An Evaluation, Synopsis, Summary, and video link to this story are available at painsciencelifestories.org/stories/1032- pain-occupation-how-pain-science-shaped-my-career

TRANSCRIPT 1032

Pain & Occupation: How Pain Science has Shaped My Career

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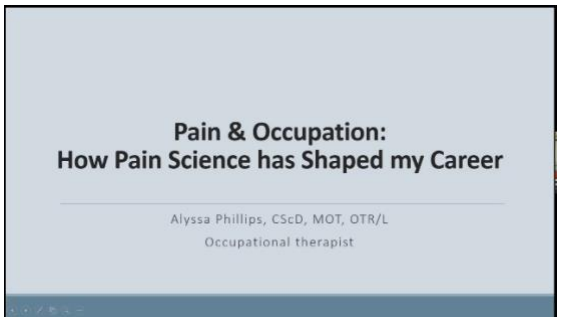
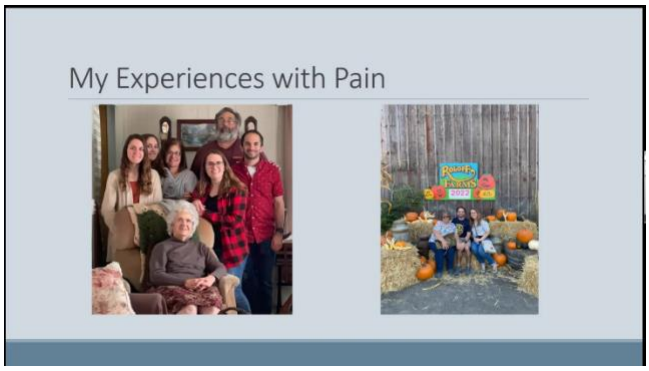


[00:00:10] My title is Pain and Occupation, How Pain Science Shaped My Career. So, to start, really, what are **my experiences with pain**? So, on the left-hand side, you see a picture of my paternal side. On the right-hand side, you see a picture of me with my younger brother and my mom.

[00:00:26] So, chronic primary pain or a chronic pain that really isn't defined by something organic, right? It's more of like your fibromyalgia type pains, those kinds of things, actually run. on both sides of **my family** and are more prevalent on my mom's side of the family. So I grew up watching my grandmother on my mom's side of the family, suffer from a variety of conditions that resulted in chronic pain and also from a chronic pain condition herself.



[00:00:51] And then on my father's side of the family, there was a lot of arthritis and other painful conditions. So growing up, it wasn't unusual to hear about family members and hear about how they were managing chronic pain. So my experiences with pain really started from childhood on. Knowing that **there were people in my family** who not only experienced pain, but also experienced limited mobility, limited ability to work into retirement, limited ability to participate in the things that they really loved doing.

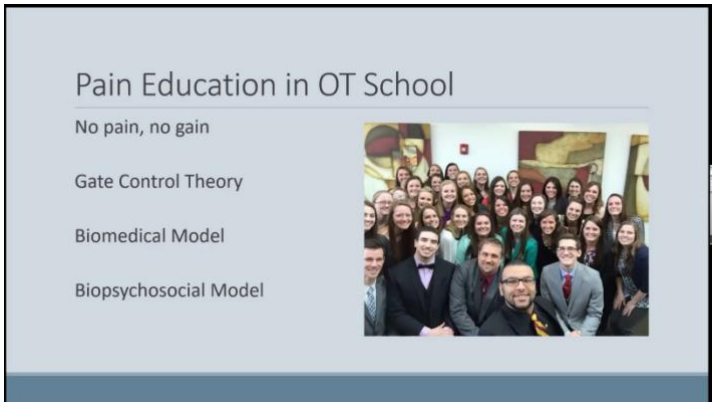
[00:01:18] So I saw pain shape their lives in a variety of ways and wasn't always really sure what to do with that. Especially as a child, I really just understood that **pain meant not being able to do things**. I that's all I really knew about it, so that shaped my early understanding. On the left, I have this kind of image of a person all wrapped up around something. And in my mind, as a child, pain meant not able to do things. Pain meant not being able to go out and spend time with the family, or take the long drive and go on a trip, or these kinds of things that, just really limited and kind of shaped what I saw my grandmother be able to do, both grandmothers, and also what I was able to see my mother do.

[00:02:01] So really in my mind, **pain was kind of equated to Unable**. I watched family members go through the health care system. And at the time when I was growing up, the understanding was that it was kind of all that they could do, and in the area I grew up in, it was all that they could do to really just have this pain, have this painful experience, and miss out in some ways.

[00:02:24] So, as I saw how pain impacted my family and then learned about different health professions and **found this idea of occupational therapy** and decided to pursue it as a career, I was really interested in what motivated people to do what they loved doing.

[00:02:42] **Why do people** engage in certain hobbies? Why do people engage in certain careers? Why do people find some activities really motivating and why don't they find other activities motivating? And what does that mean when someone has pain, especially, you know, again, watching family members have it. So I went to OT school and I was like, great, I'm going to learn a lot about pain.

[00:03:03] I actually **didn't learn that much about pain when I was in OT school**. And things have since changed. I can say as someone who is in academia now, and teaching courses that talk about chronic pain, it has changed and for the better. But really, when I was in OT school, we still had this idea of **no pain, no gain**.



[00:03:21] We now know the **harm that it can be to tell people** who are truly not feeling well, who are experiencing pain, to just continue **to push through**. At the time, that was still very much what we were talking about and still, you know, help people, encourage people, really have them push through that pain. We also talked a lot about **gate control theory**, which is this idea that essentially if we Have a painful limb.

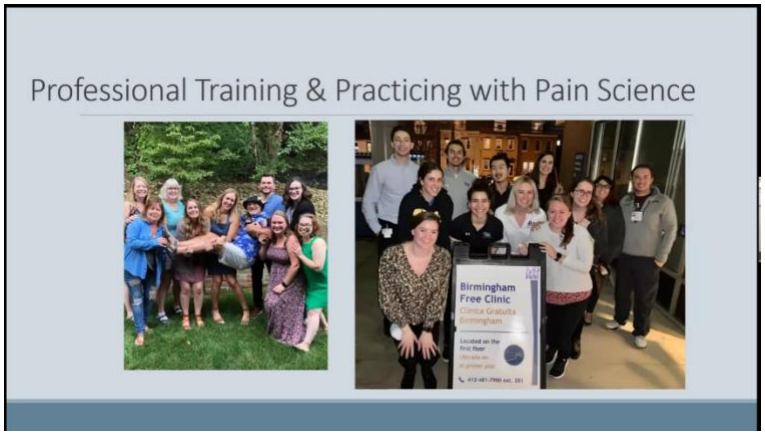
[00:03:345] For example, like my arm really hurts. If I continue to provide sensation to that arm, eventually that channel that's communicating pain from arm to brain closes and the pain signals is no longer getting there. So, yeah, there was this idea that, yeah, we could essentially **get that pain to shut off**. We also talked a lot about the **biomedical model,** that we assumed that something physiological had to be damaged to cause pain.

[00:04:13] So **if you're having pain, there has to be tissue damage somewhere**. There has to be a cut. There has to be something broken. All these kinds of things. And we were starting to talk about the **biopsychosocial model** and starting to talk about, you know, well, sure, the way that we feel about pain or the way that we view what we can do even with pain also shapes some of our pain experience.

[00:04:37] But really the **take home message was** that if pain is being communicated, it's coming from the body and it's going to the brain. Sure there are interventions that we can attempt that are halting that signal or that are reducing that signal, but the reality being that something has happened to the body, it is traveling to the brain.

[00:04:56] And that's what I got in OT school, for better or for worse. But what happened ? My first job I took outside of school or outside of school after graduating, I was working in an **upper extremity rehab clinic** that also did work hardening. So, working with individuals who had injuries from, like, their neck down to their fingertips, and also working with people who had gotten hurt on the job and were needing rehabilitated, so they could get back to work, be more successful at work, these kinds of things.

[00:05:22] And on the left-hand side, you'll see my team that I worked with when I was doing pain management, and I had this like taste of pain, right? So **my first job** is really upper extremity rehab work hardening and it was really incredible. I loved the setting I was in. I love the clinicians I worked with, but there was **a piece missing**



[00:05:42] I was seeing these individuals who had a lot of pain, but were healing or were doing better or were lifting heavier or were meeting the needs that they had to meet in order to go back to work in order to go back to work safely. And **I really couldn't figure out** why they were still experiencing the level of pain they were experiencing, and I still could not really see the relationship between, like, how much pain was impacting them, and how much it was impacting their ability to do their day-to-day things, and the connection between, wait, **they don't have an injury that I can see**.

[00:06:12] Like, scars, wounds have healed, scars have formed. Things are healing. Muscles have healed. Tissues have healed, but they're still in, they're still having this impact. Pain is still having this impact on their day-to-day life. **Could not quite see the**

connection. Couldn't understand it. So I transitioned into, again, on the left hand side, this group of individuals who worked in a pain clinic, and I thought, Oh, I love our extremity rehab.

[00:06:36] This job still had an upper extremity rehab component, but they talked a lot about Pain, and I'm like, oh, okay. Interesting. My undergraduate degrees in psychology, like I love to learn about people. **I love to learn about why they do the things** that they do or and like I mentioned earlier, why they pick the occupations they pick and why they find certain things motivating and others not, but I didn't really know what pain rehab looked like.

[00:07:02] I'm thinking, Oh, sure. Like, we just talk about pain a lot, no! So I had the luxury when I was in Pennsylvania to work with, **University of Pittsburgh Medical Center's, Pain Management Program**. So I was on staff with a social worker, pain psychologist, pain psychiatrist, physical therapist who specialized in pain, and additional OTs.

[00:07:22] And the team of us would see individuals who had chronic pain conditions or had had other, say, like, orthopedic, procedures or fractures. that had then led to long term or persistent chronic pain. So my team on the left here **taught me a lot about pain science**, right? It was no longer this no pain, no gain model.

[00:07:44] It was actually when people tell us we're in pain, we really respect that. We hear that we try to look at what's triggering it, or we try to look at how the person's feeling about their pain. And it started to **open this realm** of, it's not just about how the person's feeling or where they're at in the healing process.

[00:08:00] But also their perception and **how they feel** about their outcomes or what they think they're going to be able to do, or how they feel about what has caused pain in the first place, or if they've had chronic pain, how they feel about having chronic pain and what that means for their daily activities?

[00:08:15] **So if you're really lucky while school** at the time, we just didn't have as much conversation around the biopsychosocial model or around pain science and pain science education, coming into practice, into a setting that explicitly addressed pain and pain management, I really got to learn more about not only the impact, like these nociceptive pains, these pains that happen when something happens to the tissue, but also this idea of central sensitization and some painful sensations that can kind of be amplified.

[00:08:45] In the brain, so now **it was a brain and body thing**. And I'm thinking, okay, so like something happened to the body. It can result in pain the brain is processing, . But

wait, things can also happen regarding emotions, safety, perception, ability, what I can do functionally. And that is also impacting how we're feeling pain and how much we feel. So it was really fascinating, kind of opened up this whole world for me.

[00:09:13] And then on the right hand side, I ended up **starting to work with a, a clinic** in the area **who served individuals who were underinsured** and again, started seeing this kind of same thing I'd seen when I'd started, when I had just graduated and started working in upper extremity rehab and work hardening, that there were individuals coming in from the community who didn't actively have a broken arm, an open wound. These things that I was taught in school meant pain or communicated pain to the brain, but they had really challenging things going on in their lives, or they had had a condition that shaped the way they move and made them less able to engage in the things that they love doing, or they underwent traumas that had then shaped the way they felt about really every facet of their day to day life.

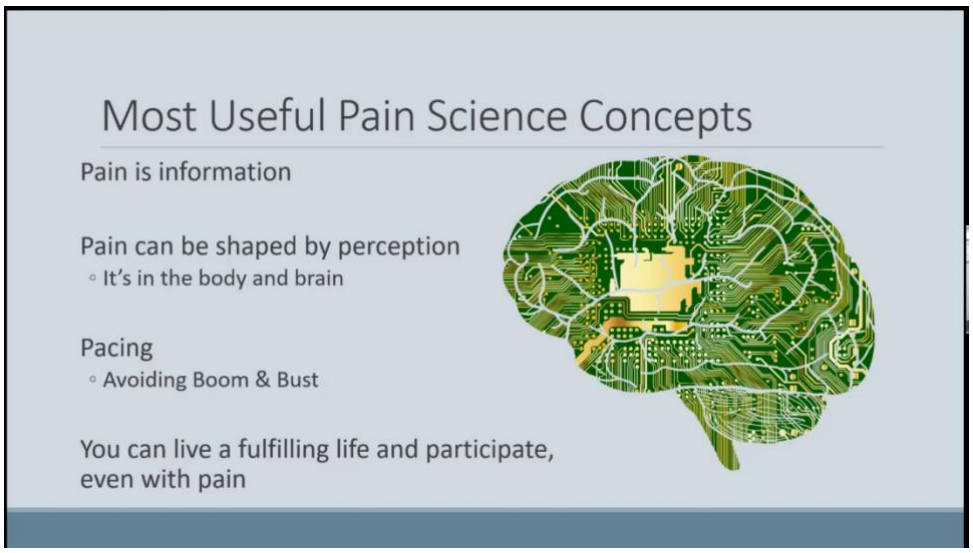
[00:09:59] And they were experiencing pain, and they were experiencing chronic pain. And I thought, okay, like, here again, I'm at this point where I'm being asked to consider **what is happening to the body**. What is physiologically happening and how that results in pain and then being asked to go beyond that and think about, okay, how is someone's day to day life, day to day experiences with pain, with emotions, with sense of safety, These kinds of things also shaping their pain experience. So I don't know. I really chalked this piece up to kind of this like **enlightenment or awakening**. I'm trying to think of the way I described it to Rolly and Candace when we first talked about it, but it really did.

[00:10:34] It felt like enlightenment, like I was seeing all of these questions and finally I was **starting to get some answers through pain science**. Like, oh, this makes sense how this can happen. So getting into this realm of pain science and some of the concepts that came from learning more about pain science that really felt useful became things like pain is information.

[00:10:54] It's communicating something to us. It's not my job to decide why it's communicating. But **it's my job to start looking at what it's communicating**. Does this person have something going on? That nociceptive pain, like a cut, a broken bone, et cetera. Have they had a really traumatic experience that has led to something like central sensitization where that signal is amplified in their brain?

[00:11:17] Or did they just not feel safe, and **pain is communicating** that sense of not feeling safe. So pain is information. It can be a variety of information, but it's communicating something to us. I also felt like this was helpful to work with people on what they felt like their pain was communicating.

[00:11:34] Right, and kind of taking it, even for the individuals I was working with, away from this idea that pain can only happen if there is tissue damage. And moving into this realm of like, yeah, pain happens with tissue damage. But **pain can happen for a variety of other reasons** and pain can be amplified for a variety of reasons.



[00:11:52] So kind of looking at what that pain was trying to communicate, and then it can be shaped by perception. Yes, it is something the body can receive and then translate to the brain for the brain to process. It's also **something the brain can be processing**, even if something that has happened to the body is not necessarily painful or is not necessarily tissue damage.

[00:12:14] Another piece that came from pain science and this idea, of when you're having a painful experience, not pushing past it, right? That no pain, no gain concept that I had learned in school. Wrong, pacing and **avoiding that boom-and-bust cycle** or that I am feeling okay today. So I'm going to push, push, push, push, push until I feel really bad and then not be able to do what I love doing the next day.

[00:12:44] And sacrifice a couple of those days because I really pushed and now I'm feeling more pain and I'm not sure why kind of **understanding that threshold** and that when I feel pain that it's okay to respect it, work within that threshold and start to build myself up from that point on is much more effective than trying to push that no pain, no gain concept.

[00:13:05] That idea of if I just continue to push past this and ignore it, it will go away. No. If I continue to regard this as information, if I continue to work with this, if I continue to learn these strategies and **learn more about how I feel about my pain**, and how I can perceive it, I go further. I get to do the things that I love to do.

[00:13:26] And really, the **biggest point is that you get to live a fulfilling life** and participate even with pain. So, coming to this enlightenment, finding some of these concepts that I felt really helpful, not only for myself, but also in practice, Was great. But then, I experienced **my own injury** while working as an occupational therapist.

[00:13:48] So, how **pain really shaped my career** and how **pain science shaped my career**. Absolutely, I started in this phase of life where I was like, Oh, you have something painful? This comic on the left, sore knee, huh? Have you tried icing it? Like, a joke, but instead of thinking about pain as this like, problem in body, I do something to it, it is magically solved.

[00:14:10] I started to have a bigger picture of it and a better understanding that helps my clients. When I was on the job and **experienced a low back injury** that put me on work comp and on accommodations for a period of time, I went through this experience that was, it was so bizarre. I'd experienced something that yes, was technically an injury.

[00:14:34] But as the injury healed, I still had the back pain and I'm like, okay, I've learned about pain science. I know that **pain is shaped by perception**. I know that it's not just bodily sensations that can result in feeling pain, these kinds of things. Okay. But it kept going. And even at work, I would work on pain management strategies.

[00:14:53] I would do some mindfulness, deep breathing. But as I continue to engage in the workday or I continue to fatigue, I was experiencing pain. Okay. I was almost putting myself through my own boom and bust cycle, **trying to push through the day**, trying to get through. And I really had to sit there and think, am I, am I applying pain science to the fullest of my ability?

[00:15:14] I had learned about it. I had started to use it, but am I really applying it to the point that I should for myself and for the clients in front of me? So that month of going through the back injury and the rehab and getting back to work, I had had to really sit with myself. And say, Okay, **let's go back to the basics**.

[00:15:36] Yes, I had an injury. That injury is healed. How am I feeling? I'm feeling anxious about my job because I got injured at my job. **I'm feeling stressed** because not being able to go to work is terrifying. I love what I do. I don't want to lose my career. I'm fatigued. I'm not sleeping well. I really feel like I can't do the job to my fullest ability.

[00:16:00] Okay, these emotions are coming into play. Am I pushing myself at work? Yeah, I'm **not doing a very good job of pacing**. I'm trying to do this no pain, no gain kind of mindset where I just push through the day to get through it. And then tell myself I'll rest later. Okay, I'm going to start addressing my feelings.

[00:16:16] I'm going to start taking care of my perception around how I'm feeling. I'm going to start engaging in not only some deep breathing and some mindfulness to help regulate and just get into a better headspace. I'm also going to start pacing and **practicing what I preach.** I'm going to start looking at how I move through the workday.

[00:16:34] I'm going to start looking at **what I can do to help myself**, not only go through the day, but also move in a way that I feel good about. And that makes me feel like I am getting into a better place. I am enjoying my job. These kinds of things. Some of the other, strategies or interventions I've worked on with clients that I had to learn how to do for myself.

[00:16:55] We're also **not feeling shame and guilt** around communicating that I wasn't feeling well, and then I needed to take a break or that I needed to try different strategies or different things. So, for example, like being at work and saying, Hey, I actually need that break. I need to take a moment. I need to step away.

[00:17:14] I really want to do this. I really want to be here, but I want to do it in a way that makes sense for me, my body, and to respect how I'm feeling and put that into practice. So it was really interesting just kind of having not only coming to this point where I felt like I was enlightened. learning more about pain science, **applying these strategies and concepts** through interventions, but also then having pain myself and experiencing that firsthand and having to go through that process again, personally.

[00:17:41] So, again, on that left hand side, the sore knee, **have you tried icing it?** I have something painful, I'm doing something to fix it, was not what I thought I believed, but was how I was trying to handle my own injury. So coming back to pain science and really **thinking through it again** through that lens, helped me not only through rehab and through managing my pain at that position, but also pursuing a job that, worked better for me, met my needs more with pacing, felt more like it was going to support me.

[00:18:11] And then I have on the right-hand side here, my colleagues and I presenting, at our National Conference, a course on **'Occupational Therapy's Role in Chronic Pain Management',** why we do it and how we do it.

[00:18:22] So pain science shaped my career in the sense that it felt like an enlightenment. It was really fun to apply with clients because **I saw individuals starting to feel better**, move better, do more of the things that they love to do. I saw myself go through it after my back injury, and then I really got to dig into what OT's role is, and I really got to dig into this idea that yes, pain is information.

[00:18:46] We are working actively with it to shape our perception, feel better, continuing to engage in the things that we love. But that engagement in what we love doing, also helps us manage pain and the ability to strategize or be really creative about how we engage in it or to look at the ways that **we can maybe adapt** and continue to engage in it long term, despite having pain is even more helpful.

[00:19:12] I may love doing something, and **it may look a little different**, I certainly do not do all of the things I did prior to having my back injury, but that didn't mean I had to stop doing all of the things I love, and it didn't mean that I had to stop doing the things I love, even like my career, but I had to let go of that idea of doing them in the same way.

[00:19:33] And really explore the ways that I could modify those activities and get back to them. But yeah, so it, it shaped my career early. It's continuing to shape my career.

This presentation was back in 2022. And my colleagues and I, who did this course, really dug into the literature and really found, like, **what can occupational therapists within our scope of practice offer to clients with chronic pain?**

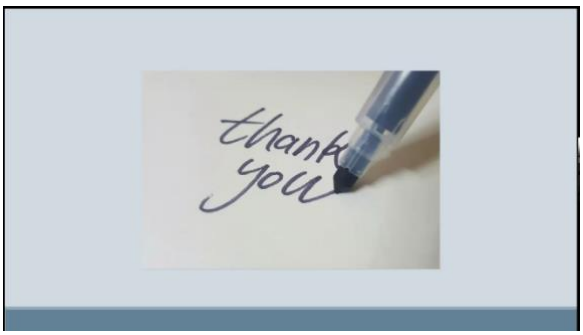
[00:19:58] And the results were amazing. There was so much, not only our OT's position to help address some of those things, like, **the psychosocial factors**, how we feel, how that shapes our pain, how that shapes our experience, problem solve creatively ways to continue to do what you love doing, even if you're experiencing pain.

[00:20:20] And also exploring different roles, **this idea of role exploration** and finding things that are meaningful to you and feel, help you feel like you're participating to the fullest and what you want to participate in also support this idea that. We experience pain. This pain is information. Things may not look the same, but we can adapt, and we can grow, and we can find new ways to continue to do what we love or other activities that we end up loving to do.

[00:20:49] And it can really just be, I think, powerful in the sense of, yeah, powerful in the sense of, like, **pain doesn't have to be the end of a sentence**. Pain doesn't have to be the period. We can continue even after that to lead really rich lives, do really great things. It was a blast. I mean, it was, it was a lot of information that was new to me.

[00:21:08] Some things I had implemented in practice, some things that I have now implemented, and things that I even still to this day talk to students about, you know, what are the interventions we're looking at. And **how can we always address pain?** So I kind of focused on chronic pain throughout this, but the reality being anytime a client comes to you and they have pain, we have an opportunity.

[00:21:30] We can talk about pain science education. **We can give them resources**. We can talk about how pain signals in the body, how those signals can change and how we can, actively engage in interventions like looking at their daily activities, pain management strategies that support them long term, not just in that moment, not just while we're seeing them, but even after we discharge them and they're back home.

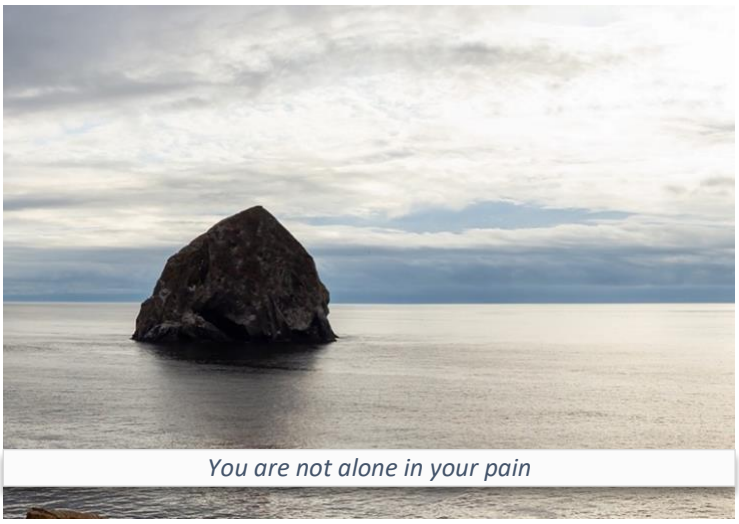


[00:21:54] Unfortunately, I think I went through my story pretty quickly. I am a fast talker.

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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