **his body had created memories** from these traumatic events earlier in life.

And now this car accident caused some of these pain issues to come on, but so did the **uncertainty** of what that meant for his future.

[00:09:47] Keep in mind he had started identifying as a very physical person. And because of this car accident, the pain, and some of the dysfunction he was experiencing, he didn't see himself as someone who could lift weights anymore. **He didn't see himself** as someone who could continue to be a car mechanic anymore.

[00:10:08] And he's one of my favorite patients because he was so flexible in his thinking. I shared with him just a little bit about what I understood of his story and how I understood his story. And he said, "oh yeah, that's really interesting. That kind of makes sense." And I said, "Do you have anyone you could talk to about some of those past traumas?" And he said, "Yeah, yeah, I have a therapist. I'll go talk to my therapist." And then he disappeared for a while. And the **next time I saw him**, he was back at work. And life was good. I mean, life wasn't perfect for him, but he's back to working. He's back to spending time with his kids and doing things that he wants to do.

[00:10:48] **Second story**, this is a lady, let me think of a fake name real quick. I'll call her... why is it so hard to think of a lady's name? Bonnie. Bonnie, thank you. They all have connections, and I didn't wanna make a connection there. So Bonnie. I don't know any Bonnie's too particularly well. So Bonnie also was in her thirties. I'd known Bonnie for years. I'd known her from before I understood pain science. She was a patient of mine when I was starting to understand. She **let me practice** sharing what I knew with her in the early days. And I really appreciated that.

[00:11:27] So she would come in with neck pain and I would try to help her understand how that might relate to some of her prior traumas and prior abuses. And, oh my goodness, did she have **a lot of traumas and abuses** in her life? She also had struggled with alcohol, but she was really took to what pain actually is. It totally made sense to her that it's my body trying to protect me and, you know, thank goodness for my body and what it's trying to do for me.

[00:11:56] So she's been doing really well, but about a year and a half ago, she had an incident where she **hurt her ankle**, and she went to an urgent care clinic. And, the treatment that they gave her was kind of standard and kind of appropriate. They examined her. They said, "Yep, you hurt your ankle, and the it hurts bad enough that we'll do an x-ray to make sure nothing's broken." X-ray is negative. They said, "Hey, your x-ray's negative. It all looks good." Her pain persisted. And that didn't really make sense to her because she had this notion that it was "just" an ankle sprain. So she ended up going to the emergency room a few days later, and the emergency room, they examined her, didn't understand why her pain was so severe. So they got a **CAT scan**. And the CAT

scan showed one of the tendons, maybe there was a little bit of inflammation around one of the tendons, or there was some evidence of maybe some inflammation around one of the tendons. But they also didn't quite understand why she was experiencing that much pain.

[00:13:01] So you know, I'm just putting myself in Bonnie's shoes. My ankle hurts like heck, and I've had multiple doctors tell me, I don't know why it hurts like heck. And it's not getting better. And she's having other nervous system responses to the pain. Her nervous system is so in tune to what's going on with the ankle that there's blood flow changes to that part of her body. She starts noticing that that **ankle is turning colors**. It's changing temperatures. And she's scared because she doesn't know what's wrong.

[00:13:39] And so she came in. I did my due diligence. I actually did get an **MRI**. Sorry Dr. Cuccaro, if you're listening because, you know, I'm human. And I was like, I want to make sure there's nothing horrible here. Let's do an MRI. MRI was reassuring. And then I said, oh, hey, do you know Bonnie? Remember. Do you remember our conversations about what pain is. So right now, you know, you have a situation where you have a lot of uncertainty and uncertainty can be **very scary and fearful**. And do you think maybe that could be driving some of the symptoms?

[00:14:14] And she was like, "Absolutely." And so we sort of, I created this really brilliant, in my mind, kind of **rehab plan** for her to kind of gradually get back to activity over the next several weeks. And she got back to activity in like a week. You know, and, and, and she was fine. Those were two happy stories. I think I could share a lot of less happy stories because it is very, very hard.

[00:14:43] Some of the things you wanted me to address were about **pain beliefs**. And as a clinician, when I think about myself, I know that I have beliefs. But I like to think of them more in terms of **understandings**. It's how do I understand pain rather than how do I believe pain? Because to me, a belief can become **entrenched**, and understanding, you know, may be more **flexible**. So I like to think of my understanding of pain as just an understanding based on everything I've seen and read. And based on what patients teach me with how they respond and what they tell me.

[00:15:27] So a brief summary that I hope the participants got from this is you know what I'm not rehashing sort of the pain science lecture. The **pain is protection**. But it is, you know, so I hope that you all are hearing that pain is really just about protection. And nothing more, nothing less. That it's fluid, that **it's fixable**.

[00:15:53] You already heard from somebody earlier that they had back pain one day. They went through a program, changed their understanding, and they were better.

That's amazing. And, it is changeable, if you understand it for what it is. It's a protection. It's not a punishment. I often am talking to my patients about this **notion of punishment**. I want my patients to appreciate their pain because it's part of them. You know, it's them trying to protect themselves. It's their protection system, trying to protect themselves.

[00:16:31] And I think a lot of people develop really negative relationships with their pain, which is totally understandable. Because it's such an unpleasant experience. But Dr. Cuccaro, I have to give him credit, he talks a lot about, it's not a punishment, it's a protection. And so **it's changeable**, and it's just protection.

[00:16:55] So next steps you might consider. I'm not sure how many patients are on this meeting. I would really encourage you to have your clinicians, any clinicians that you work with, to reach out to either myself or Mid Valley Pain Science Alliance about how they can **become educated in pain**.

[00:17:24] We put on a conference in partnership with a whole bunch of different groups. MVPSA has been involved from the beginning. We put on a **yearly conference** that's really **focused on clinicians**, so doctors, physical therapists, therapists, occupational therapists, massage therapists, naturopaths. Really, anyone who sees patients who may be experiencing pain, we have a conference every year because we want to help improve their distress when they're working with patients. We want to help them understand what their patient experience is. And we also believe that if we can help our peers and our colleagues have a clearer, more accurate understanding for what pain is, then that can have a multiplier effect and really help their patients.

[00:18:18] And I would be happy to have doctors email me, and they may even say "no" as a patient, I understand the doctor patient relationship. It may not always be comfortable to say, "Hey, Dr. So-and-so. Why don't you go do this education?" That might not be a super comfortable thing to say. But I think if you share with them that you went to this evening meeting and that you would love them to get in touch with us, then we can try to twist arms to get them engaged, to help them out and to help them be able to help you and other people who may be **struggling to figure out their pain**.

[00:18:57] Other next steps. So there's tons of good **resources** available. I'll mention a few. There's a lot of really terrible resources available on the internet. The internet is like the ultimate double-edged sword. Lots of horrible things, but some useful things.

[00:19:14] One is anything by **Lorimer Moseley**, L-o-r-i-m-e-r M-o-s-e-l-e-y. He's kind of a world's preeminent pain scientist. And as far as I can tell, his mission in life right now is to help people understand pain. Anything by Dr. Kevin Cuccaro. We have this local resource that is really a national treasure that we're unbelievably fortunate to have him in our

community. So Google **Kevin Cuccaro**, and if you can sign up for some of his education, that may be life changing. Cool.

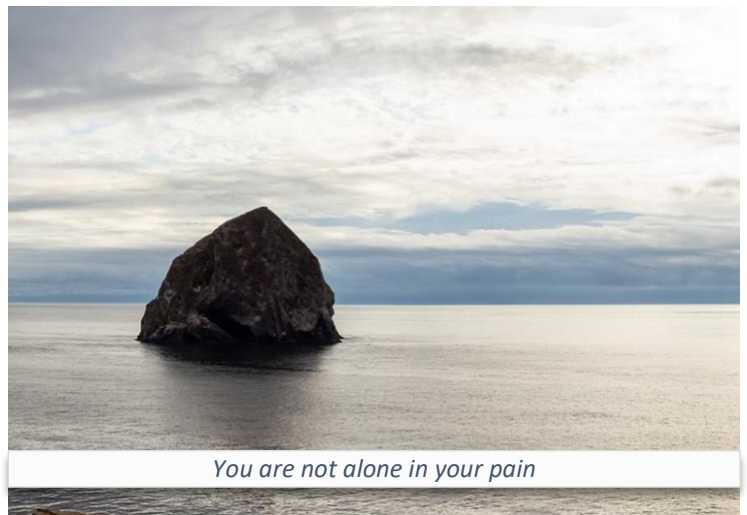
[00:19:58] Again, I really am deeply honored that you asked me to come here and talk. Oh, and one other plug we have two giants in our community, and I see both of their names on the screen. The other **Sharna Prasad**. She's a physical therapist who's been very passionate about pain science and has really been the energy and force behind a lot of the initiatives that we have in our valley. The amount of improvement that she's bringing to our valley is just unbelievable. She created the **MAPS program** that you heard talked about, and she's always trying to find new ways to reach audiences to help people out.

[00:20:45] That's all I'm going to say.

About Pain Science Life Stories

Formed in 2018, the Oregon Pain Science Alliance (the Alliance) is an all-volunteer nonprofit 501(c)3 corporation. Our members come from the health care community, their patients, and others who follow pain science research.

We seek to share current information on how pain experiences are formed in the brain and influenced by biological, psychological, and/or social factors. Through community education events, health care workers describe how pain-science-based practices have changed their interaction with and care for patients, and patients tell stories about their experience with learned pain science tools used to help master chronic pain. We can now share these collected and curated stories, and other unique features, through the Alliance “story website” launched in early fall of 2022.



How to get involved?

Do new Pain Science insights and practices resonate with you?

We welcome anyone interested in collaborating to find or produce good stories and insights, then curating them to display on our website. Sharing in our discoveries and making them broadly available is both personally positive, and mutually satisfying.

The phone number or email address below will get you more information about us; then use the website link to the Member page for the steps to become an Alliance member, if that makes sense to you.

If you have a story using pain science tools and practices, and would like to share it with the larger community through our website, please send us an email. We would love to hear from you.

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