TRANSCRIPT 1031

My Pain Path – A PT Perspective

December 14, 2023

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[00:10:00] Just wanted to share just **a few quotes** about pain that are meaningful for me. I think that they promote some thought. So the first one " **Life without pain has no meaning**." The next," **There is no growth if there's no change**. There is no change if there is no loss. There is no loss if there So we can flip that around and say "With pain there is loss, with loss there is change, with change there is growth, and we are all here to grow." and then finally " **Pain is inevitable, but growth is optional**."

[00:10:43] So, most of us don't see that **pain is the way to growth**, but we would rather Grow pain free. However, unfortunately, this is not the way we are wired.

[00:10:52] To **introduce myself** a little bit. I became interested with the structure, that is our physical bodies. First because I got into bodybuilding when I was younger. I'm no longer young, but I still continue to enjoy going to the gym and pushing some weights around. So I did my undergrad at Brigham Young University and this is where my love for anatomy and kinesiology began. I continued that path Into physical therapy. In the mid 90s I went to Duke University and this was where I learned to help people who have mobility issues and pain.

[00:11:28] And so, **what I was taught**, probably would not be a surprise to you, but I was taught the **biomedical model of pain: injury A, signal B, Pain C**. Fairly simple, and we could get into more of the details of that, but that's just basically what I was taught.

[00:11:43] So, as a young and upcoming physical therapist, **I was taught** the importance of number one, figuring things out and **coming up with a diagnosis**. Number two, providing **the correct treatment**.

[00:11:55] So, I might know how to fix the problem. Theoretically, and the more I could know and **the more skills I had, the better** I could help the people that would come and see me. And this ultimately was my goal. It was about, **let me fix you**. So, I'm sure you've heard of the proverbial toolbox that physical therapists and probably other providers in other fields talk about.

[00:12:19] So. We're taught to **accumulate tools**, the more tools we can accumulate, the better we can help our patients, which is ultimately what we want. So I began my quest to accumulate the magic tools and **many hours of classes** beyond my physical therapy training.

[00:12:37] So as the years went by and I've **been practicing for 25 years now**, I have over a thousand hours of continuing education under my belt, but I found there was kind of a diminishing return, there were certain individuals that I still was challenged by. I found that with some of my patients, it was kind of like playing whack a mole, **too many ailments at the same time**, so many comorbidities, one thing would improve, the next thing would go wrong. And pain wouldn't seem to go away, even if we were doing things right.

[00:13:05] Had one patient, we'll call him Ed, that kind of tipped me into really getting curious about **what is really going on here?** This individual had a lot of the things that you see on the screen here , **lots of just different comorbidities**. He would improve, but then something else would go wrong.

[00:13:26] And then there were other things that were going on when he would have pain, he would eat more food. And when he would have pain, he would stay in bed all day long. And when he'd have pain, he would watch TV all day long to numb it out. And so I was finding that I just **didn't have the tools** to help me help this patient. And so my eyes were being more open to the challenges that I was seeing with some of my patients.

I was obviously **missing something, especially in the case of chronic pain**. None of my exercise skills, my manual tools were able to really make a big difference, maybe some small difference, but not a big difference.

[00:14:06] It was around this time, while I was trying to figure out the why behind persistent pain, I started on my own, **my own growth journey**. This was after about 20

years of practice, so it took me a while to finally start breaking out a little bit out of my mold of, if I could just learn another hands-on tool, I could help more people.

[00:14:25] And right around this time, **my youngest son, Spencer, was diagnosed with neuroblastoma** and was receiving treatment for this cancer. At this time in my life, there was tremendous emotional pain as we were all navigating this experience.

[00:14:39] So for me to help navigate some of my own challenges, **I started a meditation practice,** something that I've continued until now. And I started to recognize my own power within, which can alleviate my sense of safety and love. I started to get into my own transformation to optimize what's called '**Healthspan'**.

[00:14:57] Maybe many of you are familiar with this term. I realized I had to optimize this in order to be able to help people at a higher level. I received **training as a life coach** through the through Heroic, through Brian Johnson, who teaches the art of living with arete' or virtue, developed my own virtue compass and kind of **refined some of my purpose**, which was to continue to help decrease suffering in the world in as many ways as I could.

[00:15:23] So I started to **learn more about this new world of chronic pain** as I explored various apps and podcasts. Started to see this was a challenge for so many of my patients who suffer with chronic pain, how to step between the limbic system of the brain and the prefrontal cortex.

[00:15:41] **This diagram** is based on the book, "Man's Search for Meaning" by Viktor Frankl. Stepping in between stimulus and response. I learned for myself that in order to **optimize the body**, we must also **optimize the mind**.

[00:15:53] So, to understand the "why" here, we must understand the **brain's default programming.** I learned about what is called the **motivational triad**, first from a psychologist named Brooke Castillo. This taught me how the brain can sabotage recovery by seeking these things. Basically, all of our brains are programmed from a young age to **seek pleasure, avoid pain, and conserve energy**. And if we stay in this default mode, we we have greater problems.

[00:16:22] I learned about the **Pain Triangle**. Many of you are familiar with this which was developed by Kevin Cuccaro. Seeing that the experience of pain stems from not just the **sensation** from the body, but also comes from **cognition** from the mind, and **emotion**, which would we could say comes from more of the limbic system.

[00:16:45] I was introduced to this new world of **neuroplastic pain**. This form of pain that I was never taught in school. I learned more about this by reading the book "The Way Out" by Alan Gordon and Alon Ziv, about the neuroplastic **factors** behind chronic pain: past physical and emotional trauma, beliefs about the pain that we have, our tendency towards anxiety, and depression, anger about past injustices, fear about our body in the world, lack of self-love and self-compassion, compromised self-care habits, the beliefs that we have about what we stand to lose with continued pain, our overall feelings of safety and acceptance, and also genetic factors. So learned a lot about these different neuroplastic factors that prior to this time, I was mostly blind to, I'm sure you're familiar with this as well.

[00:17:38] This **'Venn' diagram**, which we talk about in physical therapy a lot now, I'd say in the last 10 years this has blown up for PTs, so that the pain experience is **a blend of the biological, the social, and the psychological**. It helped me understand why, for example, in the case of phantom limb pain, what's going on and how the brain can sometimes overdo the pain experience.

[00:18:02] I continued to learn a little bit more about human behavior. I was very interested in this and what ultimately motivates this. As I studied different aspects of psychology, many of you recognize this as **Maslow's hierarchy of needs**, and having an understanding of this really helps us understand what is motivational for people and often the why behind what we've seen in behavior. If you've studied Maslow, you'll know that beyond self-actualization, he was actually talking about self-transcendence, which is kind of the final step in growth.

[00:18:35] In the pain summit meeting that I attended in 2022 learned a lot more about ACES, or **adverse childhood experiences**, and about what happens when these needs, and Maslow's needs, are not met in childhood, that various parts of our brains form at different times in our development, and if there's a lack of what we most need in that stage of development, especially safety and love, that these parts of the brain do not form correctly. So we have our needs for **safety**, which we're born with as infants and then developing the need for **love,** which is a strongly found **in the limbic system** and then **meaning**, which we develop as we get older.

[00:19:18] So, **to create chronic pain**, if we wanted to kind of create **the ultimate recipe**, we would internalize all emotions and adverse childhood experiences, hold them inside pretending that they don't exist, we would try to avoid feeling all negative emotions altogether and not process our emotions and feelings, we would numb out as much as we can with sugar, food, entertainment, social media, drugs, sex, shopping, and gambling.

[00:19:46] We would all stop moving and sit as much as we could. We would constantly think about our pain and how horrible life is for us and how no one understands, and we would **also believe that there is no hope**.

[00:19:58] Now, this is a bit facetious, obviously, who would want to do this, but the point is that I see this many of these different things that, that bubble up with the patients that I see. And when they all come to a head, then our warning system goes haywire, so even a small stimulus can be deafening. **Our brains become hypervigilant** so signals that are created are received at a much higher level. You've probably also heard this neuroplastic pain can be like a fire alarm that's been pulled, even though there is no fire. And yet the fire alarm still is loud and definitely can be a problem.

[00:20:37] So, in order to calm neuroplastic pain, we can boil a lot of this down to increasing safety and increasing love. I'll share a few concepts that I use regularly with my patients to help them increase their sense of safety and even love in their lives. This is one of the **handouts that I created for my patients** to help them understand that fear is like gasoline on the fire of pain. You can see **Kevin Cuccaro's triangle** here over to the right, and I've kind of **distorted the triangle** pulling the, on the emotion and cognition legs of the triangle, which I do that in order to emphasize that even though maybe the sensation is the same, that because of the way the brain is wired, emotion and cognition are off the charts. And then that hijacks the pain signal and greatly increases what is experienced in terms of pain.

[00:21:32] We talk a lot about inflammation and how inflammation actually is linked to not just the body, but the mind. So, we've got **chronic inflammation** on the left, or we have more **smart inflammation** on the right, minimizing inflammation or having the right amount. And, you can see in some of these things, like, on the left, number 3, we have ' live in stress mode'. When you are **stuck in the sympathetic nervous system,** negative self-talk, do you listen to that negative voice in your head? These are some things that patients oftentimes have never heard, but that are directly linked to chronic inflammation and therefore chronic pain.

[00:22:09] So how do we actually **help people navigate this**? In a physical therapy realm, we can, we can at least touch the surface, but if it's looking like something is going to be deeper, then this is when I'm going to want to refer somebody to another practitioner who can really take the time.

[00:22:24] It is so important that we in our profession, physical therapy, take the time to hear our patients . They need to feel heard and we need to be able to help educate them .As we help, as we **help them be more educated, that typically will decrease fear** and will improve safety and decrease pain.

[00:22:45] Some of you have seen this. This comes from Oregon pain guidance. This is taken from "**What We Say Matters**", how important it is that we in the health care profession, we be aware of the nocebo effect of what we say to our patients. We need to make sure we're using appropriate terminology and appropriate words that are not going to increase fear factors because when we do that, we're just going to exacerbate pain.

[00:23:10] One of the things I do, and sometimes we have to do this a little bit gently, but it's to help my patients recognize their **nocebic language**. Oftentimes they say these things in front of me and I will try to gently help them take a look at some of the thoughts that they have and the things that they're saying and start to change them into better beliefs, better thinking, which will help open the door to start moving forward.

[00:23:37] Because in the realm of these thoughts, it's a manifestation of **limiting beliefs** and when there's these beliefs, people just can't move forward. So this is an important thing that we need to make sure we address as we're going along.

[00:23:51] This is another one of the handouts that I give some of my patients, especially those who are **navigating anxiety**, high levels of worry, which again will oftentimes increase fear factors and will decrease the feel of safety and increase pain. So we talk about what's in your circle of control. What can you do versus how much time are you spending in your circle of concern?

[00:24:17] It is important that you spend your thought time and your action time really within your **circle of control**. This is where you have the power. And my goal as the physical therapist is to help people see they do have control in certain areas, and if they spend time on that, then they'll be able to start moving the dial.

[00:24:33] We also spend time talking about the **two states of the nervous system**: the fight flight, or the **sympathetic**; and the rest repair, rest digest, or the **parasympathetic,** and how important it is to have an understanding of where people are, and the way the world is. And most of the people that I see who are in chronic pain, they are **stuck in** the fight flight or the **sympathetic state**.

[00:24:58] This is where we step into teaching them how to pull the levers needed to shift into parasympathetic, and the way to do that is through **breath work**. So, we do take time to slow down and actually talk about and practice proper breathing. Parasympathetic breathing is typically In for four seconds, Out for six seconds.

[00:25:20] You're drawing out your exhalation. And this is the **best and strongest way** to shift into parasympathetic.

[00:25:27] One of my favorite meditations is called a **loving kindness meditation**. " May I be safe and protected and free from inner and outer harm. May I be happy and contented. May I be healthy and whole to whatever degree possible. May I experience ease of well being". Just even repeating some of these things and sharing this with a patient and having them practice, this can **help improve a sense of safety**, as well as a better sense of self love.

[00:25:57] Which takes us a little bit into **self -compassion**. In order to make real change, we must accept who we are and where we are. And we do this through self- compassion, this can increase love in our lives. So this is a, an excellent book by Kristen Neff who writes about this topic.

[00:26:16] So the **curious paradox** is that when I accept myself just as I am, then I can change. And that's challenging for many people to actually stop and accept where they are and then look forward and look at the next thing that they can start moving towards. I think if we don't start with this, then then we're at war with ourselves and, and that does not put us in a safe place.

[00:26:40] I encourage my patients to **increase gratitude**. If you show your body love, it will better be able to serve you in the way you would like. Many of my patients have body hate. So my question is, how is your body supposed to work at its best level if it knows that you hate it? The way we show gratitude for the body, moving, loving, creating, connecting.

[00:27:02] And then I might sometimes suggest a **journaling exercise** to create space between the limbic system of the brain and the thinking centers. This practice can help people see their thoughts and help them unpack some of their limiting beliefs and gain traction towards change.

[00:27:20] So this is one of the discussions that I have with my patients. **What is your why?** Why are you here? And it's a lot deeper than, 'well, I have pain'. What do you really hope to be able to do and what is meaningful in your life? How can we build habits around that meaning and your ‘Why’?

[00:27:42] This is another thing that I find really gets in the way of progress: the **quality of the habits** that people have are just not supportive for the progress that they are hoping to make.

[00:27:55] So, we do get into sometimes, the nitty gritty of how can we upload good habits, and also how can we deconstruct harmful habits in order to make progress? Now

this quote is taken from James Clear, **'Atomic Habits'**. Understanding this human behavior has been very helpful for me.

[00:28:13] Going back to the pillars, the main **four pillars of Healthspan**:, 'Nutrition, Movement, Sleep, Mindfulness'. We must develop habits and patterns in these pillars of Healthspan in order to transcend our pain experience and make changes in our minds and in our bodies.

[00:28:30] Over the last year to year and a half, I've been building a **workshop of classes**, series of classes to help get into more depth on some of these topics. So getting into: Understanding pain; The pain neuroscience; What is neuroplastic pain?; Understanding how stress and lack of safety negatively affect the mind and the body; How important it is to calm the brain in order to calm pain; The importance of understanding mindset and being able to hear your thoughts in order to recognize what you're thinking and start making a shift in the way you think about your body; Quality of habits; The power of self-compassion; The power of appropriate nutrition; The power of movement; and The power of sleep.

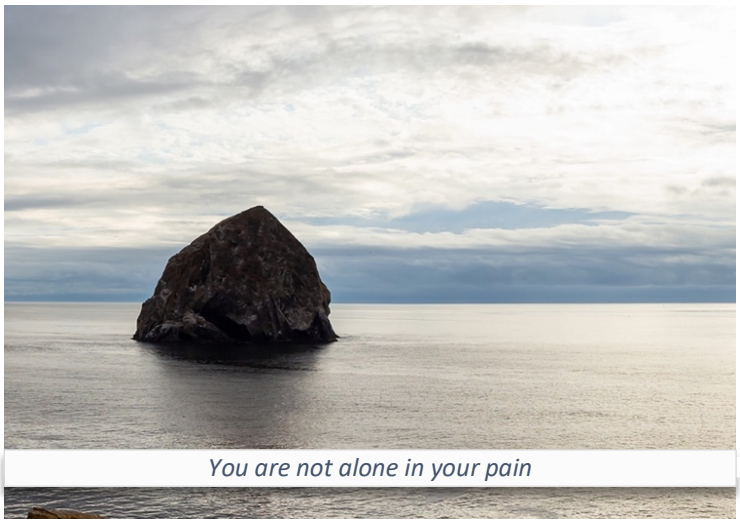
[00:29:19] So, ultimately we must move beyond just the body. This has been the big takeaway for me. **We are not bodies and minds that are separated**, the body and mind are one. We must increase our sense of safety. We must increase compassion for ourselves and others. We need to start from a place of acceptance, facilitating understanding of how our brains and body work to create new habits and new algorithms.

[00:29:45] And also, most important to understand that **we're not alone** in this process, that we are part of thousands and thousands of people who are experiencing the same thing. And specially, it seems like in these recent years of higher anxiety and depression and stress in the world, we're finding that more and more this is affecting people in terms of their chronic pain and creating a bigger issue.

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.



You are not alone in your pain

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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