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TRANSCRIPT 1034

How I Developed and then Resolved Chronic Pain

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Key Idea:

1. Pain worsened when **psychosocial support** was missing.
2. Self-exploration and experimentation as well as openness to new ideas and activities can make a **significant difference**.

Unique Aspects:

1. This primary care MD's story is simultaneously personal and professional.

Summary:

Dr. Kennedy's personal and professional **stories are interwoven**. She is a Family Medicine Physician, a board member of the Association for the

Treatment of Neuroplastic Symptoms, and a member of the Oslo Chronic Fatigue Consortium.

Ten years into her career she was really baffled by the many patient medical problems that she couldn't help. In medical school she learned that the majority of diagnoses are based on the patient's history, not on testing or examination. The normal practice was **diagnosis by exclusion**—do testing to rule causes out and make a diagnosis based on patterns. She frequently saw people with a history of trauma, mental health disorders, and pain, who had seen specialists but were still seeking help for their pain or other symptoms.

That situation is not unusual. Many studies show that 40% of primary care appointments are for symptoms with **no medically discernable cause**.

For several years she read and took courses, to try to figure out these **missing pieces** of the challenge to an effective remedy for which there was no apparent cause. A Google search led her to the **Mind Body Institute at Harvard** which had studied effects of meditation on the nervous system. She incorporated the recommended healthy practices (stress reduction, mindfulness, diet, cognitive behavioral therapy, etc.) into her patient care, but her **patients still had undiagnosable symptoms**.

Then a physician friend suggested she send **patients with chronic pain** to Howard Schubiner and "…they come back to me with no pain." That led her to seek training for treatment of neuroplastic symptoms from Dr. Clarke in Portland. Her employer, Kaiser's Integrative Clinic, gave her a half-day weekly to get started treating neuroplastic symptoms. She was learning how to talk to patients about the way pain is a danger signal meant to protect people from structural bodily injury. Patients reported that understanding those concepts was helpful for them and their positive responses led to a flood of other patients into her clinic, desperate for treatment of their pain.

Being a shy person who didn't like to make waves, she tried to inform other doctors and clinic leaders about the brain's protective mechanisms and pain treatment. Their response was not supportive, and she wondered if patients and colleagues thought she was crazy, but she couldn't go backwards because she knew that treatment of **pain diagnosed as neuroplastic** was credible.

Subsequently, she developed knee pain similar to an earlier injury but realized it as an old neuroplastic pain pathway. That pain episode only lasted one day. But several months later when she was entertaining the family of an old friend, the emotional stress led to pain in that same knee, which worsened and spread to her ankles and hips. A **steroid injection** reduced the pain, but the pain came back after several weeks.

Eventually, following the neuroplastic symptom treatment she had learned, she began to do the deep emotional work, learning to stand up for myself and express her anger and emotions in productive ways rather than suppressing them. Although she was initially dubious about **somatic tracking and expressive writing**, she learned they were very helpful tools in resolving her pain symptoms.

She began to use these tools with her patients—teaching them to feel and express their emotions, to "re-write" childhood memories from the perspective of an adult rational brain. Eventually she started her own clinic, focused on **patients with neuroplastic symptoms**.

Transcript:

[00:00:00] Thank you. It's nice to be here. So I'm going to discuss **my personal story,** but it's really interwoven with my professional journey in this world. I'm going to share my screen just for a couple of slides.

[00:00:17] First of all, just to tell you a little bit about who I am, I'm a **family medicine** physician. I went to the University of Michigan Medical School, which is where I'm from in Ann Arbor, and I did my residency in 2002.

[00:00:28] I finished it here in Portland at OHSU, and then I worked for a migrant farmworker clinic for five years doing a full scope of family medicine, including OB, and then I switched over to **Kaiser Permanente** Northwest in Portland, where I worked for 15 years while there I was the lead of the Long COVID clinic and on the Long COVID clinic for a couple of years there and then I left Kaiser in 2023 and started my own practice a year ago, and I just focus on these chronic symptoms.

[00:01:02] I'm a **board member** of the Association for the Treatment of Neuroplastic Symptoms, and actually that's the new name for the PPDA. It used to be called the Psychophysiologic Disorders Association, and we recently changed our name. I'm also a member of the Oslo Chronic Fatigue Consortium.

[00:01:19] My personal story is really interwoven with the story, my professional story. Ten years into my career, I was **really baffled** by so many medical problems that we couldn't help, being a primary care doctor. We learned in medical school that the majority of diagnoses are made on the history alone, actually not on tests and the exam. That it's basically, the pattern of symptom is the vast majority of what allows us to diagnose people across the board with whatever is going on, and the testing and the exam is actually a smaller part of making the diagnosis.

[00:01:58] So **patterns** is what we use in medicine. As a family medicine physician, we see the whole person. We deal with every single organ system. We also know their mental health. We know their history. And we see them year after year. And we know what's going on with the whole person.

[00:02:15] So 10 years into my career, seeing this pattern over and over and over, and included in the pattern was a list of medical problems that very frequently would show up, some of them at least, in similar people. And this **list of medical problems** are actually medical problems

that do not have a positive test, generally speaking. For migraines, there's no test that we do to diagnose a migraine, with interstitial cystitis, or a lot of chronic back pain, neck pain, there's no actual test that shows the specific reason for the symptoms. Fibromyalgia, Long Covid, all of these things.

[00:02:59] The, **uniting factor** is that there isn't a test that we use to diagnose it. It's called the **diagnosis of exclusion.** So we do tests to make sure it's nothing else, and then we diagnose it based on the pattern.

[00:03:13] In the same people that often have this list, more frequently, people would also have mental health diagnoses. And in those same people, it was more likely, not all the time, but it was more likely that they had a **history of trauma**. So there's this triad that I would say definitely every family medicine or primary care physician knows this through experience and most specialists and doctors as well.

[00:03:40] Especially working at Kaiser Permanente for 15 years, where we are a **closed system**, so we also are privy to everything that's going on in a patient's medical history. It's right there in the chart that we see every single time we see the patient. So seeing **this triad** of the same sort of medical problems, mental health issues often, and often a history of trauma or stressors, but yet we couldn't find any solutions.

[00:04:12] And so as the primary care doctor, we're the end of the road. So **we send patients to all the specialists**. Let me stop sharing my screen here. We send patients to the specialists. And when they don't get better, they come back to us. And sending people to all specialists that you can imagine the pain specialist, the cardiologist, the therapist, alternative medicine doctors.

[00:04:37] And **when people don't get better,** they leave those specialists, they leave those therapists. And where they come is primary care because they have no other place to go and because of human nature, they often actually don't tell the other doctors and specialists they're seeing, that they're not helping them, but they come and they tell us.

[00:04:59] So, as a primary care doctor, we are in the unique position to really see the whole picture, put the pieces together and really know what works and what doesn't work. So 10 years into my career, I was **burned out** and I, I literally could not face 20 more years of facing people, looking at them in the whites of their eyes and saying, I can't help you.

[00:05:24] And there's lots of studies to look at this. And many studies consistently show that **40 percent** of the primary care appointments are for **medically unexplained symptoms**. So 40 percent of my day, and even probably, there's lots of other studies that say that it's even higher than that, 50, 60 percent were for things that I couldn't help people with very effectively.

[00:05:53] So, I love primary care. I stayed at Kaiser, but I kind of bounced around from urgent care and emergency department , kind of doing other things. But it created in me this **intense curiosity**. What are we missing? And so I searched for years, and I was constantly doing training and reading books and listening to things to try and figure out these missing pieces.

[00:06:16] It didn't make sense to me. With that triad, why does going to **mental health** not help if we can't find any problem in the body. So I would send people to mental health and I'd say, Oh, the problem's not in the body. And then they would go to mental health and not very often would get better, frankly from that.

[00:06:35] And I, just was so confused. And part of what I started with was, well, there's this deep chasm of, you know, I say, oh, your tests are normal, so go to mental health, say, for your chest pain. And then they see mental health and they say, oh, I have chest pain. And it's **not the therapist's job to** say that that's okay because it's the body.

[00:06:54] So they come back to us. And there's this **chasm** where no one's connecting the pieces of mental health or the mind and the brain and the body. So I searched to try and figure out how to connect that. So the first place, actually, that I ended up with, literally a Google search, was the Mind Body Institute at Harvard that was started by a cardiologist actually in 1969 and he was studying the effect of meditation on blood pressure and hypertension and, and they've done amazing, amazing research.

[00:07:28] The effect of the nervous system. When we're stuck in fight, flight, or freeze for years, there's lots of changes that happen. And I was **so excited** and I thought, oh my gosh, this is amazing. And you can learn to **teach a class.** So I learned to teach this class and it's based on mindfulness, based stress reduction, cognitive behavioral therapy, and then sort of lifestyle medicine, eating well, getting sleep, social connection, you know, all those sort of things.

[00:07:54] And so I said, all right, and my patients would come to me in primary care, and they'd say, I think I'm crazy, I don't know, I have all these symptoms, I can't explain. And I would say, hey, **you're not crazy,** I know the solution, or you know, I know the answer.

[00:08:07] It's **your nervous system**, and it's **stuck**, and there's these signals, and that's what's going on. And they'd say, oh, great, well, what do I do about it? And I'd say, oh, you meditate, and you eat well, and you sleep, and you know, cognitive behavioral therapy, you know, all

these things. And I was so excited, and they said to me, We're doing all of those things, and they still have the symptoms.

[00:08:27] And so I thought, all right, well, what am I going to tell them now? **Meditate more?** And so, I just still kept searching and searching and I was like, well, that's **not quite the answer.** Like, yes, those things can help and it's part of it, but it's just still not the answer. And, and so several years ago, I was talking to one of my best friends from medical school from Michigan and I was, you know, saying this, why can't we do, why can't we figure this out?

[00:08:55] And she said, Oh, well, I send my patients with chronic pain to **Howard Schubiner** and he fixes them. They come back to me with no pain. And I thought, what? How could that be? And I wouldn't have believed it, except that it was my best friend from medical school and it was her own patients.

[00:09:12] And so I searched up Dr. Schubiner and then found **Dr. Clarke**, in Portland and I just started learning everything that I possibly could. I took every training that I, that I could and literally would be brushing my teeth at night, reading things, listening to things to really wrap my brain about, around this.

[00:09:32] And at that time, I had just gotten half a day a week in the **integrative clinic at Kaiser** in order to kind of start doing this. So I just started talking to patients and trying it out and figuring out what all of this is. And so I quickly saw that it was, it was, it was, it was really onto something like it was really helpful. And, and I started hearing from patients that this, these ideas made sense and it was helping them.

[00:10:09] And, and I was still just kind of new at learning what this was and how to talk with patients about it. And the idea that, as I think all of you know but, the idea that all pain is made in the **unconscious brain** as

a **danger signal**, whether it's because of structural damage in the body or not, it's made, it's a protective signal from the brain.

[00:10:34] And so recognizing and getting to the root of: Why that particular person's unconscious brain is trying to protect them. Why is that person's brain perceiving danger and threat and therefore creating the signal? And when you can get in there and understand **human psychology,** that it's similar for pretty much everybody because we have the same human brain and when you can understand what their brain went through and really investigate and understand human psychology of what the **survival brain** is. Because that is very different than what the conscious, **rational brain** would interpret.

[00:11:20] So, at any rate, I was doing this work, and I was as you can imagine **I was quickly inundated** because I was in the Kaiser System. So, people can see me for free. I was inundated and I only had half a day a week. So I tried to see as many people as I could. I was seeing them in my primary care clinic where I only had 20 minutes.

[00:11:40] I was working through lunch. I was, I got them fortunately to give me another day. So I had a day and a half a week in the integrative clinic and I just was like drinking out of a fire hose and, you know, had **so many patients.** And I think, you know, once you see this, you can't unsee it. And so it got to the point that, I mean, people were coming to me desperate.

[00:12:05] They had tried literally everything else and I was the one person that offered something else. And so I was trying to help them and being a people pleaser and being a family medicine doctor, I was doing everything I could to, you know, like **working through my breaks** and. You know, my lunch and late and, you know, trying to get people in and help them.

[00:12:28] And, you know, it was overwhelming for me and it was hard and, and so I started again, **reaching out to the leaders** and trying to get more time and have someone listen to me that this was different information. It was helpful. And, people wouldn't listen to me. I wasn't, I wasn't getting anywhere with the leaders and I was so inundated and I had a couple of patients that got mad at me, which was actually very surprising how few it was, especially since early on.

[00:12:58] I didn't really know how to say this very well. And, since I'm a lot better at communicating it. But, not very many, but a **couple of patients**, again, got **really mad at me** and sent me these mean emails and, it got to the point where I felt trapped. And that's a lot of what goes on of the reason why our unconscious brain is perceiving threat and then sending the signals to the body.

[00:13:25] It often has something to do with somewhere in our life we feel trapped. And **I felt trapped** because of a lot of the reasons. So the work of Howard Schubiner is based on **John Sarno's work**. And a lot of the reasons that are rolled into getting the chronic symptoms is because of personality traits.

[00:13:47] That's one of the protective mechanisms that our brain creates. So the **personality traits** of being high achieving, being hard on yourself, being a people pleaser, putting others first, yourself on the back burner. Needing control, being a perfectionist, all of which I raised my hand to, and I was always, you know, growing up, I was always the good girl.

[00:14:09] I didn't make waves. I was really quiet. I was really shy. I was a, you know, I was a teacher's pet. Like, I, I would go to the ends of the earth not to put other people out, and again, I never wanted to make waves. And so here I am **making waves** and going against the medical establishment and in a closed system in the notes.

[00:14:33] You know, I'm anyone, any of the doctors and specialists can be reading my notes and I can imagine that also some of the patients are going to their doctor or going to the chief cardiologist or whatever and saying, Oh, my gosh, Dr. Kennedy, **she's crazy.** I felt trapped in that. Also, I felt like I was sort of telling the medical establishment that they were doing things wrong, or they were wrong.

[00:14:57] And again, that, you know, my personality traits, like, butting up against that, and then also wanting to be liked. And, you know, it's butting up against that and then, you know, just sort of always feeling a little tense of, oh, my gosh, what do people think of me even? **What did patients think of me** that I'm seeing these things that can sound crazy?

[00:15:18] **What did the other doctors think of me?** Even puts a little pit in my stomach while I talk about it. And then if, you know, there's this mean emails from a patient. And so, but the thing is, again, I was trapped because I couldn't unsee it. And **I couldn't go back**. And I knew that this was how to actually help people. And I didn't have enough time to do it. And, you know, all of these things.

[00:15:42] So I, so that together with also, I had had **a huge stressor in my life.** This was probably May when I started **getting pain** myself and, and earlier that fall, one of my best friends from college, his wife had died in the night and left him with three kids, three very young children, and he lived in New York and, so there was this huge stressor in my life that was going on, but then also being trapped at work, and then also, you know, saying these things, and I think also feeling like, this is the craziest part, in some ways, that I'm trying to tell people like, oh, your fibromyalgia, I can, you know, you can get rid of it, but But then not believing me and, you know, so just the whole, the whole, all of it.

[00:16:34] And so I said, so I had my, my right knee, I had my **ACL replaced**, 20 years before twice. It healed up totally fine.

[00:16:44] So I started getting pain in my right knee, actually in the fall of 2021, and it was right when I learned about Dr. Schubiner, I was **reading his book** and I just started getting pain a few days before this, just a tiny bit. And I read this book and I thought, Oh my gosh. That's what's going on with my knee.

[00:17:02] This is an old injury. I didn't actually do anything to it. This is just **an old pathway.** So I actually got rid of that pain right away, like in a day. It had only been around, this was kind of before all of these other stressors.

[00:17:15] So, so then, it's like months later, it's May of 2022, and then I start getting the **knee pain again**, and I, you know, I pretty much know that this is what it is, but I'm not really putting together the pieces of, like, really what my brain is, is perceiving, like, why it's perceiving threat, but, you know, I have pain there, and then over several months, interestingly enough, I think I didn't really have too much pain. It was very mild.

[00:17:43] I went to New York to visit my friends and his kids, and I got **pain in my knee when I was in New York City.** And then when I came back, he was supposed to come visit with his family in July. And then when I came back, the pain just progressively got worse. And the pain was really bad in my knee, but **then it spread** and I would get, and I got pain in my ankles and in my hips and it just got worse and worse and worse.

[00:18:14] And I knew that, again, that this was **neuroplastic**, this was my brain the whole time, but it just, you know, it just kept going down and down into the pit. And it was really, really bad at night, and I got fairly bad **fatigue**, and the pain would be in the back of my **thighs**, it would move around, it was a little bit in my **shoulders** as well, my **back.**

[00:18:38] And I mean, it could be, it would be terrible at night. I mean, I would, most nights I **couldn't sleep very well.** I could barely sit up in bed. It was just searing pain. And I would, I mean, I would literally moan out because it was so bad. And , and then my friend came to visit with his kids and, and part of it, it wasn't actually It Just that his wife had died and left him with the kids.

[00:19:07] I mean, that's very, very stressful. Absolutely, but it was more **about my relationship with him** and sort of realizing that I sort of had this aha, or my unconscious brain had this **aha moment** that he actually wouldn't have treated me the way that I was treating him. Like, he wouldn't have been there for me.

[00:19:26] He wouldn't have been there. It was kind of a one way street, again, the sort of **my people pleasing** and, and, but then sort of recognizing this, that I wasn't being treated the way that I deserved, but yet, if I broke off my communication, if I ended that relationship, there's these three kids that I had connected with and then, you know, my own issues by my own mother's, you know, lack of attachment, you know, it's just like such messy business.

[00:19:55] So again, feeling trapped, feeling trapped there, feeling trapped at work, but they came to visit for eight days, three kids, and, and I was trying to show them a good time. And so **my knee was progressively worsening** and worsening and we did all these things and I walked and I walked and I walked like all over the place the whole time and it just got worse and worse and worse to the point that actually was like swollen up like this.

[00:20:19] And then I even had swelling all the way down my calf, actually. And by the time that he left, and we got into a **big fight,** by the time he left, I was, I mean, I was done. I was like in bed with fatigue for the whole weekend and fortunately, my husband kind of did everything

to take care of my kids, you know, in high school, but, and I, I just then after that, I could **barely function**.

[00:20:48] I mean, I could work, but I could barely walk from the parking lot into my office, and I sat on the stool in an exam room, the back of my, my legs, my thighs hurt so bad that I could barely stand up, like, I tried everything I could to stand up normally, so my patients wouldn't notice, and I'd sort of **hobble around**, and the thing is also, again, I wasn't feeling supported at work.

[00:21:12] I wasn't feeling supported by the leaders, by my bosses, by my colleagues. And and again, you know, sort of what that touches into in **my childhood** of, you know, my parents kind of had trauma from their childhood. And, so sort of that attachment issues and not feeling supported having that parentification as I was a child, sort of had to take care of myself.

[00:21:37] And so again, just really connecting up from my unconscious survival brains perspective, you know, all these pieces. So, when I was **at work** in particular, my **symptoms were pretty bad.** So, at any rate from there, so I had this chronic fatigue and then for several months after that, like, I really at 8 PM at night, like, I couldn't do I just was done.

[00:22:01] I couldn't do anything else besides just work and just the bare minimum at home. And then I had to just recover all weekend. And at one point I did get, I had a huge **Baker's cyst** in the back of my knee, which is just a collection of the fluid. And so I did get a steroid injection for that and I couldn't, I couldn't straighten my knee at the time.

[00:22:27] And I was hobbling down the hall, and strangely enough, so I got the **steroid injection** on my knee, and this had been progressively worsening for, you know, from May to July, and within two hours, **all of**

the pain throughout my whole entire body was **gone**. And I could walk normally, like it was a little nuts.

[00:22:50] **Prednisone** is very strong anti inflammatory for sure. And the signals, the brain danger signals also travel with inflammatory signals. And so while there was inflammation in my body, I mean, there's **swelling you could see.** The root of it still was the perceived threat in my brain sending these signals.

[00:23:16] And I do not know if part of that was the **placebo or** if all of it was the **anti-inflammatory.** I mean, it just seems so incredibly fast. For all of it to help. I don't know. It's pretty nuts.

[00:23:27] But anyway, and so, the **symptoms** were **gone for maybe three weeks** and then they started coming back again. And I thought to myself, oh, I really got to get on putting these tools in place, like investigating in my unconscious brain, like what's going on and, you know, really trying to teach my brain. It doesn't need to be afraid of what it thinks it needs to be afraid of.

[00:23:49] And anyway, so. It took me quite a, quite a long time and I kind of, I **didn't really dive into my own psychology for** a long time. I kind of tried to do some other things like some meditation or breathing or you know, just try to deal with it and, and I definitely saw it fluctuate when I would be with friends. Sometimes it would be a lot better. And again, stress at work, it would be worse.

[00:24:15] And finally, I really started leaning in and really doing deep emotional work and **uncovering emotions** and really healing what my brain had gone through, the dangers that my brain had gone through my childhood and through my life. And really learning to stand up for myself and really speak my voice and, you know, let out my anger and express my emotions.

[00:24:42] And then also lean into the symptoms and **teach my brain** to break that fear symptom loop as well. Somatic tracking and expressive writing is one of the tools that's really helpful. Which is, if anyone doesn't know, the stream of consciousness writing, and then you get rid of it in order to really dive into what our unconscious brain is believing, rather than what is out in our conscious brain. And often what the internal stressors are that our unconscious brain is responding to are **repressed emotions**. And I thought that that idea was nuts.

[00:25:23] And Like, when I first learned this, I heard that repressed emotions and expressive writing could help. And it was like, I mean, literally, it was like, someone said to me, you know, aliens just landed on the planet and that's why there's food in the grocery store. I mean, I was like. What, for chronic pain? Like, **it made no sense**.

[00:25:48] And so **when I first started** doing the work with patients, I actually focused more on reading and meditation and, somatic tracking to break the fears and don't loop and then **now** I'm 180 degrees and most of the work that I do with people is **to teach them to feel** and express their emotions and, sort of rewrite the memories from childhood from the perspective of the adult rational brain rather than the perspective of the child's brain. And doing that through feeling and expressing emotions and visualizations.

[00:26:26] And if we can **rewrite the memories,** and this is just what our brain does. Our brain, you know, forgets things, it has gaps, and then our brain fills those gaps on its own. So if we, if we use that neuroscience of just what our brain does normally.

[00:26:42] Even now, we do it in the way that we want to do it so that so that our **brain can stop responding** as if we are in physical threat of harm. Because we're standing up for ourself or because we're feeling

and expressing these normal human emotions, or also really diving into the personality traits.

[00:27:04] I still do expressive writing pretty regularly and do these tools regularly. And often what comes out is being too hard on myself. I'll feel some tension or stress or something. What's going on? So I'll **do some expressive writing** and on the surface will be all of the, you know, normal things I'm consciously aware of.

[00:27:26] And then underneath the surface will sort of pop out. Well, you haven't helped all 44 million people in the world with Long Covid yet. I mean, like, literally, and that's what my nervous system is responding to. And so, you know, again, teaching my brain to go easy on myself. And kind of, you know, **stop trying to be perfect** and control everything and, um, find joy.

[00:27:49] And, so that's sort of my story. My symptoms again were so bad at, at one point, and it went on for months and months because **I really resisted** kind of really diving into all of this.

[00:28:02] But there was this one morning. I mean, I would often in the mornings just be like. It was like, **whole body just burning pain** and just pressure on my body. It was terrible. Like the nights were awful. During the day, it was a little bit better, although it didn't go away. And this **one morning** I woke up and I literally could not raise my arm above this this amount. I tried to raise it up and I literally could not do it. It was burning pain and pressure so bad. I could not do it.

[00:28:32] And so I thought to myself, okay, I know intellectually, this is my brain. So I'm going to just **do a little experiment.** I'm just going to, I'm just going to go for it. I'm gonna, I'm gonna do it. And I, and I tried to lift it up and I literally could not do it. And even, then me, even though I knew, you know, all along, I thought to myself, oh my gosh, is

this really just my brain making this signal? Like it's, **it was nuts.** And so I, you know, kind of did some breathing or some meditation and, you know, kind of moved my body, shook it out a little bit. And then, you know, later I can lift up my arm okay. But it was really, it was really quite severe for a very long time.

[00:29:14] I also, my, it was my shoulders were really affected and they were really weak and **I couldn't.** Lift my arm up kind of in the back or if I if I tried to go like this Like I just I just couldn't do it and I couldn't. And I lost the strength in my shoulders and my chest here. And I couldn't get myself off the ground. I couldn't, like I was trying to still move my body, do some exercises. Get on the ground and do, you know, a little stretching or whatever, and I couldn't, I couldn't use those muscles.

[00:29:46] So **I'd have to** sort of roll over and kind of push up with my elbow and use my feet and my legs to kind of get myself up and you know. Now I can move my arm around and do some pushups in the morning. I do my Seven minute workout. But, so yeah, it was, it was really quite severe. So, that's my own personal story.

[00:30:10] So I **left Kaiser,** so I tried very, very hard, to get someone to listen to me that this is different. This is a different approach, and it can be really dramatic, and I became the lead of the Long COVID clinic, and this is what Long COVID is. I mean, **Long COVID is** the threat part of the brain, the danger part of the brain perceiving threat when there isn't actually danger, and then sending the warning signals to the body.

[00:30:38] And this is what IBS and fibromyalgia and migraines, tension headaches, I mean, the vast majority of back pain, neck pain. All of these different things is about threat in our unconscious brain. **Our survival brain**, all it cares about, is staying alive on the planet. That's it. And it takes everything that it's learned throughout its life and it stores and remembers that. And then it applies that to the current situation.

[00:31:08] And our brains are **predictive machines.** I have a patient that I'm working with with Long Covid. Man, just having so much trouble getting there, believing that, that Long Covid could be brain generated. And I get it. I mean, right, I get it because I, I myself couldn't lift my arm. I mean, it's hard to really wrap your brain around and with all the information in the world .

[00:31:33] And then there's this, this paper, this really great paper. That talks about the Bayesian predictive coding of our brain, and he read that part that the **majority of our experience** in the world is actually created because of what our brain is predicting is happening, rather than what's actually happening. What the sensory information that's coming in at us from the world.

[00:31:59] And that there's more nerve fibers going from our brain to our sensory organs then actually the nerve fibers coming from our sensory organs to our brain. And so **our brain creates our experience** based on what it predicts, and especially if people have a history of anxiety, or depression, or, you know, something that then even predisposes the brain to make that prediction error on the side of danger. Then we're just stuck with these, these signals in place.

[00:32:34] So I did this **at Kaiser** for a couple of years and I saw **so much success** that, again, I couldn't, **I couldn't go back** at that point. And, and I wanted to do this work full time, but they wanted me to stay in primary care.

[00:32:46] So, so I decided to leave and **start my own clinic,** which I did a year ago. And all I do, I don't do primary care anymore, all I do is I work with patients around these **neuroplastic symptoms**, and whatever, you know, however it's manifesting, and for many people it's chronic pain, but other people, you know, it's all these different things.

[00:33:08] I think that was the other thing is, you know, being in that system is as a family medicine doctor, sending my patients to say the **chronic pain specialist** there is, they would only deal with chronic pain and that was it. In fact, they wouldn't even deal with migraines because they, they wouldn't see people with that because they're like, oh, that's a neurology problem. So they would send someone to neurology and that's all they would deal with.

[00:33:33] And here I am as a family medicine doctor, **seeing the whole picture.** So, you know, one year someone has back pain, and then the next year they have IBS, and then the next year they have migraines, and they're going to all these different people, but here at the, you know, in my seat as the primary care doctor, really seeing the pattern and seeing it's the same root of all of these things, but, but no one is getting to that root.

[00:34:02] It was astounding to me that people would go to **neurology with their migraines** and I would ask my patients all the time, did they **ever ask you about stress?** Did they ask you about what's going on in your life and never once did one of my patients say that they were asked about that. So anyway, here I am now doing this work.

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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