

Do you want to take control of your pain and get back to living the life you deserve?

Do you suffer from persistent or chronic pain? Are you worried the pain will never completely go away? Is it affecting your quality of life so that you can't do the things you used to be able to do?

Most people don't understand why they are in pain. Research shows that the best way to overcome your pain is to first find out the cause. This understanding will help you to have greater control over your pain, and to overcome it.

Why am I in Pain? provides a jargon-free explanation of what is wrong in your body when you are in pain, how your general health affects your pain levels, and how the simple things you do every day could be making your pain worse.

Once you better understand these influences, you can apply this knowledge to your everyday life, and get on the path from pain to relief. I look forward to coming on that journey with you, and helping you reach your pain-free destination in order to live a great life – the life you deserve!



Nick Schuster loves helping people to better understand and recover from pain. He believes no one should fear pain and that we all have the right to live a pain-free, healthy and happy life.

Nick has helped more than 5000 people find out why they are in pain, get out of pain quickly, and return to enjoying a great life. By identifying the root cause of their physical problems, he helps his patients achieve results they didn't think possible.

Nick is a physiotherapist, business owner, educator, author and presenter.

Nick Schuster

Visit www.painreliefguy.com.au



Why Am I In Pain?

Nick Schuster

Why am I in Pain?



Your journey from pain to relief

Nick Schuster

Foreword by
Petero Civoniceva

Praise for *Why am I in Pain?*

‘I have been referring my patients to Nick Schuster for the last ten years. He is a hard-working practising physiotherapist and I always hear very good feedback from his patients. This book is a very useful way to help patients understand their musculoskeletal conditions, lose their fear of pain and speed up recovery. I would also recommend this book to other medical practitioners, including family doctors, occupational therapists and clinical psychologists.’

Dr Paul Angel
Principal of Scarborough Majellan Medical Centre
FRACGP, PhD

‘As an experienced GP I have met and treated many thousands of people who suffer from all types of pain, from mild to extremely severe. I have seen the way in which chronic pain impacts on my patients’ lives, and stops them from doing the things they love. Having known Nick for more than ten years and referring countless patients to him, I can definitely say that he knows how to help people to overcome their pain. If you want to understand more about how to achieve relief from pain, please read this book.’

Dr Kimberley Bondeson
GP, Beach Medical Clinic, Margate

‘As a rheumatologist, many of my patients have complicated health conditions with a variable impact on their pain levels. It is important to understand that overall health and pain perception are inextricably linked. This book gives you clear and easy to understand explanations about pain and how health conditions can affect it, offering great help on the pathway to wellbeing.’

Dr Claire Barrett
Rheumatologist, Redcliffe

‘As a workplace wellness professional, I regularly witness the negative impacts of an increasingly sedentary lifestyle on both employee well-being and workplace productivity. As someone who has spent way too many hours at a desk themselves, and suffered the resultant neck and back pain, this book also resonated with me personally. As Nick rightly states, sitting is killing us. His book provides the motivation for taking control of our health, with practical tips on how to proactively prevent and manage pain as it arises.’

Katrina Walton
Director/Founder, Wellness Designs

‘Apart from sharing a proud Redcliffe heritage, as a man who likes to mix words with raw inspiration so as to emerge with a verse or two of enlightenment, I can relate to Nick Schuster’s book, *Why Am I in Pain?* If truth be told, some of the world’s greatest poetry might be traced back to places of great pain for that’s what often stirs something powerful in the heart and soul. What’s more important though is the act of dealing with this adversity, understanding it and, ultimately, converting it into something positive. Physiotherapy being his passion, Nick has achieved this, in his own impressive way, with his latest book and I commend him on it.’

Rupert McCall
Author, Poet and Presenter
OAM

‘As a pharmacist, I see people every day who suffer from severe pain. They come into my pharmacy to request analgesics to help manage their symptoms; however, what they really need is a sound understanding of what is actually causing their pain. Through this understanding you can manage and overcome your ongoing symptoms, and this is where Nick can help. He has the experience and know-how to educate you on the very best ways to help understand and ultimately deal with, and overcome, your pain.’

Scott Masterson
Pharmacy owner, Redcliffe

‘In my work as a physiotherapist, I find it amazing how we can help people who are suffering from the most ongoing and severe pain. It never ceases to amaze me the positive outcomes I can achieve with my patients if I first help them understand why they are in pain. Nick has been a great mentor to me here at Scarborough Physio and Health and, when it comes to simple explanations about pain and health, he is the go-to guy.’

Mitch Hamer
Physiotherapist, Scarborough Physio and Health

‘In my personal training business we specialise in helping people transform their lives. I have worked with Nick for more than five years and, during that time, we have helped countless people to get out of pain, get healthy and live great lives. Nick is a pain expert. Anyone who suffers from pain which affects their ability to live the lives they deserve should read this book.’

Jake McLuskie
Owner, Positive Existence Personal Training franchise group,
President, Jason Rich Foundation

Why am I in Pain?

Your journey from pain to relief

Nick Schuster

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Foreword

If you are reading this book, then probably either you or one of your nearest and dearest have had to cope with pain at some stage.

From my own experience of coping with pain, I can assure you that it is not easy.

As a retired professional footballer with a career spanning 15 years playing rugby league for the Redcliffe Dolphins, Brisbane Broncos, Penrith Panthers, Queensland, Australia and Fiji, I can tell you that I have had my fair share of pain. I can also say that when I was in pain or injured I felt exactly the same way as you. Whenever I was injured, I would worry about what I had done to myself, until my medical team were able to reassure me and provide a plan for recovery.

I experienced the same emotions that you most likely feel when you are in pain – I was frustrated, keen to get moving again, and worried about how the injury would impact on my ability to keep playing football. I was always seeking answers and the best information about my health problem. I found that the advice from my doctors and physiotherapists helped to alleviate a lot of my uncertainty about my injury.

Generally speaking, I consider my body to be quite resilient; yet, when I look back on my football career I've had numerous injuries including a broken arm, a torn tendon on my big toe which required surgery, and spasms in my back for which I needed ongoing physiotherapy treatment, massage and core exercises.

I'm aware that these injuries might come back to bite me later in life, but I have learned what I need to do to keep on top of these problems and to make sure I get out of bed each morning feeling fit and healthy.

When your daily job involves putting your body in harm's way, you need to learn to look after yourself, to get good advice, to follow

the guidance of your medical team, to keep fit, and to maintain a positive outlook despite being injured and suffering pain.

This philosophy has stood me in good stead throughout my rugby league career. But it applies just as much to you in your everyday life as it does to me.

None of us are superhuman. We will all suffer pain and injury at some stage of our lives, whether we are professional sportspeople, office workers, tradesmen, stay-at-home mums, or retirees.

In this book *Why am I in Pain*, Nick will teach you the key to living life while minimising the impact of pain and injury. By learning what is actually happening in your body when you are in pain, you will be able to think and react more clearly and logically – plus you will be able to use this valuable knowledge for the rest of your life. I must admit that I was quite lucky throughout my football career. I didn't have any career-ending injuries, although anyone who watched me play must have noticed how many strapping tape and neoprene support braces I needed to wear!

I did suffer from ongoing knee pain and knee injuries, and I will let you in on the secret which helped me to overcome these injuries. After wearing a certain type of footy boot during the first half of my career I switched to a more supportive type of boot. Instantly, my knees felt better, I was in less pain, and I had fewer injuries at training and during weekend matches.

I had discovered that my flat feet were contributing to my knee problem (for which Nick suggested using orthotics as a solution). Knowing this fact had a very powerful effect, as I suddenly didn't have to worry that I was falling apart and that my playing career was in jeopardy. This gave me the confidence to keep pushing my body to its limits, play to the best of my ability, and give my all for my team.

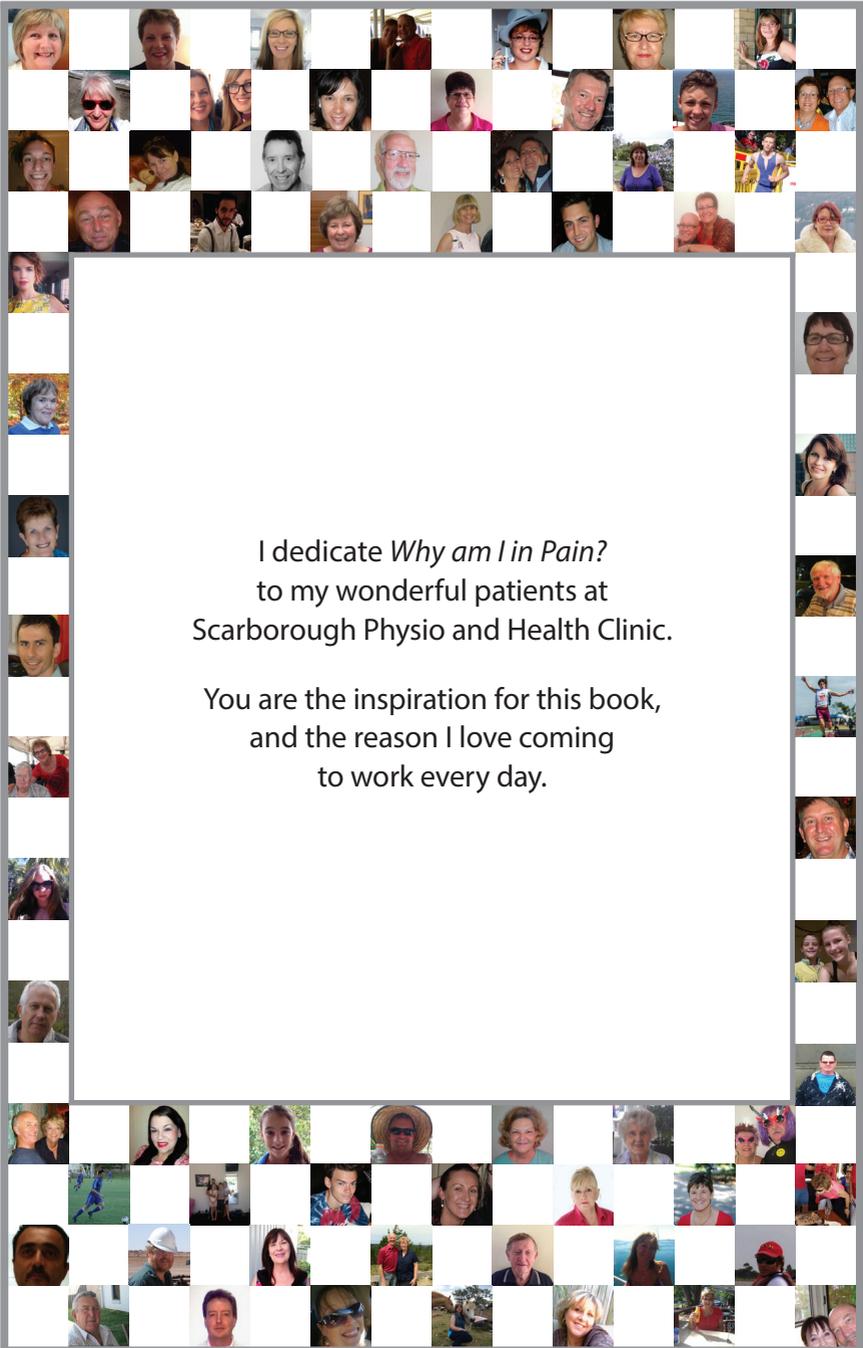
My take-home message from all this is: no matter how severe the pain, there is always something that can be done to help you. But you cannot do it alone. You need good advice and a good pain management team to help you understand the problem, to get a correct diagnosis, and to give you simple and easy-to-understand information as to how you should be looking after your body on a daily basis.

Take it from me – the better the team, the better your results will be. I have played in some of the greatest rugby league teams of all time and the only reason those teams were successful was as a result of how hard everyone worked, not only for themselves but for each other, to reach a common goal.

If your goal is to get out of pain and live a better life, keep on reading, and take control of your life again.

Petero Civoniceva

**Former professional rugby league football player for Australia,
Fiji, Queensland, Redcliffe and Penrith**



I dedicate *Why am I in Pain?*
to my wonderful patients at
Scarborough Physio and Health Clinic.

You are the inspiration for this book,
and the reason I love coming
to work every day.

Preface

My name is Nick Schuster and I am a physiotherapist with over ten years' experience working with people to alleviate their pain. I have helped more than 5,000 people to better understand what is causing pain in their bodies.

After completing my physiotherapy training, I must admit that I had a lot to learn about my profession. I started my career as a physiotherapist working in my own private practice treating a wide variety of people. At university, my lecturers hadn't focused on treating patients; rather they'd trained us to treat body parts. 'Oh, so you have a sore knee – well, let's take a look at that for you.' I knew a lot about sore knees, but not about the people who had them.

My real passion is people: building meaningful relationships with people and helping them, to the best of my ability, cope with problems in their bodies. What better way to do this than running my own physiotherapy clinic where every day I treat up to 25 people suffering from pain?

After about four years working in my professional practice, I felt disillusioned with the range of options available for treating people with chronic pain and other complicated health problems. I discovered I was very good at helping people with simple health conditions (who probably would have recovered without my help anyway). However, whenever I treated someone suffering from severe pain, I invariably made their pain worse. I didn't understand it but I desperately wanted to. I wanted to be able to claim success with my challenging patients, whereby they magically got up off the clinic bed and said, 'I'm cured!' Wow! What a great feeling that would be.

So I started on my journey of trying to better understand pain. To understand pain, you have to learn from the best. There is a group called the Neuro Orthopaedic Institute (NOI Group) headed by

the experienced Australian physiotherapist David Butler. The NOI Group has simplified pain science better than any other medical organisation I have ever come across. I was overjoyed to discover this group of people at the cutting edge of a topic that mattered most to me and my patients.

After reading David Butler's book, *Explain Pain* I became very interested in the mechanisms responsible for enabling some people to recover from their pain, while other people continued to suffer. The overall theme of the NOI Group's publications is that many people who experience pain in their bodies are actually suffering from pain that is coming directly from their nervous system. This type of pain, which originates from the nervous system, can be excruciating – think 'trapped nerves' in the lower back.

After learning a lot more about nerves and how they cause pain I thought to myself, 'Aha, now I have the cure for pain! Surely people will flock to me in droves to have their pain treated.' Yet, while my success rate for helping people recover from pain was now much higher, I still wasn't able to help everyone.

This was because I didn't know enough about the inner workings of the body. You see, pain can be felt in the nervous system, but there can still be processes going on behind the scenes which make the nervous system sensitive and cause pain. This pain often isn't relieved simply by treating the nervous system with some physiotherapy techniques.

The next step was for me to better understand the body and other causes of pain. This included such criteria as disorders of the immune system, hormones and how they play a part in causing pain, and, most importantly, how the person suffering from pain feels about their injury, themselves in general, and about their past and future. Basically, I needed to try to understand many of the health-related issues you would normally consult your local GP about.

As you can see, if pain is influenced by all of these factors – not just the nervous system – it can be very difficult to understand. Even more so when you actually are in pain and your thought processes may not be functioning properly.

When I decided to write this book, my first thought was, 'I'll write a book similar to *Explain Pain* which will further explain nerves and neuroscience to the layperson.' But this was my physiotherapy brain thinking. I then tried to put myself in the shoes of my patients, the pain sufferers, and you, the reader. What would you be interested in knowing about pain? You don't care about neuroscience. You care about the pain you are either suffering from now or have suffered previously.

When considering my patients' individual viewpoints, I realised that I needed to improve the way in which I communicated with them, particularly when explaining what was actually wrong in their bodies when they suffered from pain. This communication was a vital step associated with my patients making a good recovery. Moreover, for some people it was the difference between them understanding their condition and recovering, or being mystified, confused or scared and not getting any better.

Since developing a better understanding of the mechanics of pain, I have incorporated the treatment of the nervous system into my physiotherapy practice with great success. I think that every health practitioner should have the ability to assess and treat the nervous system since it is such an important cause of chronic and severe pain. This is a topic that was not even touched on during my university studies, and the majority of physiotherapists (and health professionals in general) are completely unaware of this vital area of healthcare. I believe this is a tragedy, and something that I will do my best to remedy within my lifetime.

Nick Schuster
July 2014

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My beautiful wife, Gerowyn for her constant support and for giving me the best life I could hope for. Gerowyn – I love you so much and I love our lives together.

My great team at Scarborough Physio and Health: Mitch, Cate, Sue, Bec, Stef, Michael, Rachel and Mary, for their dedication, their loyalty and for helping to make our clinic the most professional and caring health service on the Redcliffe Peninsula.

My friends in business – Brad and Jake – for their motivation, advice, insight, and for bringing out the entrepreneur in me.

My old friends, from St John's College at the University of Queensland for putting up with my crazy side, and for helping me 'chill out' and let my hair down away from work. A very special mention to the awesome Dayne Jocumsen and Jon Banks – I could not have better mates.

My wonderful family – the Zanns, Schusters, Watsons and Lyonses. I have so many great people around me, and I am thankful for this every day.

My mentors – Paul Wright, Michael Ridgway, Jason Smith, Brad Beer. You have all challenged and inspired me in different ways, and helped to make me a better physiotherapist, mentor and leader.

David Butler – I share your fascination about the nervous system. Thanks for your book *Explain Pain* and the understanding it gave me of pain and the nervous system.

Glen, Andrew and the team at KPI without whom I would not have been able to write this book

A very special woman: my editor and book designer – Kirsty Ogden from Epiphany Editing & Publishing. I may have written this book but Kirsty has ensured it is legible and professionally presented.

She has worked hard to transform my basic Microsoft Word document into the publication you hold in your hand today.

Billy Lyons for his creative illustrations on the front and the back cover of this book.

And last but DEFINITELY not least – my incredible, wonderful, inspirational patients. You help to make me into a stronger, more inquisitive and more grounded person. I am eternally grateful for your support, loyalty, and I thank you for entrusting your journey to pain-free health to me.

Introduction

You bend over and hear a click. Instantly you feel a searing pain right in the middle of your lower back. You can't stand up straight. What do you do?

You scream out in pain. I can't say what you scream out because it isn't fit for publication. You shuffle your way over to the bed, but you can't work out how to get your legs up and into bed without your back pain getting worse.

The pain is so bad you can't think straight. All you want is for the pain to stop. You didn't do anything that bad to cause the injury – you were just bending over. How can something so simple be the cause of the worst pain you have ever felt in your life?

What do you do next? Painkillers, ambulance, hospital, x-rays, doctor, call in sick at work, get to the physio, get a heat pack ready – choices, choices, choices.

So you're still sitting on the edge of the bed, thinking about what to do. Your partner has already gone to work, and you still have to get the kids to school. But you can't move!

Does this sound familiar?

Have you ever had a back injury? If yes, then I'm sure you can identify with this scenario. If you haven't, there is a good chance that your spouse, best friend, mother or father has suffered from this awful experience.

It is my opinion that people want to know four things when they consult their health professional about their pain:

1. What is causing it?
2. Can you help me get rid of it?
3. How long will it take to get rid of it?
4. What can I do to help myself get rid of it?

In this book, I will help you to answer these four questions. My goal is to help you to better understand the complex nature of pain, to give you hope for a future without pain, and to ease your mind that every time pain shoots through your body, you are not experiencing more damage. You are simply coping with one of nature's flawed defence mechanisms – and you need to get past this and keep on living!

Instead of writing a book about neuroscience (which I don't have expertise in anyway), I decided to write a book based on my many years of experience treating patients at my clinic. In this book, I talk about different types of pain and their causes which have challenged my thinking the most. It is as a direct result of these challenges that I have chosen to write about topics which I feel are most meaningful to you, the pain sufferer.

The premise of my book is simple: no jargon (or as little as possible) and lots of anecdotes and observations from my personal experience as a physiotherapist, and someone who thrives on building meaningful relationships with my patients.

You should be able to open this book at any page and gain insight into a different aspect of why we experience pain in our bodies. *Why am I in Pain?* does not need to be read from start to finish as certain topics are more relevant to some people than others. However, I assure you that if you complete the whole book, you will have a much better understanding of pain in your body than beforehand.

At the end of each chapter, I have highlighted my 'Take Home Message' which provides a review of the most important points discussed. This helps to summarise the information you have just read and provides relevance for your own situation. In my experience, better understanding leads to better coping strategies, which in turn leads to a better life with less pain.

So please read on and enjoy. I must admit I have had a great time writing this book. If you have any feedback or suggestions for future book topics, please feel free to write to me at the following email address: nick@painreliefguy.com.au.

Part One

Understand Pain: What's Going On?

1

What is pain?

Pain is normal. By understanding pain – trying not to overthink it or stress about it – you can get on with living your life. You don't need to have a PhD in pain to understand the mechanisms and concepts behind what is wrong in our bodies when we are in pain.

Why do we have to suffer from pain? The truth is that humans cannot survive without pain. Pain alerts all living creatures to danger and injury. Touch a hot stovetop and chemicals are released by the affected cells in your finger, triggering an electrical nerve signal that races up the nerves of your arm to your spinal cord. The signal then activates the area of your brain responsible for sensation, which assigns it a type and intensity. This is called 'acute pain'. The purpose of acute pain is to protect us from injury and it usually goes away when its job is done.

Pain has a subjective, individual nature – your unique pain experience will be different from the pain experienced by others. Accordingly, the best way to treat pain depends on each individual's unique circumstances. However, I find that most people I treat are dealing with the same issues. Therefore, once I understand your unique circumstances, the principles I apply in order to help you manage your pain are generally similar from person to person. My many years of practice as a physiotherapist have equipped me to recognise patterns within people experiencing pain. You may be surprised to learn that

there are common and similar solutions to the many different and unique health problems I help people with.

Within the physiotherapy profession we are discouraged from treating our patients based on recognising pain patterns. However, in my experience, identifying a pattern is logically the most effective way to treat pain. I have successfully treated over 5,000 patients with a multitude of painful conditions. As a result, I have gained in-depth knowledge regarding the complex and all-encompassing nature of pain and the requirement of a holistic 'body and mind' approach to treating the cause of pain and alleviating the symptoms.

Pain is effectively a message sent from any part of the body in distress to the brain in an attempt to elicit a response from the body to remove the pain.

The 'fight or flight' response is a good way to describe how our situation can determine our response to pain. Consider the scenario of someone touching a hot stovetop versus a person in a house fire who rescues their child, escapes the burning house, and collapses after performing this unbelievable feat, all while being badly burned. A person in a house fire is so focused on the task at hand and the importance of keeping their child safe that they are distracted from the pain in their body – at least until their challenge is over. The person who touches the stovetop is acutely aware of their pain and, as a result, the sensations of pain are more severe.

Pain is transmitted from the body to the brain and back to the body again via the nervous system. Our nerves are a system of 'wires' throughout our whole body, which incorporate our brain and spinal cord as the central processing unit. There are larger nerve intersections (think intersections of major arterial roads) around the shoulder and lower back, and from these areas, the nerves which supply the arms, legs, head and torso branch off.

Nerves have several purposes. They transmit pain messages, provide information from the five senses, and transmit messages from the brain to the body telling us to move.

All of our body tissues, including our internal organs, are supplied by nerves. Different parts of the body have different concentrations of

nerves which cause certain areas to be extra sensitive to pain. Have you ever wondered why even something as simple as biting your lip can be so painful, whereas you can get a cut or scrape on your back or leg when working on the garden and you don't feel it that much?

The purpose of giving you all this information about the nervous system is not to confuse you (in fact, many health practitioners are themselves quite confused about it). The majority of people working in the health field do not understand nerves in the same way that we understand muscles, joints, bones and internal organs.

Traditionally, the nervous system is very difficult to understand because it is hard to test. How does a health professional determine if you have a nerve problem? Often it is simply a process of elimination, when everything else you have tested for doesn't show up as a problem. Sometimes scans of the spine, like CT scans or MRI scans, show nerve problems where one of the discs (which are shock absorbing soft tissues between each of your spinal vertebra) is pushing on the nerves as they exit the spine, and this causes pain.

For physiotherapists, it is very difficult to touch a nerve in your body in the same way we would touch and test a muscle. The tests we do for nerves are particularly sensitive and subjective for each patient. Even then, we are sometimes unsure whether what we are testing in your body is the presence of nerve pain or something else.

Take home message

Pain is a protective response initiated in the body's nervous system and is designed to stop us from hurting ourselves. The nervous system is a complicated structure that starts in the top of our head in our brain and extends to the tips of our fingers and toes.

2

What causes pain?

Pain is caused by a specific type of electrical impulse sent up the main part of the nerve towards the spinal cord and brain. The number and type of pain messages sent can depend on the severity of the injury, and, more importantly, on an individual's response to the pain. This second feature is unique and is determined by many criteria including our general health, what we know about our bodies and pain, how worried we are about the pain being present, whether we think the pain will go away or remain, and too many other variables to list.

Think of the individual nerves as being like electric wires. There is the main part of the nerve through which the message travels and there is a protective insulation coating surrounding the nerve which allows messages to travel quickly along the length of the nerve so the impulse is transmitted clearly. Nerves come in different lengths – each nerve consists of a series of fibres with a beginning and an end. When a message travels along the nerve it releases chemicals at different points along the nerve, which open little 'gates' and cause more messages to be sent along its length.

Consider an ankle sprain. You are walking along and your ankle turns inward. When you sprain your ankle, the injured ligament undergoes an inflammatory response. The area around the ligament swells in order to heal the ligament quickly. This swelling response activates some of the little 'gates' on the nerves, which causes chemicals to send a message along the electrical wire. The messages are sent

from the small nerve endings in the ankle ligament, up the nerves of the leg and into the base of the spinal cord around the lower back area, and north along the spinal cord to the brain.

The next part of the process is a bit more complicated. What does the pain message do when it reaches the brain?

Many experts in the field of health and pain used to think that there was a 'pain centre' in the brain – a part of the brain that was responsible for all of the pain messages coming from different parts of the body, organising them in an orderly fashion, and responding to the pain messages in the most appropriate way (shouting, crying, falling over etc.).

In a revolutionary study, some neuroscientists performed detailed brain scans on people suffering from pain in an attempt to find this 'pain centre' in the brain. We know that our brain has many different areas. The front area of the brain is responsible for emotion and complex thought. The base of the brain near the back of our neck (brainstem) is responsible for movement and certain lobes on the outer sides of the brain are responsible for the five senses. When the neuroscientists caused a pain response in patients and monitored their brains to try to find the 'pain centre' they were completely amazed by the results. Guess what happened? The whole brain lit up! Yes, all of the areas which control your thoughts, feelings, movement, five senses – the works!

To me, this means that when you experience pain, it can affect any aspect of your being at random. When your brain is lit up in this way, you are not yourself – you do not move well, cannot trust the information coming from your five senses, and you are certainly not thinking clearly. Would this be an appropriate description for how you feel when you are in severe pain? The phrase 'a bear with a sore head' had to come from somewhere!

Take home message

The nervous system is complicated – similar to the electrical wires in a house. Complex pain messages are sent up the

What causes pain?

nerves of the body and are interpreted and acted upon in the brain.

3

What type of pain do you have?

All of us will suffer from a multitude of different types of pain throughout our lives. I hope that I do, as it means that I have lived a long and full life. Remember, having pain is just part of being alive. It is what we understand about pain, and how we manage our feelings towards it and our actions to relieve it, that determine whether the pain is temporary or long lasting.

The easiest type of pain to understand is physical pain. You stub your toe, bite your lip, hit your funny bone, break your ankle, step in a pothole, your back 'goes' on you, and so forth. The impulses produced trigger pain messages and responses from the central nervous system. The injured part of our body swells up, we can't move it, it is painful and we are temporarily prevented from using that part of our body.

The part of the nerves that causes pain is triggered by the tissue damage and inflammation which occurs as a result of the injury. This acute pain generally lasts long enough for our injury to sufficiently recover, so that we can use the body part we have hurt again without causing too much further damage.

For those people who have experienced a lower back strain, the pain is initially so bad you can hardly move. You need painkillers and your body is telling you to rest. It is always hard to get out of bed in the morning when you have a back injury, but most people find that if they move slowly and carefully, the movement helps their back pain to improve. Many people with sore backs find that, in the early stages,

sitting still and trying to get some decent sleep are the two most difficult scenarios.

Sitting puts a compressive strain on the injured parts of the back, and this causes very little blood flow and movement in the muscles, joints and nerves, which can make them sensitive.

At night, a similar phenomenon occurs. Through the day there is plenty going on around us. When we are trying to get to sleep at night, there is no stimulus and we are alone with our thoughts. If we have worried, stressful, and fearful thoughts regarding our injury we often have trouble getting good quality rest. Many people with injured and sore backs get very little sleep before midnight, and generally sleep best in the early hours of the morning, although some people wake up early as they dread the pain involved in getting up out of bed and trying to move throughout the day.

Emotional pain is a little harder to understand than physical pain. Most emotional pain affects the body on a hormonal level. When we are happy and relaxed, our body produces higher levels of feel-good hormones like serotonin and oxytocin. Things like exercise, laughter, your favourite book or TV show, and even eating certain foods, such as chocolate, can help our body produce these hormones. When we are anxious, tense, sore or stressed, our body produces hormones like adrenalin and cortisol. As well as the feelings of stress they promote, these hormones can heighten our sensitivity to pain.

For this reason, when you have an injury and are in pain, if you are always thinking about and worrying about different aspects of the injury (thoughts like ‘Will I recover?’, ‘Will I be able to go to work today?’, ‘What about the future?’), there is evidence to suggest that your thoughts can worsen your body’s perception of the pain, and can make the pain feel worse than it should actually be. Pessimistic thoughts are not helpful when dealing with pain.

It is very important for people to understand that the way they feel can actually increase the pain they experience when they are injured. To some degree, this can settle an anxious mind. If you know that you are naturally quite a tense person, and that when you are in

pain or injured the pain is very severe, it may help to be mindful of the fact that some of your pain is made worse by the way you feel. This can be comforting by reminding you that your injury is not the only thing causing you pain.

Do you ever notice that when you are injured or in pain, if you are diverted by something simple like a good song on the radio, or a pleasant phone call from a family member, it can temporarily distract you from the pain? And vice-versa – when you are in pain and something goes wrong at home the pain can go through the roof. For example, one of the kids is sick, the toilet is leaking and you need to call a plumber, or you are stuck in traffic on the way to work. Stress often exacerbates pain and is a very common trigger for people who suffer tension headaches.

A couple of times I have hurt myself while on a holiday with my wife or friends. The pain seemed to go away so quickly – after all, I needed to get on with my holiday and there were plenty of interesting distractions!

So next time you are in pain, try to be aware of the way you are feeling and what this might be doing to affect your overall pain levels.

Take home message

Physical pain is a simple concept – when the body is injured, pain messages are sent from the injured tissue to the brain. Emotional pain is more complicated – the body releases certain hormones that also cause pain messages to be sent along the nerves to the brain.

4

Chronic versus acute pain

Chronic pain is the most complex form of pain – where too many pain messages are sent along the nerve system to the brain. Chronic pain is generally defined as pain which lasts for three months or more. The pain has persisted beyond the normal time, despite the usual customary efforts to diagnose and treat the original condition and injury. I would also expand on this definition to include pain that people feel on a daily basis, is easily aggravated, severe, and takes time to settle down after the initial provocation.

Chronic pain may start out as acute pain (for example, a sprained ankle) or as pain from a condition such as arthritis. However, chronic pain is much more complicated than acute pain.

In my opinion, and the opinion of many others in the medical profession, the subject of chronic pain is widely misunderstood. Helping people who have chronic pain to understand their condition and why they are in pain long after their injury is gone is a skill that few health practitioners possess. I hope that I can shed some light on this complex subject.

Chronic pain is one of life's mysteries. I have spent the majority of my ten years as a physiotherapist trying to understand the science behind chronic pain, and applying this knowledge to the management of the thousands of patients I have seen who suffer daily from chronic pain. In terms of medical conditions which have a devastating, far reaching and long term impact, there aren't many problems

which detract from a person's quality of life in the same way that chronic pain does.

A person in chronic pain has a heightened sensitivity within their nervous system. Chronic pain is caused by a nervous system which is too sensitive and perceives an injury which is not actually there. When the nervous system becomes sensitive, normal movements can be perceived as pain rather than simply movements in the injured area of the body. When a person is in a state of chronic pain, their whole nervous system is charged and sensitive. This includes the brain, spinal cord, and nerves which go down your arms and legs.

Pain signals that are repetitive and unrelenting can eventually cause changes that make nerve pathways ultrasensitive. If you don't interrupt the repeated pain signals, those pain patterns can become embedded in your central nervous system. The result? Your brain keeps sending pain messages for an injury that no longer exists. This makes the pain difficult to diagnose and treat.

The pain is real but is often dismissed as exaggeration by doctors who have trouble diagnosing the cause. This can mean that chronic pain can be much more difficult to treat.

A healthy body will readily heal an acute injury quickly and completely when the injury is managed well, particularly in the early stages. A mentor once told me that you can halve the recovery time for an acute injury if you look after it in the first three days after the injury.

Referring back to the description of the acute injury where you touch the hotplate and the pain message is sent from your finger to your brain along a nerve, imagine if these pain messages continued to travel up the nerve to your brain repetitively, long after you removed your finger from the hotplate. The injury which caused the pain is gone, but the pain remains – sometimes for years afterwards.

A person suffering from chronic pain needs to comprehend that the damage is not necessarily to the body tissues which were initially injured. The problem is in the body's wiring – the nervous system – which is sending scrambled messages to the brain from the injured

tissues. This obviously makes the pain sufferer believe that the tissues are still injured and haven't healed. After all, this would seem to be the logical explanation for ongoing pain – my injury hasn't healed yet.

When a person with chronic pain does some exercise such as simple stretches or walking, the pain can flare up. Likewise, any type of innocuous movement can cause unbearable pain. The actual movement wasn't damaging to the body. Rather, it just caused far too many pain messages to be sent to the brain.

You can see how this can be confusing for the person suffering from pain. When simple movements cause pain, the person can perceive that their injury must be quite severe if it is so easily aggravated by basic tasks and activities.

It is said that one-third of people who suffer from lower back pain also suffer from headaches due to the sensitivity of their nervous system. A person who has a sensitive nervous system is more likely to suffer from headaches, shooting pains in other parts of the body which aren't injured, pins and needles or numbness in the hands or feet, and general aches and pains.

Headaches are a product of constant pain messages being sent to the brain, and the brain interpreting them as pain stimulus. A certain part of the brain called the trigeminocervical nucleus is bombarded with messages which trigger the headache.

When a person suffers from chronic pain they become very confused. Often the pain is everywhere – it moves around, it is easily triggered, it doesn't go away when you stop to rest, and it can be provoked by the simplest of tasks.

Unless you have a PhD in pain management, or a good understanding of neuroscience, you naturally trust the signals your body is giving you. After all, you've always done so previously with each little injury you have recovered from. As the pain lingers, and with every day it persists, you begin to doubt yourself. Why is the pain not going away? Worried thoughts run through your mind – I must be irritating it when I bend over so I'd better stop bending over. Is it all in my head? Surely if I take these painkillers it will get rid of the pain ...

This is a challenging journey which so many people currently experience. Chronic pain consumes our mental energy and often causes us stress, self-doubt and anxiety. Chronic pain detracts from our ability to enjoy life and this can get to a point where the pain even defines us. For example, consider those people on a disability pension. Many of them used to work in physically demanding jobs where they did large amounts of heavy lifting, bending, squatting down, and twisting. All of these movements are fine to do a few times a day, but if you do them for forty hours a week for ten or twenty years, they eventually take a heavy toll on your body. Many of these people will toil for years, putting up with occasional aches and pains, but getting on with their lives. Then they have one severe injury which they struggle to recover from. The initial severe pain they experienced when they were first injured persists. They don't know what is wrong with their bodies, and naturally they become anxious and stressed. It hurts to move, so they restrict their movements. They doubt their ability to recover from the injury.

If they can't get through a full week at work without needing several breaks, or slowing down and being more careful with some of their repetitive tasks, their boss sees them as a liability, and they lose their job. Most people who have worked in one job for a long time are very good at performing the tasks they were required to do in that job, but they don't know how to do much else.

When the person loses their job, they are devastated. It is a big part of their identity and they depend heavily on their job for self-worth. The loss of their job erodes their confidence, and feelings of stability and well-being. They become anxious about the future.

If they have a kind GP who is willing to listen to them and fill out the required paperwork, they may be eligible for a disability pension. This then becomes the way in which they are identified. They are not seen as a normal person anymore as they are on a disability pension. Society sees these people as bludgers. What society does not recognise is how they ended up like this and that their pain is real.

Take home message

A person suffering from chronic pain has a scrambled nervous system which sends too many pain messages to the brain.

5

Pain versus damage

The concept of pain versus bodily harm or damage is one of the most powerful concepts to understand when considering chronic pain.

We have already discussed the fact that when we have acute pain, it is the body's defence mechanism and response to an injury which has caused damage to certain body tissues. The pain tells us to stop, rest, and to avoid moving or using the sore injured area in order to allow it to heal. With time and a good healing process, the injury and the pain will go away so we can get on with living life again.

We know that the situation for a person suffering from chronic pain is not the same. Long after the injury has healed, the pain messages remain and continue to be sent from the injured part of the body to the brain. The brain then thinks that the body is still injured and initiates the same protective responses it normally would for an injury by telling us to rest and avoid moving that part of the body.

It is important for the chronic pain sufferer to understand that every time they feel pain in their body they are not doing themselves damage. Hurt does not always equal harm. The pain felt by someone suffering from chronic pain when they bend over to pick up something off the ground is not causing undue damage to the discs, nerves and muscles of the spine. This is a normal movement that is triggering an abnormal pain response.

In my physiotherapy practice, an example of this concept is where I have a patient with chronic pain and I examine their body

movements. I will ask them to bend over, lift their arms, stand on one leg, and walk. Often the person's movement will look absolutely fine. They will have no restriction and will have as much movement in their body as a healthy person with no pain. Yet my patient tells me that the movement hurts so much. They think they are doing damage because the pain is so severe. A typical misconception is that surely something bad must be happening to my spine when I bend over if it hurts this much.

When it hurts to move, the natural response is to stop doing it.

Take home message

Just because you are in pain, don't assume that your body is injured. When you move and it hurts, you are not making your injury worse. Keep moving.

6

I can't move!

There is one single factor that has been acknowledged as causing more incidents of long-term disability following an injury than any other phenomenon. Would you like to know what it is?

Not many people would have heard of something called 'fear avoidance behaviour'. Fear avoidance behaviour occurs when a person has had an injury and, in the early stages of recovery, quickly discovers there are certain movements which hurt. At this point in the healing process, it is advisable not to produce more pain messages which travel up the nerves to the brain. This is because in the early stage of an injury, the more pain messages you create, the more severe the pain is, and the more difficult it is to tolerate this increased pain intensity.

Have you ever noticed that when you are injured you can't do much for the first two or three days following your injury? The pain is severe and your body is devoting all of its energy into healing the injury and getting you back on your feet again.

What if, during this initial injury stage when you are really sore, you have lots of negative thoughts floating around your head that you will have trouble getting moving again, or even wondering if you will ever move again? When you become fearful of moving, do you think it hurts more to do the movements that are currently causing you pain? It definitely does. The more it hurts to move, and the more you think about how much it hurts to move, the less you move.

Our bodies are capable of incredible healing. Think about some of the stories you hear in the news about people being shot, beaten up, run over or injured in many other terrible ways. So many incredible people who have sustained severe injuries fight their way through their recovery and come out the other side, ready to continue living their lives.

If our bodies are capable of healing, then why does it still hurt to move many weeks after your injury, by which point your injury should have healed?

When you are injured, consider the effect of immobilisation on all of the other body tissues, especially the muscles, joints and nerves. Muscles start to get stiff, weaken and lack blood flow from the moment you stop using them.

As a trained physiotherapist, I believe that if you do not use a muscle for two weeks, it has already begun to weaken. When you are injured, some of the muscles in your body are in a state of protective spasm to prevent you from moving or using the injured body part. Your joints start to stiffen up after a couple of days of not moving them. I must stress that there is no structural damage to the joint – it is just stiff – and the nerves which supply the joint are firing and sending pain messages to the brain.

A month after your injury, especially if you've been inactive, you will experience reduced capacity to walk, bend, lift, pick up your kids, sit for a long period of time at work, and do similar tasks to those that contributed to your injury in the first place. I often say to my patients that, after a month of reduced activity following an injury, their body is in a similar state to being uninjured but doing very little activity for four weeks.

In my professional opinion, the secondary effects of the injury are just as bad as the initial injury itself. The problem is that people don't understand why they are still sore a month after being injured. At least if they were aware that as they recovered, they might experience secondary issues like weak muscles and stiff joints, it would give them some peace of mind. If they better understood the reason as to why they were still in pain it would help to reduce some of their anxiety

and fear regarding the ongoing nature of their injury. Remember, fear and anxiety often make pain worse.

Another very practical way to define the secondary effects of an injury is to consider what happens when you break your leg. When your leg is fractured you walk with a limp. The broken leg heals, but there is a fair chance that you will continue walking with some type of limp long after the fracture is healed.

One of the really satisfying aspects of my job is helping someone experiencing long term pain which is aggravating by walking. Assessing the way that the person walks, finding out what is causing them to limp, and correcting the problem can give the person great relief from their pain, improved mobility to stand, walk and even run. Moreover, it can restore significant confidence in them regarding their future, since walking is one of the most fundamental and important functions of daily life.

Take home message

Becoming fearful of movement after an injury is the single biggest cause of long-term disability. Being afraid to move is often worse than the initial injury itself. Start moving gradually after an injury with the final goal of regaining full mobility.

7

Pain, pain, go away

When a person suffers from chronic pain, their pain doesn't go away as anticipated.

For the first three days after the injury, their body is trying very hard to heal. There is lots of swelling and pain as the body diverts all of its energy into healing the injured tissue. The injured region gets very hot, swollen, and painful to touch. This process – known as the acute phase of healing – is protective and designed to make us rest and not move or use the injured area. By the end of the acute phase we should generally be able to move the injured area, the swelling may be starting to subside, and if we have injured a structure involved in weight bearing, we can start to take some light weight on the affected area. All of these principles apply to soft tissue injuries.

The next phase of healing is the subacute phase, which starts after three days and continues for approximately three weeks after the initial injury. During this phase, the healing slows down, the area is less swollen, movement returns, pain reduces and can sometimes even go away, and we feel like we can finally get going again.

Most people who wake up with a stiff neck, or feel their back tweak when bending over, are feeling quite good approximately three weeks after their initial injury, especially if it is managed well. The person has generally gone from feeling sore to feeling stiff. They might not have full movement in the affected part of their body, and

other muscles around the area may also be stiff as they haven't moved properly in a while.

Most people are quite relieved as soon as their body shows signs that their injury will get better and their pain will go away. In a healthy person with a fairly simple soft tissue injury, you would usually expect to see these changes two weeks after the injury occurred. After six weeks, most soft tissues should be fully healed. When the footballer tears their hamstring, it normally takes about six weeks to completely heal. This doesn't mean they are able to run as quickly yet as they could before their injury. However, the damage to the muscle should have basically recovered.

Bones heal at a different rate to soft tissue injuries. A general rule, bones take six weeks to heal. This is the time it takes for the fractured part of the bone to be filled in with new bone material including collagen and calcium, and for a bony 'callus' to form in the fractured space. The callus is quite strong at about six weeks and the risk of hurting the bone again at that stage is low. However, an interesting point to note is that the body will continue to lay down new bone and reabsorb some of the bone in the callus area for up to a year after a fracture.

Some bone injuries which are more complicated, like spiral fractures where the bone breaks in a spiral fashion, take even longer to fully heal. Certain conditions in the spine, such as where a person has wear and tear of their joints and the bones are pushed together causing bone bruising, can take quite some time to heal. I have known some conditions involving bone bruising between vertebrae (referred to as 'modic changes') to take up to eighteen months for the injured person to be completely pain-free.

Nerves are a totally different beast. They can be injured in several different ways – by being squashed, stretched, cut, or strangled of blood flow. Nerve tissue has been proven to heal at a very slow rate. When my patients see a neurologist, they are told that an injury to nerve tissue will heal at the rate of one millimetre a day. For example, if you have damaged ten centimetres of nerve tissue, it can take a

hundred days for this tissue to repair. In some instances, where the damage is severe, nerve tissue can be permanently damaged and may never repair.

An example of this problem is a burst disc in the lower back which traps a nerve so severely it causes something called ‘foot drop’. The nerves in the lower back power the muscles which move the foot, and they also give the foot capacity to feel hot, cold, touch and generate sensory information to send to the brain to help with balance and movement.

When the nerve is badly damaged, it cannot send messages to the muscles in the foot to operate, which prevents the person from being able to move their foot. Sometimes, they cannot even feel their foot. You can imagine how debilitating this situation can be.

Take home message

If our bodies are healthy, pain should vanish relatively quickly. Body tissues heal at different rates and soft tissues heal faster than bones. Consequently, if pain persists, it does not mean that the tissue is still injured and hasn’t healed yet.

8

Pain without a cause

When a patient comes to my clinic for their first consultation with me, I will generally ask them some questions to try and work out why they are in pain.

I will ask a general question such as, ‘Tell me how and when the pain started?’

You would be surprised how often the person says something like, ‘I just woke up with it’, or ‘It just started out of the blue. I don’t know what caused it.’

Unless these people have some understanding of the body and what causes pain, they are generally confused and anxious about the source of their problem. The uncertainty they feel compounds the problem as it causes the person to be fearful and stressed. We know that the feeling of stress causes the body to produce hormones which can actually make your body more sensitive to pain and, as a result, can make the pain worse. The last things you need when you suffering from pain are extra stress and an amplification of your current pain.

The predominant belief held by people suffering from pain is that you have to have an injury to have pain. This is not true.

There is trauma and there is a concept called microtrauma. Trauma is an injury to a certain body tissue whereas microtrauma is small, repetitive movements; each movement causing a tiny amount of stress on the tissues and eventually resulting in pain. A good example of this is the old story about the straw that broke the camel’s back.

Repetitive Strain Injury (RSI) is one of the main causes of pain starting with no apparent cause. Another common reason why pain starts without apparent cause is the impact of an old injury which hasn't completely resolved or has left the person with a movement disorder like a limp. Pain can start without apparent cause if someone's shoulder or neck does not have full movement. In addition, pain can be caused by muscles which are stiff, weak or both.

Take home message

When you think your pain started for no reason, I can assure you that something has happened either in your medical history or in your daily routine which has caused this problem. You just need to think about all of the things that happened before, or around the time the pain started.

9

One pain or two?

The three most common areas of injury I see in my physiotherapy practice are (in descending order):

1. Lower back
2. Neck
3. Shoulder.

Problems in one or more of these three body areas occur in about 80% of the patients whom I treat at my clinic.

Generally speaking, these are also the major areas where people suffer pain. At any given point in time, 15% to 30% of Australia's population will experience back pain. In a single year, this figure reaches 50%, and 60% to 80% of Australians will experience back pain over their lifetime¹.

When you have pain or injury in one of these parts of your body, it actually makes you vulnerable and more likely to have pain or injury in another area.

Imagine if, in the midst of coping with your back injury and trying to get around, you hurt another area of your body. Another injury further complicates the situation, adds to your frustration and anguish, and lengthens the time before you are pain-free. The simple act of getting in and out of a chair is so much harder when your lower back is sore, and you have to use your arms to push yourself up. Do you think this would make it far more likely for you to injure your shoulder? Definitely!

The other feature of having one injury and being more predisposed to a second injury is the fact that the nervous system is already sensitive. When your lower back is sore, there are lots of pain messages being sent from the injured part of the back to the brain, and this causes your whole nervous system to be sensitive. After all, the nervous system is an interconnected structure in your body like the electrical wires in your house.

Approximately one-third of people suffering from back pain also suffer from headaches, and a sensitive nervous system is one of the major causes of this problem.

Obviously, you are more likely to suffer from a second injury, such as a sore shoulder, if you get out of your chair with a sore back, putting too much strain on your shoulder and at the same time coping with a sensitive nervous system.

Take home message

You are more likely to develop a second injury if you have already had a first injury. This can be as a result of your body compensating for the initial injury when you move, or due to your nervous system being sensitive and unsettled.

10

The pain roundabout

A common problem that can confuse even the most astute person suffering from pain is when the location of the pain changes. This is a familiar occurrence, particularly in people for whom the pain has started seemingly spontaneously rather than as a result of an injury. This only adds to the feeling of frustration caused by being in pain. It produces anxiety and doubt in the pain sufferer's mind, and can make them think that they have more than one injury, or that the injury they have is so severe that it has also caused soreness in other areas.

People with some knowledge about pain often ask me whether I think their pain is referred pain. Referred pain is pain that a person feels in one area which is actually derived from a different source area. An example of referred pain is leg pain which originates from the back. People who have suffered from sciatica (a nerve condition causing pain down the leg severe enough to make them cry) can definitely identify with the fact that really severe pain in one part of the body can be caused by a problem which is far removed from the original pain site.

I like to explain to my patients the concept of compensation, which happens when one body part takes the load due to another part being injured, fatiguing, weak or not taking the load. Consider the situation of a person who works in a stressful job in the city where they spend ten hours a day sitting at the desk. A person who sits at their desk all day is generally using the computer mouse with their

dominant hand for a large part of the day. However, the majority of office workers I treat get a sore neck.

When I assess an office worker, I generally find a problem with the same shoulder they are using to operate the computer mouse. This problem is generally contributing to their neck pain, which means that when the person does their neck stretches or has a break, unless they are aware of their shoulder problem and know some simple strategies to take care of it, they don't get as much relief as they should. These people generally suffer from neck pain, upper back pain, shoulder pain, and even headaches or pain down into the forearm and hand. This does not mean that the person has injuries in all of these different painful areas, nor does it always mean that all of this pain is the result of referred pain. Some of it may be, and some of the pain may be due to compensation.

Can you see how much doubt, anxiety and uncertainty this creates in the mind of a person suffering from pain? They just want their pain to go away. However, the things they do every day may be causing the pain to stay around.

Take home message

When you have pain in a certain part of your body, it does not mean that the problem causing the pain is in that same part of the body. When I treat my patients, I identify and treat the problem, rather than just the perceived pain site, in order to actually fix their pain and not just treat their symptoms.

11

The pain age: 45 to 65

The majority of the patients I see in my clinic are between the ages of 45 and 65. I consider this age group of people to be in the ‘pain age’. Most of the people I treat within this age group are active people who live busy lives. They have partners, kids and parents, all of whom they are busy taking care of or worrying about. They are either working or looking after a family at home, trying to keep healthy, and trying to manage the daily stresses that life throws at all of us.

I think one of the reasons that this is a stage of life in which more people suffer from pain is that some of our muscles and tendons are becoming calcified. When a muscle or tendon lacks blood flow it can become stiff, and calcium can be laid down in the muscle or tendon, causing the nerves which supply it to activate and send pain messages to the brain.

During this period of our lives, most of us are still very active, and want to be able to do the same things that we were doing in our twenties. The problem is that our muscles and tendons don’t repair and recover as quickly, and, if we strain one of these calcified tendons or muscles, it may recover very slowly, or even feel like it will never recover.

Another characteristic of this age group is that the nerves in our body are also as sensitive as they were when we were younger. Children have very sensitive nerves – consider how many kids are ticklish. Once we get into our late sixties, our nerves start to become

less sensitive in order to be able to cope with the increasing amount of wear and tear in our bodies, and to allow us to continue to move well. People who are over eighty have nerves which are not as sensitive. I know many patients of this age who have had quite nasty injuries, but don't realise how bad their injury is.

I believe that as a result of our body's natural response to ageing, our nerves become less sensitive over time. Our body is quite worn out in our eighties and nineties. If an elderly person's nerves were still as sensitive as they were in their younger years, they would hardly be able to move. I know many 90-year-old people who move as well as people half their age! They are generally healthy but they also realise the importance of continuing to remain active. I have actually treated a couple of older people who had fractured hips and pelvises and were unaware of these problems until they had an x-ray.

So if you are a 50-year-old with a chronic injury causing severe pain, there is hope for you in the future, as your body's natural ageing process will try to keep you moving as well as you can.

Take home message

If you are aged 45 to 65, you are more prone to being in pain as you are still very active but starting to wear out. You need to use your head as well as your body by working to your limit and not pushing through your pain barrier. In addition, you need to have a good understanding of the triggers which cause you pain.

12

When the body attacks itself

As a physiotherapist, I treat lots of people with autoimmune conditions including fibromyalgia, polymyalgia, rheumatoid arthritis, psoriasis, lupus – the list goes on.

An autoimmune condition occurs when the body's immune system attacks itself. These conditions are often characterised by the person feeling constantly tired and having lots of aches and pains all over their body. Some autoimmune conditions seem to cause pain which affects every part of the body. The pain moves around, it comes on for no reason, it is aggravated by the silliest of things, and there is no real pattern to it.

People with autoimmune conditions generally come to me in pain following a period of their lives in which they have been stressed, run down, or have had another health complaint from which they have had to recover.

When the immune system attacks itself there is a lot of inflammation in the body, which contributes to the pain. The immune system's job is normally to help us heal after being sick. However, in the case of people suffering from an autoimmune condition, the immune system malfunctions and continues to be overactive long after it has healed the problem in the body.

When I am assessing and treating a patient who has an autoimmune condition, it can sometimes be difficult to detect this problem at the outset, especially if the person doesn't already know they have

it. If I suspect that someone has an autoimmune condition, I will generally recommend that they see their GP to have some blood tests. In particular, I will suggest that they have a blood test to determine their ESR levels (erythrocyte sedimentation rate – what a mouthful!) because if this level is high, it does indicate some sort of autoimmune response in the body.

A patient who has an autoimmune condition will generally come back to me after a treatment and say something like, ‘The treatment helped for a little while. I was a bit sore after seeing you but now I feel like I am back at square one’. When treating people suffering from autoimmune conditions with physiotherapy and exercise, I find the results don’t hold well in their bodies unless the autoimmune condition is adequately controlled and managed.

Someone with an autoimmune condition will generally take a mild painkiller and anti-inflammatory drug for a period of time to help them get over the flare-up. They will generally know when they are over the flare-up as they will feel less fatigued. For more serious autoimmune conditions, it is worthwhile asking your GP to refer you to a rheumatologist. These specialists are experts in diagnosing and managing autoimmune conditions, and know a lot of different ways to assess and treat these challenging conditions.

People with autoimmune conditions need to have a very good diet containing fewer highly acidic foods. I also find that people with autoimmune conditions have problems with their digestive system, and also suffer from conditions like irritable bowel syndrome.

A GP friend of mine once told me that 80% of your immunity comes from your gut. This is important if you have food sensitivities as it means you can be doing all of the right things in your daily routine but if certain foods irritate your body, it can be adding to your fatigue and body pain.

Two simple examples of food sensitivities are gluten and lactose intolerance. People who get stomach aches and pains when they eat bread, or drink milk can also flare up their pain-related condition just by eating a food type they are sensitive to. Many people with lactose

or gluten intolerance don't even know that they have this problem. When their body pain does not subside and they are worried about the fact they are not getting better, their condition further flares-up with the release of the stress hormone – cortisol – in their bodies.

If you think that you may have an autoimmune condition, please speak to your health practitioner and start to research the triggers that cause your pain to worsen. If a food sensitivity is irritating your condition, you may find your pain becomes worse after mealtimes. Frequently people affected by food sensitivities get night pain, which is really pain as they digest their evening meal, but they think that they just 'slept badly' or that something else is wrong.

You can be sensitive to almost any type of food. I get terrible stomach cramps when I eat either avocado or banana. Needless to say, I steer clear of these foods.

Take home message

If you have fatigue and aches and pains which are not responding to treatment, you may have an autoimmune condition. This is caused by the body's immune system attacking itself. Ask your GP for a blood test to determine if you have an autoimmune condition. If you do not get any answers, it may help you to see a rheumatologist.

13

The dreaded RSI: repeat, repeat, repeat

Who has heard of a repetitive strain injury (RSI)? Anyone who is familiar with this term can sympathise with and instantly understand the anguish that people suffering from this problem go through every day.

At least five out of every seven days we spend the majority of our time doing repetitive things, especially those of us who work a 40-plus hour week. One of my observations in my career as a physiotherapist is that I treat two people who have pain from repetitive daily tasks compared to every one person who suffers a traumatic injury.

We wake up, have breakfast, commute to work, perform repetitive tasks, drive home, have dinner and go to sleep. This is our usual routine five days out of seven. For those of us who don't work or who are retired, our daily routines are often as rigid as full-time employees. We do the same things every day, especially parents looking after young children or retirees living the majority of their lives confined to their home.

Our bodies are not particularly good at doing small, repetitive movements or sustaining fixed positions for periods of longer than 30 minutes. I am always surprised by the number of people who do the same task for hours at a time without feeling some urgency to change their position, move their bodies and relieve any stiffness they

may have. My greatest frustration in my clinical practice is the difficulties involved in treating office workers, especially those who sit at a desk for more than six hours a day.

Imagine if you broke your leg. One option is to wear a plaster cast and get around on crutches until the leg heals, and then gradually return to taking weight on the affected limb. Instead, imagine hitting the fractured area with a hammer on the hour for the six weeks it takes the injury to heal. Do you agree that the injured area would become highly sensitive and that the healing process may be somewhat impaired?

This is the scenario with RSI. Take a muscle which is used to moving at least every 30 minutes, and make it hold the same position for so long that the blood supply to it becomes limited, the nerves which cause pain activate, and it sends so many pain messages to your brain that the pain becomes unbearable. Now take your currently unbearable pain and push through it until 5.00 pm or even 6.00 pm, when your boss lets you walk out the office door. Get in your car and prepare for an hour of stress in peak hour traffic as your neck and shoulder throbs away, reminding you of the pain you will feel on a daily basis until you win Lotto!

RSI (also called ischaemic pain) is a unique type of pain which involves sensitive nerves and pain in the muscles and joints due to lack of blood flow. Muscles have a huge oxygen requirement. A practical example of how much blood a muscle requires is demonstrated when you are having steak for dinner. A steak is effectively a piece of muscle and is generally dark red in colour. Do you notice when you cook a steak that lots of blood comes out of it? In the same way, it becomes problematic when we are forced to use a muscle that doesn't have adequate blood flow. When we sustain the same position for long periods of time or do small repetitive movements we create ischaemic pain.

A relevant example of this problem is tennis elbow, which is very common in office workers who use a computer mouse for long periods. The muscles of the forearm become so overused and starved of blood that the point where they join to your elbow bone loses blood supply and becomes highly sensitive.

The old way to treat tennis elbow was to strengthen this muscle and to give it steroid injections to reduce blood flow and inflammation. But why reduce blood flow to an injured part of your body which already lacks a good blood supply?

Sports doctors have developed a revolutionary treatment in which they take blood out of your 'good' arm and inject it into the muscle in the sore arm, which lacks blood flow. This stimulates healing, improves the muscle's ability to work, and reduces the pain.

When I treat patients with tennis elbow at my clinic, I generally focus on two main things. Firstly, desensitising the nerves which pass near the affected muscle to give the person some much needed initial pain relief. Secondly (and most importantly), I perform some tests to work out which part of the person's body is underperforming and causing them to overload this forearm muscle to the point it is causing them severe pain. I will possibly examine muscles in the forearm, the shoulder, behind the shoulder around the shoulder blade region, or even the core muscles, or deep stomach and back muscles, which help you to sit up straight.

People with RSI generally describe their pain as becoming worse with use during the day. This situation becomes difficult for them mentally as there is also generally an element of fear and anxiety attached to their injury. This is because on a daily basis they know their pain is going to start, they know it is going to hurt and stop them from working comfortably, but they also know there isn't a thing they can do about it. The more you think about the pain the worse it gets, and the extra production of stress hormones by the body doesn't help this process either.

Take home message

A repetitive strain injury (RSI) is an insidious type of injury. When a person does continuous, repetitive movements they can cause strain and trauma to the body tissues which cause pain. This pain can feel like it has come on for no reason. These injuries are difficult to manage, but the answer lies in body

movement. Try to find out which parts of your body are weak or underperforming and aim to take the pressure off these areas to remove the cause of your pain.

14

Arthritis strikes again

Arthritis is one of the major contributing causes of pain in society today. According to Arthritis Australia, it is widely recognised by the Federal Health Department as being a significant cause of disability amongst older Australians. As a physiotherapist, I have seen arthritis affect people of all ages. It is a painful condition that can stop someone from being able to move, sleep, and live life to the fullest.

In its basic form, arthritis is a sore, swollen joint. A person with arthritis of the knee has a knee that is visibly swollen. They cannot move the joint very well or take weight on the joint, and it is hot to the touch.

I want to make the distinction between arthritis, which is a recognised medical condition, and degeneration, which is a normal ageing process in our body. Many people come to my clinic with a diagnosis of arthritis. They have seen their GP, had an x-ray, and ended up believing they have arthritis. I must tell you that, contrary to what most people think, degeneration and arthritis are not the same thing.

When you have a sore knee, back, hip, neck, or any other part of the body and you have an x-ray which shows wear and tear in that part of the body, it does not mean that you have arthritis. Technically, the term for this diagnosis should be 'arthrosis' which means wear and tear of a joint.

The implication of being told that you have arthritis can be life changing. You immediately think, 'My back is ruined. I'll never be able to bend over again.' Obviously this is not the case. Instead, you need to keep the arthritic or degenerative part of your body moving as best you can to stop it from stiffening up.

So for those of you who believe you have arthritis you need to ask the following question. Do you actually suffer from arthritis, or have you just had a health professional mistakenly diagnose you with arthritis because you had an x-ray which showed wear and tear of the sore body part?

Take home message

Arthritis and degeneration are different conditions. If you think you have arthritis, it is possible that you actually have pain and degeneration which can be treated effectively.

15

Myths about discs

Discs are little shock absorbing ‘cushion-like’ structures which sit between each of the vertebra in the spine. They are round and shaped like a car tyre lying on its side, or a jam doughnut. They are probably more similar to a jam doughnut as they have a squishy part in the middle called the nucleus pulposus. Their main purpose is to allow movement of the spine and absorb shocks which pass through the spine as a result of movements such as walking, bending, sitting, or getting out of a chair.

Who has heard of a bulging disc?

A disc can be injured when we twist, lift or even sneeze, and a small part of the disc can bulge outward towards the nerves which exit the spinal canal. When these discs bulge due to an injury, they create lots of swelling around the nerves, which then become over-stimulated, send lots of pain messages to the brain, and you experience extreme pain.

I have treated countless patients in my clinic who have suffered an acute disc injury. Their back would instantly seize up and inhibit their ability to move, they would be frozen in one place, have to call an ambulance and go to hospital for a painkilling shot, come home and rest in bed for days on strong painkillers, and then start the arduous recovery process and try to get active again.

Most people I treat with this type of injury heal fully from their pain, and are able to move as well as they did prior to their injury.

Usually, their back is sufficiently strong again to be able to do all of the things they need to do in life, and provided they look after their back, they generally don't have much to worry about.

When we are younger, these discs are filled with fluid and a disc bulge can cause lots of pain. As we age, the discs dry out a bit, and after you reach fifty, if you have a CT scan of your lower back, there is a good chance that it will show you have one, or several, bulging discs.

Many people come to my clinic for advice about their lower back pain, and bring with them a CT scan of their lower back. Some of these scans show that they have bulging discs. In the short term, these injuries can be painful, but it is very difficult to say that when you bent the wrong way and felt a grab in your back, it was the disc bulging. Possibly the bulging disc may have been there prior to the injury, or it could simply be a red herring and not causing the pain at all.

A bulging disc in combination with sciatic pain or any nerve pain is a different problem altogether. A disc bulge by itself is not particularly sinister unless it is touching a nerve root or some of the swelling around the nerve root has made it super sensitive.

Even so, this is only relevant if the person is experiencing pain. As a physiotherapist, I see plenty of mainly older people who bring in a CT scan of their lower back showing trapped nerves, only to discover during their clinical examination that the nerve is functioning fine, is not sensitive and is not actually causing any of their pain.

Take home message

Don't be too concerned if you have a scan of your back which shows a bulging disc as this is a normal complaint in the back. Bulging discs sound awful; however, many people with bulging discs in their back have no pain. If you keep the muscles around the disc strong, you will be pain-free.

16

Sciatica doesn't mean back surgery

I remember a conversation I had with a nice lady at a conference. As we were talking she happened to mention that she had sciatica – probably the most common type of nerve pain. Sciatica causes severe pain which travels down one leg. The pain originates from the back – generally from a disc pushing on a nerve coming from your spinal cord – passes through a couple of protective vertebra and runs down your leg.

During our conversation this lady asked me for advice on a serious issue which was of major significance to her. She knew I was a physio-therapist and wanted my opinion:

‘Do you know the name of a good spinal surgeon?’

I was stunned. My instant reply was, ‘What’s wrong?’

She then proceeded to tell me her story. This lady had been suffering from sciatica for about a year. She hadn’t had an injury. It had started quite insidiously which unfortunately is an extremely common occurrence. She had seen her GP who had told her to rest, and also told her than if the sciatica didn’t go away of its own accord in a few months’ time she should see a specialist as she may require spinal surgery.

This lady was confused, not sure what she should do next, and could have made some very poor decisions based on this advice. For

the last few months she had been walking around in pain believing that she needed back surgery. Do you think this state of mind made her body produce excess levels of stress hormones? You bet.

The extra stress hormones had further magnified her existing pain and her fear of making the injury worse had also affected her activity levels. She worked in a sedentary job, and even though she knew that strengthening her core muscles would be helpful for her injury (she had tried Pilates – a great form of exercise – with limited success), and despite her best efforts and regular exercise, her pain persisted. She was very confused and worried.

I asked her if she had been referred for a CT or MRI scan, which can be helpful in diagnosing the cause of sciatica in a person's body. Apparently she had not yet been referred for a scan.

Let me get my point across here. The crux of this lady's dilemma was that she thought she needed back surgery, and she had not even had her problem properly diagnosed or confirmed by a CT scan.

I advised her that her options for treatment for her health problem included the following: painkillers to reduce nerve specific pain; physiotherapy treatment to reduce nerve pain; exercise to improve her back strength; modification of her ergonomic situation to reduce pressure on her back; scans to diagnose the cause of the problem correctly; an injection into the space around the nerve to reduce the swelling and pain; or even simple education to help her better understand what is happening in her body when she is in pain.

For me, all of these more conservative options should be tried before considering surgery. Of course, some people do require back surgery for a trapped sciatic nerve. However, these people normally have surgery done either when they have a very severe injury which is getting worse, or when they don't respond to any other type of treatment. Even so, spinal surgery should only be undertaken when a surgeon agrees that the person has a problem that can be fixed using this method.

Many people with chronic lower back pain and sciatica are not good candidates for surgery, especially if their lower back is quite worn

out. In my experience, a good surgeon will not operate on someone if there is any risk that the operation might not work. For example, if they can't determine the exact nature of the patient's problem on a scan, or conversely if the patient's back is so worn out they are not sure exactly where the pain is coming from, a surgeon should not perform an operation.

In my opinion, if a person with sciatica is given the right medication – a specific type of medication which relaxes the nerves – the person can feel great relief and speed up their recovery. Traditionally, a person with sciatica has been given codeine and morphine-based medications which have been shown to help in the short term. However, over a long period these medications can actually increase the sensitivity of your nerves, which means they can make your pain worse. Imagine taking a painkiller and thinking that it is helping you, when, in fact, it is actually making your pain worse! Medications can be very powerful when treating sciatica but they can also be quite harmful.

Another misconception regarding sciatica is that a person only has sciatica when they have pain in their back which goes all the way down their leg. The truth is that sciatica can come in lots of different forms. The most common form of sciatica I treat is where people have a pain in their lower back only. But is this really sciatica? When the nerve has swelling around it there can be pain caused at any point along the nerve. The nerves which come out of the back and go down the legs each travel along different paths. It is common for people to have 'sciatic' pain which travels down the front or side of their leg, not just the back of their leg. Likewise, it can be common for people to only have pain in the buttock, lower leg or foot.

Take home message

If you have sciatica, there are lots of different treatments available to help it without the need for back surgery. Physiotherapy treatment, medication, core strengthening exercises, changing the way you move, simple nerve

stretches, and injections into the nerves can all help to reduce sciatic pain.

Part Two

My Situation: Why Me?

17

Creatures of habit

It has been said that who we are is a product of our daily routines and habits. So it makes sense that the things we do every day determine how we look and feel. From when we wake up in the morning through to all the activities we do during the course of a day, it's how regularly we do the little things that can determine if we are healthy or unhealthy, fit or unfit, happy or unhappy.

If we don't sleep well, we generally don't start the day firing on all cylinders. A good quality sleep of between six to eight hours is integral to functioning well throughout the day. When we sleep well, our bodies repair and heal, our mind relaxes, and the previous day's effects on our bodies are alleviated. Research undertaken by the National Sleep Foundation in the USA suggests that our life expectancy declines if we sleep for less than seven hours a night on average².

Poor quality sleep is one of the most challenging problems to deal with in life – just ask any new parents. How often do you see parents of very small children looking and feeling fresh, recharged and energetic? There can be any number of reasons for someone sleeping badly; obviously pain in any area of the body is one of them.

If you have sore shoulders or hips you are usually unable to sleep on either side for too long. Likewise, if you have a sore back, it is not good for you to sleep on your back because your lower spine is better aligned when you sleep on your side. Many people who suffer from chronic or severe pain feel worse at night. Movement and mental

distraction during the day can alleviate pain. However, at night you are alone in the dark with just your thoughts for company. Broken sleep due to pain is a very distressing challenge to cope with, particularly if the problem is persistent. Many of my patients who suffer from pain at night are stressed, irritable, anxious and generally exhibit symptoms that their body is not repairing well.

Another regular habit I should bring to your attention concerns people's working lives. It may be outdoors, in an office, on the road, part time, in a school or hospital – there is so much variety and, even within the same occupation, the range of duties can be very different. Generally speaking, the Australian population as a whole are very hard working people. According to research by the Australia Institute, we rank amongst the top countries in the world for number of hours worked per day³. The majority of Australians use more brain power than body power to earn their living.

This means that a large number of people finish their work day feeling mentally fatigued but without have expended much physical energy. How often do you go to bed late during the week because you don't feel tired, as a result of working in a sedentary job? Yet when the weekend arrives and you are busy with yard maintenance including mowing, whipper snipping, shovelling or digging the garden, you are absolutely worn out. You happily go to bed early, and as soon as your head hits the pillow you are out like a light.

Most of us do the same task repetitively at work. Imagine working on a processing line doing some form of quality control task. How many items would you handle each day, in the same fashion, using the same muscles and movements?

As well as how we move during the day, it is also very important how we feel through the day. In any one day we can go through a variety of moods and feelings.

Most people should wake up feeling relatively calm, but instead we are generally waking up to an alarm, the kids are waking us up, we have to rush to get to work or we have some sort of pre-determined

time we have to wake. The stress begins from the moment we wake up and our head leaves the pillow.

My main thoughts when I wake up each morning are about the things I have to do during the day. If you enjoy your days, these thoughts will most likely be positive. If you have something on your task list for the day that is challenging, or have negative feelings about past or future events, this is likely to weigh heavily on your mood at the start of the day.

In general, most people don't cope well with stress. In my opinion, we need some minor stress in our lives to keep us motivated – it is a sign that we are alive. 'Busy' stress is quite different from prolonged stress, and its effect on the mind. If your daily habits and routines include periods of sustained stress, your body will be constantly producing stress hormones, making you feel anxious, worried or depressed for long periods during the day. Obviously, if you feel this way, your ability to cope with additional stressful situations can be compromised.

Aside from the way you feel mentally, when you are subjected to constant stress it affects your immune system, causing the nerves responsible for pain to become more sensitive. This can result in pain either worsening, if it is already present, or even manifesting where it wasn't previously a problem. Think about the stress-related headaches you get either sitting at your desk or stuck in a traffic jam.

A few years ago, I had a patient who required help for one of the most complicated problems I have ever had to treat. During her first appointment, she recounted in detail the story of her traumatic life, which consisted of one stressful incident after another. As she spoke to me, I marvelled at how this woman coped with the numerous challenges she had faced in her life. What was worse was that her stress and trauma had been prolonged over many years – so much so that it had significantly shaped who she was as a person. It had made her very depressed and anxious, and she had often thought about ending her life.

After hearing her story, I did some simple physical tests including tests to determine how sensitive her nervous system was (which could have a large influence on the physical pain she felt in her back, neck and shoulders). The results of her nerve test in both legs was very strong, indicating to me that part of the reason she was experiencing pain was because her nerves were sensitive.

A week later, the same lady came into my clinic. She had had a little ‘win’ involving some very good news from a member of her immediate family. She was in a much better mood and looked completely different – she was not hunched over when she walked into the room, her head was held high, she even cracked a couple of jokes and had a smile on her face. I decided to test her nerves again. I could not believe the difference – her nerve test was barely half as sensitive as it had been previously. This result can only be attributed to a reduction in the amount of stress hormone that this woman had constantly coursing through her bloodstream. As a result of the good news she’d received, her body started producing more ‘happy’ hormones which counteracted the negative effects of stress hormones in her system.

If only people in pain were able to produce more ‘happy’ hormones in their body during stressful periods, and during the bad days when they feel like giving up hope.

Take home message

We are the product of the things we do every day. Our daily movements, thoughts and feelings all contribute to how healthy we are and how much pain we suffer from. If we have a health condition that causes pain, our routines and habits can either help or worsen it. The pain is often not just from an injury itself, but also what we do and how we feel every day.

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What do you think?

It is safe to say that most people don't cope well with pain. I have never had someone come into my clinic in terrible pain and say, 'Oh, ok. I completely understand that my pain will take some time to go away. I'm prepared to wait patiently for the injury to gradually get better, and do all of the right things to help my injury to recover as quickly as possible.' I have never met a patient patient!

When we have pain, it can make us panic, worry, stress and sometimes even despair. If we do not know why we are in pain, it makes things worse. Heaven forbid if we do not feel any better a couple of weeks after the pain started or, worse still, our condition is worsening.

What do you think about pain? In an earlier chapter, I wrote that I believe pain is a normal part of life. I don't think that there are many people who would be prepared to suffer pain on a regular basis and consider it normal. After all, when we are in pain we are usually worried as we believe that there must be something wrong with our bodies.

It is amazing how many people I meet who have medical files as long as your arm. The list of injuries and health conditions they have could fill a book. These people say to me, 'I have had so many injuries. I must have a high tolerance to pain.'

The medical evidence suggests that the reverse is actually the case. The more often someone experiences pain, the more sensitive their tolerance to pain becomes when they are in pain again. To

explain it simply, if a person is injured in January, and the pain is an 8 out of 10 (on a scale where 10 equates to being hit by a bus and 0 is equal to no pain at all), and they get hurt again in March, their pain will potentially be a 7 out of 10. If they had not suffered that pain in January, their pain would likely have scored 5 out of 10.

The negative thoughts and feelings we have about pain can actually contribute to the pain getting worse. In the past, when I have had a back strain after some yard work, I generally know I have not done anything too severe, even if the pain is quite bad and I can't stand up straight for a day. Therefore, I keep moving as best I can and the pain gradually subsides.

What if I hurt my back and I thought I had broken it? I'm sure I would respond differently. After all, I heard it click, and I know that Mum and Dad both have arthritis in their lower backs, and Mum's pain didn't go away for ages and eventually she needed to wear a back brace and go to hospital for an injection into her spine.

Can you see how these two scenarios – each involving thoughts about the severity of the injury and what it may mean for the future – can influence someone's recovery from injury and pain?

If a person's state of mind is not 100% confident in the first place, imagine how someone suffering from stress, anxiety or depression could be when they are injured and how their pain could be magnified well beyond the intensity of the initial injury?

All of the thoughts which they may play out in their head – the 'what ifs' and 'maybes' can wreak havoc in the human body that is designed to naturally heal. Our overactive minds can sabotage us by running through all of the awful possibilities far off into the future when what we should be doing is concentrating on getting better, here and now.

Take home message

How you think and feel about pain can determine how severe the pain is. Think positively and your pain is likely to ease quickly. However, if you are worried, anxious or stressed

What do you think?

your body will produce stress hormones and your pain will worsen, even though your injury has not changed.

19

Is it all in my head?

Have you ever had a problem and thought, ‘I need to find out what on earth is wrong in my body. I’ll book an appointment to see my GP.’ You may have had this problem for a while but it’s not going away, it may be getting worse, or it may have just started. Whatever is wrong you are in pain – sharp pain, shooting pain, or aches and cramps.

When you see the GP they ask you what the problem is. You give them a quick run-down of your symptoms. The GP taps furiously on their computer keyboard. You notice that they don’t seem to look at you much. Believe me, they are listening to you but writing and listening at the same time is difficult. If they don’t record your symptoms they won’t have any notes to refer back to, and they will worry that they might have forgotten or missed something.

The doctor asks you to lie down on that small bed in the corner of the room. They push around in your abdominal area, asking you about areas that hurt to touch. You are not really sure what they are looking for during the examination. If it is a muscle problem, they will ask you to bend over, move your neck, lift your arm or squat down. Next, the doctor asks you to sit down. They print out a referral for an x-ray to make sure your spine is ok. You are told to come back in a week after your GP has received a copy of your x-rays and the written report.

Step two involves making an appointment to have an x-ray. While the x-ray technician is doing your x-ray you ask, ‘Can you see what

might be wrong?’ They say to you, ‘We aren’t allowed to tell you anything but I’m sure your GP will be able to explain it to you. We will send them your report and they will be able to tell you what is wrong.’

The next week you are sitting in the GP’s waiting room, you are called into the surgery and take a seat.

‘Let’s have a look at those x-rays. I have the report here as well from the x-ray clinic. Hmmmmm John, I don’t really see anything here. The x-ray indicates that nothing is wrong.’

‘So why am I in pain, doctor?’

‘John, are you sure the pain is as bad as you say it is?’

‘But the pain is there all the time!’

‘John, your x-rays are clear. The best thing you can do is take some painkillers and learn to live with it.’

John leaves the doctor’s appointment scratching his head, with worried thoughts rushing through his mind.

‘Am I actually in pain? The doctor said there was nothing wrong with me. Maybe this pain is all in my head? After all, the x-ray indicated I am OK. Geez, what do I do now? I am going to have to put up with this pain for the rest of my life. What does this mean for my future? I’ve got that fishing trip already booked for four weeks’ time. I suppose I’ll have to cancel it. And what about Christmas with the family at my parent’s place?’

STOP!

John, the pain is not in your head. You don’t have to live with it.

During my ten years of professional practice as a physiotherapist I have been asked this question countless times by patients who come into my clinic doubting themselves. They ask me if the pain is real or if it is actually in their head.

I’ll tell you my ultimate answer to this quandary: John, your x-ray is clear. But x-rays don’t show all of the tissues in the lower back. They don’t show the muscles, soft tissues and nerves. All of these factors could be contributing to the pain you are feeling. The pain is not just in your head – we simply haven’t discovered what is causing it yet.

Take home message

Don't doubt yourself if you are suffering from pain and no one can tell you what is causing it. Your pain is very real. It is common for conditions which cause pain to be difficult to diagnose. Don't think that you are crazy. It simply means that the exact reason for your problem has not yet been identified. A diagnosis is important but if you can't get one, you need to focus on managing the problem and getting on with your life.

20

The joy of office work

Every day of my life I am thankful that I don't have to sit on my backside all day in an office, staring into a computer screen, wishing I was somewhere else.

As well as being in pain for long periods during the day, office workers can also be unhealthy as a result of high levels of stress and low levels of physical activity. Factor in the need to eat for convenience and the problem of having lunch at their desks (which the majority of office workers do these days), plus the inevitable wines or beers at 5.00 pm on a Friday afternoon to de-stress from the tough week they have just had, and you get the picture of the poor state of health of many office workers.

When I walk around the city streets, I play a little game called 'pick the office worker'. I watch people move and look at their build. Office workers usually have no muscles in their backsides as a result of sitting all day. In addition, they generally have a flabby stomach, a curved upper back with their head sitting a bit forward, their shoulders sit forward from reaching in front of them to type all day, their skin is very pale and they have poor calf muscle tone from not walking much. I will stop short of saying that their forearm is more developed in their arm that uses the computer mouse as I would be lying if I said I could pick this!

People who stand and walk for a living have faster metabolisms so are generally not overweight. They have better muscle tone and

therefore can move more easily, have better posture as a result of using these more toned muscles regularly, and also generally report lower levels of stress than office workers.

One interesting problem with office based environments is the lack of vitamin D in the bloodstream of one-third of all office workers. Vitamin D is manufactured in our bodies from careful exposure to the sun. You know, that hot yellow thing up in the sky that you barely see if you spend all day holed up in your office.

I am particularly conscious of the vitamin D levels in some of my patients who work in offices. I find that people suffer from fatigue and also muscular aches and pains when their vitamin D levels are low. Some of my patients have reduced their pain and fatigue levels by 80% simply by improving their vitamin D levels (particularly if they have been low for a long time).

Another interesting point to note is that when you see your GP and have a full blood test, vitamin D levels are not routinely included as part of this test. If you are an office worker, I would recommend that you have your vitamin D levels checked. Make sure that if your GP refers you for a full blood test that you ask for your vitamin D levels to be assessed as well.

I could write another book about the problems faced by sedentary workers, and I intend to. Watch this space ...

Take home message

Sitting at a desk for long periods is bad for your health. It can make you sick, overweight, tired, depressed and generally unwell. If you work at an office desk, you must ensure your health is optimal in all other aspects of your life simply to cope with long periods of sitting.

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'But my friend said ...'

Everyone knows one of those people – the storyteller. They like to recount (often embellished) tall tales about people they know.

'My friend was overseas in Bali, got Bali belly and almost died! He went to the local hospital and they had to put a drip in him. He was lucky to survive!'

'I heard about a guy who put his back out and was on painkillers for months. It took him almost a year to get back to work.'

'A lady in our office tore her rotator cuff. She had surgery for it over a year ago and it's still not right!'

How relevant are these stories to our individual situation?

Considering I have treated over 5,000 patients at my Scarborough clinic on the north side of Brisbane, I have never seen two people with exactly the same condition or set of lifestyle factors influencing their condition. Yet, in saying this, the scenario can scare you if you work in that same office as the woman needing shoulder surgery, are a similar age to her, and perform similar tasks on a daily basis. Do you start to feel your shoulder reacting a little bit every day after hearing that story?

I was at a barbecue the other day hosted by a cousin of mine who is in the army. He had invited a whole group of his army friends and their families to his home. These are fit young men – some of the healthiest and best trained soldiers in the country. I lost count of the

number of injuries and surgeries they had amongst them. One guy had even had surgery two days before and was wearing a shoulder sling, beer in the other hand.

I asked my cousin if he had ever had a bad injury. He said, 'No, but I'm starting to get surgery envy!' Much of the conversation revolved around pain and injury, and the more those people who had had injuries discussed their situations, the more the other injured people would feed off it and the pain conversations would continue.

Another scenario involves people seeking advice from others who have had injuries in the same part of their body – no matter how different – and also from friends who know someone who may have experienced a similar problem many years ago.

How relevant do you think the advice given is? Obviously, the answer is that the advice is not very helpful. However, if you are searching for advice to soothe your anxious mind there is a good chance you will take some of this advice on board, despite your better judgment.

Take home message

When your friends talk about people they know who have suffered from this pain and that pain and ended up with a problem that seems too bad to be true, it probably is. Just smile, nod, and know that there is likely to be a fair amount of exaggeration in their story.

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The power of words: do no harm

I am not sure if they still do it but, in the past, when medical practitioners graduated – they were made to swear allegiance to the Hippocratic Oath. The origins of the Hippocratic Oath date back to ancient Greece – it was originally written in the 5th century BC. In the direct translation from Ancient Greek there is a phrase which states, ‘I will prescribe regimens for the good of my patients according to my ability and my judgement and never do harm to anyone’. This philosophy is the cornerstone of the modern medical profession. It means that when they are treating their patients, health practitioners should not only aim to help but should also aim not to hurt.

But what about the impact of words on a person’s wellbeing?

In my opinion, the most damaging phrase in life is, ‘You are going to have to learn to live with it.’ I cannot count the number of patients who have come into my clinic devastated by the fact that they will have to live with back pain for the rest of their lives. When I assess their body, I find that they have sensitive nerves, weak muscles around the core, stiff hips, walk with a limp, and, worst of all, they believe that they will never get better. These are all problems that can be helped.

It is amazing the relief that the patient feels after I have performed a physical assessment on them and found various conditions in their body which a skilled health professional can provide help with through hands-on therapy, exercises, advice, and reassurance.

The damage inflicted on a person's confidence when they are told that they will never get better can be severe. The real crime I believe is that in the majority of occasions where this phrase is thrown around, it is simply not true.

Attention all health practitioners – let's all be a bit more mindful that sitting opposite us is someone who is placing the utmost confidence in our professional opinion. It is better to say, 'I don't know what is causing your pain' or 'I think you would benefit from another opinion' than, 'You are just stuck with this problem and you are going to have to learn to live with it.'

Take home message

Just because your medical professional tells you that you are going to have to put up with your pain forever does not mean it is true. How many different avenues have you tried to help yourself get on top of your pain or other health problems?

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Understand stress: don't stress about it

Pain causes stress and stress causes pain.

It continues to amaze me how many people who have experienced prolonged periods of stress in their life end up with a chronic pain syndrome as well. Stress affects the way you feel, the way you think, how much activity you do, your immune system, your sleep, your relationships – the list goes on. It is all-encompassing.

Different aspects of our life cause us stress. Relationships, finances, past events, worries for the future, work, and the need to be perfect (which, of course, none of us are or need to be!). The hardest thing is that if the source of the stress persists and you don't make any positive changes in your life to reduce your stress levels, the way you feel is unlikely to change.

I know people who are experiencing multiple stresses in their lives. Every day, people I know are diagnosed with cancer, lose loved ones, are sacked or retrenched from their jobs, have trouble with their kids, and deal with countless difficulties in their lives you would not wish upon your worst enemy.

When you are stressed, your body produces the stress hormones, adrenaline and cortisol. These hormones can either make you feel hyped up (adrenaline) or tired, lethargic, and depressed (cortisol). If your body produces these hormones for a prolonged period of time,

it becomes your default state of being. Who would want to remain in this unhealthy state?

In addition to its effect on your emotions, cortisol makes your nervous system extra sensitive to pain. For example, a person who is stressed can easily develop neck pain or a headache. The nerves are firing these pain messages up to the brain in huge quantities. If the stress has been present for some time, the nerves may adjust to being in a chronic pain state. As a result, they will continue to fire these pain messages to the brain even after the cause of the stress has ceased.

It is helpful to understand that you are prone to have more pain in your body when you are stressed. If the stress is likely to remain for some time, you need to do small amounts of your favourite activities (for example, exercise, seeing friends, reading, listening to your favourite band, being outdoors) to produce feel-good hormones like serotonin and oxytocin which negate the effect of cortisol on the body and nervous system.

So what makes you stressed? I get very impatient when I am stuck sitting in a traffic jam. Sometimes my wife will purposely joke with me or play little games to distract me and to stop me feeling stressed. I sometimes yell out in an effort to release some tension, but overall my stress levels do not alleviate until we have passed the traffic jam. When I am able to think logically again, I try to tell myself that I am in a far better situation than the poor people involved in the accident.

When we are confronted with these daily stressful situations, we each need our little strategies to manage our stress. Is your approach humour, being grateful for what you have, or simply realising that you are a lot better off than many other people around you?

Take home message

Stress is unhealthy for the mind but also for the body. If you experience prolonged periods of stress, it can cause your body to feel pain. If you do not learn to manage your stress, it can even cause chronic pain.

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Horror stories

‘I’m worried that I’ll end up in a wheelchair!’

Have you ever heard this statement before?

Guess how many people I have seen in my clinic in the past ten years who have ended up in a wheelchair due to pain? You guessed it – zero.

My perception of why many people are worried about ending up in a wheelchair stems from times we recall seeing an older relative in a wheelchair, back at a time when medical science was less advanced. People would suffer from an arthritic knee, hip or back, and the advice back then to treat pain was to rest. When a person rested for too long their muscles got weak, their joints got stiff and they couldn’t walk. The only way to help these people get around was to push them in a wheelchair.

In my opinion, the advent of knee and hip replacement surgery has meant that no-one should end up in a wheelchair due to pain or wear and tear in their bodies alone. These surgeries give people with significant wear and tear on the weight-bearing joints a new lease on life. I often assist people with their rehabilitation following a joint replacement surgery. It is always a tough slog at the start. The person needs to remember the magnitude of what has been done to their bodies. They now have metal where bone used to be. During their check-up a year after their surgery, I usually find out that they are

sleeping better, walking better, and have far less pain than before. They can get back to living life again. The most regular comment I hear regarding the surgery is generally, 'I wish I had this surgery five or ten years ago!'

If I get to the point where an orthopaedic specialist tells me that I need a hip or knee replacement, I will book in for surgery with no qualms or apprehension, with full confidence in a good outcome. In my opinion, the one sure-fire way to end up in a wheelchair later in life, regardless of whether you are in pain or not, is to stop moving.

Take home message

Wheelchairs are for people who don't move, not people in pain. So keep moving!

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Hormones: how do you feel today?

I often refer to hormones as the ticking time bombs in our body. Hormone imbalances most often occur in the female body. These problems can also affect blokes but far less frequently.

When I am treating my female patients – especially those who have recently had children, have experienced significant or prolonged periods of stress, or are between the ages of 45 and 55 – I am always mindful of the effect that their hormones can have on their pain. A hormone imbalance in a woman can be responsible for a variety of symptoms including fatigue and aches and pains. Women frequently suffer from headaches, lethargy, disturbed sleep, and pain which moves around their body.

The most common type of hormone imbalance is an underactive thyroid gland. I have seen thyroid problems in women in a wide range of age groups, lifestyles and general health situations. It is common that, unless the woman has a good GP who they see regularly, these types of hormone problems can go undiscovered and untreated for years.

A regular scenario involves a woman who is about 50 years old visiting my clinic for help with pain she has had for many months or even a couple of years. She describes the pain as becoming more frequent, more severe, moving around her body, and that she is also

feeling fatigued and losing sleep. If I do not observe good results in terms of a reduction in the woman's pain or an improvement in her physical capacity after two physiotherapy treatments, I am always suspicious of a hormone imbalance. The next step is a visit to the GP for blood tests and hormone therapy.

Hormone imbalances which cause pain in the female body are often linked with autoimmune conditions. Consequently, if you have a hormone imbalance you may also have an autoimmune condition – this may be worth speaking to your GP about.

Once the patient's hormone balance has been restored, it is amazing how quickly improvements in fatigue, pain and general well-being can occur.

Take home message

A hormone imbalance can cause fatigue and widespread aches and pains around the body. If you have a history of problems with your hormones, are female, or other members of your family have problems with their hormones, please see your GP and have some blood tests to check your hormone levels.

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Clicks and cracks

Many of my patients come in for their appointment preoccupied with their bodies clicking and cracking. Common complaints I hear regularly include: 'My neck clicks when I turn my head', 'My shoulder clicks and clunks when I move it', 'My knees grind when I get up out of a chair and start walking.' The list goes on and on ...

I always ask my patient, 'When your body clicks, does it also hurt?' Invariably, the answer is no.

Clicking and cracking are a normal part of movement. I view such signs as encouraging since they indicate that the person is recovering from an injury which has immobilised them.

When our bodies are fit, healthy and pain-free, we generally do not click and crack very much. In saying this, even a fit and healthy body can click and crack sometimes after we have been still for a while. This often occurs when getting out of bed first thing in the morning, getting up after sitting or driving for a while, or when the lights come on in the movie theatre and you get up out of that comfy seat.

Think of your joints as being similar to a lot of little hinges. If these hinges aren't in good alignment (such as when you have been sitting with bad posture), when you get up your body is more likely to crack because the hinges have not been in their ideal position.

When people are injured it often hurts to move and so they stop. When they stop moving, their joints become stiff. Joints are used to moving – when they become stiff, they are not receiving their normal

blood flow. As we become active again, our body can click and crack a lot because the joints are starting to move again. If you imagine a stiff knee or neck joint as being temporarily rusted up, this process can be likened to applying some WD-40 to the joint and getting the movement back in it.

I often say to my patients, if your joints are clicking and cracking it means that you are moving, so keep it up. As you start moving again after an injury, you will click and crack a lot. The clicking and cracking will start to subside once your body becomes more used to movement.

Apart from joints, there are other types of cracking that occur in your body. You may get noises like snapping which often occurs in the hips and shoulders. This tends to be the result of tendons flicking across bones and joints, and sometimes can be a sign that there is a muscle imbalance around the joint.

A muscle imbalance can exist in a person who is in pain, but also can occur in someone who is pain-free. I believe that it is important to identify and correct muscle imbalances since they can lead to incorrect movement in that part of the body. This in turn can cause a predisposition to pain in that part of the body (or even somewhere else as another area compensates for the imperfect movement in the region of imbalance).

Take home message

It is normal for your body to click and crack as it means you are moving. When we are recovering from injury, our bodies will click and crack a lot as we become active again.

Limping: a bad habit

If I were to choose one health condition which prevents people from becoming pain-free and active in their lives, I would bet my life savings on the limp.

When I see someone walking with a limp, I think about all the different ways that this person's life is affected by the way in which they walk. In the first instance, when you see someone limping you immediately think that they have something wrong with their health. If this was not the case, they would not be limping.

Secondly, you feel sympathy for them, as you know that moving around is harder for them than it should be, and this obviously impacts negatively on their quality of life.

I always have a third thought when I watch people who limp. I ponder: 'Imagine if I could find out why this person is limping, fix it, and get them moving well again? Imagine the positive impact on their life?'

The ability to walk well, quickly, pain-free and for a long time is a great indicator of how healthy a person is. You only need to watch a fit, healthy person taking long strides – walking tall and upright with an effortless gait pattern – to agree.

Watch a person with a sore knee walk. They will try to walk in a way which reduces the amount of strain they are putting on the sore knee. When they walk like this, the amount of pressure they are putting on their other leg (which might also be prone to causing pain,

particularly if they put too much stress on it) is substantial. Imagine the abnormal forces occurring around the lower and mid back which can cause someone to suffer from back pain. And also consider all of the other muscles above and below the painful knee which are not doing their normal job.

When patients come into my clinic complaining of an area of their body that is sore, I tell them about the example of the sore knee. When their knee hurts to walk on, it is affecting their other knee, other hip and lower back, which are all taking on extra strain, as well as the muscles around the sore knee, hip and ankle which are not working hard enough. I call all of these concerns secondary issues.

The key to fixing a limp is to try to work out which of these secondary areas seems to be the weakest using physiotherapy muscle tests. I will then try to 'undo' the limp by treating the area and giving the patient simple exercises to make this muscle work better, and improve how the person walks.

For the patient, the biggest lesson from this physical assessment is that if your knee or leg hurts when you walk, your body will often try to compensate in many ways as a result. If you can correct some of these secondary problems, you will walk better and your sore knee or leg will hurt less.

Take home message

Walking is one of the most important functions in life. If you limp when you walk, it can create lots of different problems in your body. Working out why you limp and correcting the problems so you walk well is crucial to living a pain-free, healthy life.

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A life of restriction

A person in pain is forced to think about every little thing they do, from when they wake after a broken sleep in the early hours of the morning, to when they struggle to get to sleep at night.

I have a particular patient who visits my clinic regularly. This lady has suffered from back pain for over thirty years. Each day she would wake up thinking, 'I wonder how today will go?' For her, just getting out of bed was a 10-minute exercise where she had to think, plan, manoeuvre and lever her way out of bed. She would move the wrong way, go back to square one, try it another way, and finally get to the edge of the bed.

For the last thirty years, this woman has only been able to sleep on her back as her hips hurt too much when she tried sleeping on her side. As a result, her lower back was not in a good position during the night and moving first thing in the morning was difficult for her because her lower back was so stiff.

When she finally made it out of bed, she would determine whether she was having a good day or a bad day. This is an extremely common phenomenon for people suffering from pain, and the difference is stark. On a good day, a person with chronic pain may be able to go out to some appointments or buy the week's groceries, go on a social outing or possibly do some household chores and cook a nice meal.

Of course due to the ‘all or nothing’ nature of chronic pain, a day full of activity can have serious consequences the next day. During an active day, a person suffering from chronic pain will start to feel worn out and fatigued, and at that point the pain will set in. As a result, they are likely to be restless that evening and will commonly suffer from poor sleep.

This leaves them feeling vulnerable and weak the next morning. So begins the bad day. The bad day is a day of restriction – the person is generally unable to leave the house, can find general household and personal care tasks difficult to the point of unbearable, will get by on convenience food which doesn’t require much preparation, and has very limited physical capacity for any type of activity that involves standing for more than five minutes at a time.

Back to my patient who had suffered from back pain for over thirty years. Six months earlier she had had a back surgery to fuse the lowest two vertebra in her spine. With lots of hard work, pain, physiotherapy treatment and exercises during the past six months she has finally reached the stage where she is having pain-free days. Now when I see her she is smiling and happy. She doesn’t look to be weighed down by constant pain, and she is even thinking about going on a couple of trips around Australia. I can only imagine the joy this lady feels now. It is like having a second chance at life.

Most people I treat with severe chronic pain are so depressed that they cannot see further ahead than the next day. They struggle with everyday tasks and do not see any improvement in their condition. Their assumption is that they will definitely not improve and, in fact, that their health condition will only worsen. I suppose if you have suffered from severe pain for a long time without any sign of improvement, this becomes your natural way of thinking. It must be very hard to be positive when everything in your life affects you in a negative fashion, and your body is constantly producing large amounts of stress hormones.

For the person suffering from chronic pain, developing an understanding of their condition is only the first step to recovery. Positive

daily routines need to be established and maintained consistently over time for them to notice real improvement. This progression can then offer hope for the future, and will facilitate further recovery, both in body and mind.

Take home message

Being in pain can cause you to virtually stop living life. Be tenacious and never give up hope that you can get out of pain. There is a bright future ahead if you believe there is. Optimism is the key.

Part Three

**How to Help:
Get Rid of It!**

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What I do as a physiotherapist

One of my philosophies in my work as a physiotherapist is that there are a multitude of different health conditions that my patients will consult me about. People will have all manner of unusual signs and symptoms because the way they feel is a combination of what is actually wrong in their body, their general health, how they feel about being in pain, their overall state of mind, their personality and how their daily routines and habits affect their condition. These factors can produce every type of pain known to man.

Despite this challenge, I know that there are only a certain number of musculoskeletal conditions my patients will suffer from. You may be surprised to learn that people can have completely different symptoms which are all caused by the same problem. Generally speaking, this means that I will need to perform similar tests with people who have completely different symptoms. Naturally, this makes my job easier since I only have to remember a defined number of movement, muscle and nerve tests. I never follow a 'recipe' with my patients but I have learned to recognise patterns – not with people's pain – but with the particular physiotherapy assessments that they test positive to.

From these initial tests, I am able to formulate a strategy based on what the problem is in a person's body and how I can help them. I will generally note which tests are positive for this person, and of those positive findings, which is most relevant and requires treatment first. The purpose of my physiotherapy treatment is always to reverse

these test outcomes and restore movement, reduce pain, and improve the patient's state of body and mind.

My treatment method is always aimed at causing as little pain to my patients as possible. Consequently, I am particularly specific in that I might only undertake one type of treatment in a session. The reason for this is that I want to be very clear in my mind as to the root cause of the person's main problem. If I do too many different types of treatment within one consultation, I may end up feeling unsure about the best treatment approach. My goal is to develop a clear understanding of their health condition so that I can give them a solid plan of action to help them solve their problem.

When someone comes into my clinic and describes their pain as being anywhere from their back to down their leg, I think it is particularly important to make sure the pain is not coming from their nervous system. If the pain is coming from the person's nervous system, and I treat their muscles and joints and give them exercises to improve their strength or flexibility, they usually respond in one of two ways.

The first response is a flare-up. I'm sure you know people who visit their chosen health professional and afterwards say, 'I feel really sore. I think the treatment caused my pain to flare-up', or 'It took three days for the pain to settle down after the treatment', or the familiar comment, 'I couldn't walk after getting up off the treatment bed.'

In my view, the second response is the worse alternative – no change in the person's symptoms. At least if the person has a flare-up, it indicates to the treating practitioner that they are on the right track. To me, it indicates that either the person has an underlying general health issue (which usually isn't severe) or that they have a sensitive nerve somewhere in their body that didn't respond well to the treatment.

If a patient returns to my clinic and says that their symptoms were completely unchanged after my treatment, it says to me that I need to look elsewhere in their body to find the true source of the pain. I'm aware that I must have missed something in the initial

consultation. This result does not deter me because it also tells me what is not wrong with my patient. The human body is obviously not an exact science and many different things can go wrong.

I will always assess and treat the patient's nervous system first if it tests positive, as this often provides fast pain relief, makes pain less frequent or less intense, and helps me to get to the root of the problem more quickly. It is amazing that, usually when you find one particularly positive sign and a few minor positives, treating the major positive sign causes the minor positive signs to fade away. This is because they must have been present purely as a result of the major positive sign.

Testing and retesting the major positive signs is imperative in order for me to check whether or not my patient's symptoms are changing in a meaningful way, and also to determine if the treatment is likely to hold. Generally speaking, if the results of the treatment do not hold, I know that either I have not found the most positive sign, or they have an underlying general health or nerve sensitivity problem.

The other major factor which can influence a person's response to physiotherapy treatment is their mental state, and the presence of any 'yellow flags'. Some examples of yellow flags include situations in which people experience prolonged stress, anxiety, fear or any negative thoughts or beliefs regarding their health condition and their potential to recover.

Catastrophising is when a person magnifies the negative consequences of being injured and the impact that it will have on them – for example, 'I will never be able to walk again, I will lose my job, my life will never be the same again.' This can create feelings of self-doubt and loss of confidence in their ability to recover and get on with life.

Accordingly, you can see how pain is such a complicated tapestry of what is wrong in our body, how we perceive our problem, how the things we do every day influence our pain and our general health, and how willing our body is to heal and return to a pain-free state.

Take home message

As a physiotherapist, my job is to act as a detective for your body. My goal is to help you to understand what is causing pain in your body; to undertake hands-on treatment which will reduce your pain and restore movement; and to give you exercises and advice which will help to get rid of your pain and keep it away. Seeing someone discover why they are in pain and become pain-free is the most satisfying part of my job. It feels good knowing that my patient is getting their life back.

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Get your head around it

Do you want to become pain-free as soon as possible? The best way to do this is by discovering and better understanding the cause of your pain. One of my favourite quotes is by Stephen Covey, author of *The Seven Habits of Highly Effective People*. He says, 'Seek first to understand rather than to be understood.' This phrase is very meaningful to me because, when I treat my patients, I always have to stop myself from overloading them with too much information. Instead, I try to really hear what they are saying in order to help me better understand their 'real' problem.

To me, a person's real problem can be thought of in the following way. It is an old adage that says that when a person buys a drill bit, what they are really buying is a hole in the wall. In other words, what they really want is the outcome – the hole in the wall.

For my patients, this equates to saying that they do not primarily want to get out of pain. They want the results of being pain-free – a good night's sleep, or to be able to bend over and do their shoes up easily, or to be able to turn their head to check their shoulder when driving, and the list goes on. My patients all want the positive outcomes that come from being pain-free.

So how do you first attempt to understand what is wrong in your body and why you are in pain? This is a very challenging process. The first step I recommend is to consider your general health and your medical history (including any previous injuries you may have had in

your life) and then add all of these factors up and consider if any of them have contributed to the pain you are experiencing right now.

For example, I had a lady visit my clinic the other day. She had a sore, swollen and arthritic knee. When I asked her how long her knee had been troubling her, she replied, 'Almost two years'. I then asked her if anything significant had happened in her life at around that time. She told me that two years previously she had undergone a total hip replacement (which is a major surgery) on the opposite side of her body to that of her sore knee.

I thought that this revelation might be significant so I took her through my standard series of tests including observing her walk, testing her ability to take weight on each leg, and some specific tests for analysing the strength and movement of her new hip and sore knee. When my patient walked she could not take significant weight on her new hip and she was throwing all of her weight onto her sore knee. No wonder it was sore! When I tested the sore knee for strength and movement, it was fine. When I asked her to stand on one leg – the side of the hip replacement – her leg almost collapsed.

After performing some more specific strength and movement tests on her new hip, I found the muscles around the hip to be extremely weak. I asked her how this had happened. She told me that, surprisingly, nobody had recommended that she do any rehabilitation or strengthening exercises following her hip replacement. She had a sore knee because the muscles around her new hip were so weak that whenever she walked, stood up out of a chair, or got into and out of her car, the side with the sore knee was taking all of the weight.

This lady felt relieved, overjoyed and vindicated once I had explained her problem to her – step-by-step – and was able to offer a solution which gave her hope for the future. If her problem had been diagnosed as being simply her sore knee, then the most likely scenario would have been a total knee replacement which is major surgery. It can take more than a year to fully recover from knee replacement surgery. As a result of her weak hip, she may have had this surgery

and still not walked or moved well afterwards, in spite of enduring the challenges and pain of an operation.

To better understand your pain problem, you need to apply this process of analysing your medical and injury history and determining whether there are any relevant points in relation to the timeline of your injury.

Another simple clinical example involved treatment of a lady with constant neck pain and headaches. After three physiotherapy consultations, her neck pain remained unchanged. She had good posture, her neck and shoulder movement was fine, her nerves were not sensitive, and her work was not placing any undue strain on her neck.

She had been suffering from this problem for six months prior to consulting me. By a process of elimination, we determined that the only significant medical factor which may have contributed to the onset of her pain was the fact that she was on cholesterol-lowering drugs, and about six months prior her GP had doubled her regular dose of this medication. Some of the side effects of cholesterol-lowering medication include muscle aches. Within a month of reducing her dosage of this drug, her neck pain had vanished.

Take home message

Rather than thinking about where the pain is in your body, try to work out and understand the root cause of the problem. If you can find out the real nature of the problem that is causing your pain, you have a better chance of becoming pain-free.

Use it or lose it

Has anyone heard this phrase before? I think it is one of the most meaningful phrases within the health profession. It certainly is true in our current era of sedentary jobs, short car trips where we previously used to walk, convenience food when we don't have time to cook, and virtual life via a computer screen instead of enjoying the great outdoors.

It applies to both the body and the mind.

One of the phrases I most dislike hearing my patients say is, 'I'm just getting old.' I consider this to be a poor excuse for someone who can't do the things they use to do and has given up, resigning themselves to the fact that their lives will not be the same as before. Unfortunately, this self-fulfilling prophecy is perpetuated and supported by certain sections of the medical profession.

This blanket diagnosis of ageing is generally bandied around in situations when identifying the actual cause of the person's problem is too difficult, too time consuming, or challenges the expertise and beliefs of that particular treating health practitioner.

In the health profession, we are stubborn beasts. We think we know everything and we like our patients to think so as well. After all, we know best – we have studied for numerous years at some of the country's highest calibre educational institutions under some of the most renowned mentors. Therefore, it's only natural that we

would know more than other people about the human body and how it works, isn't it?

But do we really know more than you about YOUR body? About your medical history? About your daily habits and routines? And about the way you are feeling right now?

Of course we don't! I firmly believe that you are the expert when it comes to your own body. During my university studies, one of my clinical mentors said that 85% of a patient's diagnosis can be determined by the health practitioner asking the right questions and the patient providing a relevant and detailed medical history. I have never forgotten this. As health professionals, we need to listen to our patients more closely. After all, we have two ears and one mouth for a reason and should use them in this ratio!

In my opinion, the best patient outcomes are achieved by an amalgamation of my skills and your information. In combination, these factors allow us to reach a diagnosis and formulate a plan of action to improve your wellbeing, in both the short and long term.

Take home message

Old age is not an excuse for being in pain, nor is it a diagnosis. If you are an older person, do not be content to suffer with pain forever thinking that pain is an inevitable part of the ageing process. You too can discover the reason why you are in pain. Once you find out why you are in pain, you can reduce your pain and move well again.

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Sleep well

One of the most important things in life is the ability to get good quality, unbroken sleep for between six and eight hours every night. There is evidence that suggests that people who sleep for less than five hours a night are digging their way to an early grave.

Successful people will often wear their insomnia as a badge of honour. Former Prime Minister Kevin Rudd reported that he only slept three to four hours per night, as if this would somehow paint him as ‘Mr Invincible’, capable of superhuman amounts of work. In my opinion, all that his sleep deprivation achieved was to make him moody and irritable, and you could observe this during some of his on-camera presentations as his term as Prime Minister wore on.

Lack of sleep can kill you. Frequently, my patients will tolerate their pain – enduring it for months or even years. However, as soon as it affects their quality of sleep, they come running for help.

As new parents will attest, it is difficult to function at full capacity on broken sleep. At present, I don’t have children. It is this aspect of having children that particularly worries me, especially as my wife loves her sleep and cannot function on less than eight hours sleep a night!

We do not fall into our deep sleep (also called REM sleep) until we have been asleep for two to three hours of a sleep cycle. REM sleep is the period during which we dream. It’s amazing how tired you feel when you wake up in the middle of a dream. This is because

dream sleep is the deepest type of sleep and, at this stage of the sleep cycle, our body just wants to continue sleeping. Sleep is also when our bodies repair, replenish and remove toxins. Our weight-bearing joints are rested, our body cells heal, and our conscious mind can switch off.

Night is often the most difficult time for a person suffering from chronic pain. Throughout the day, tasks and stimulus provide mental distraction from their pain. However, at night they are alone with just their thoughts. Night time is also when our mind plays tricks on us. Many people who suffer from anxiety lie awake at night thinking, plagued by negative thought patterns, and are unable to rest their overactive mind sufficiently to induce sleep.

Movement also helps to alleviate pain. This is why, when we are in pain at night, we are always tossing and turning as the body tries to move to increase blood flow and provide relief from pain. Many of my patients tell me that their injury happened when they woke up – it must have just been that they had ‘slept funny’. When they tell me about their preferred sleeping position, there is generally nothing funny or unusual about it. Moreover, most people move around into a couple of positions during the night with one general preference.

The phenomenon which I consider causes pain when a person wakes up is the same one that causes the vast majority of office workers to suffer pain which they think occurred with little or no provocation, and certainly no specific injury. This type of pain is called ischaemic pain (or pain resulting from lack of blood flow). As we move around during the day, blood is pumped to all of our body tissues to supply oxygen for them to function normally.

When we go to sleep there is obviously less blood flow to our muscles and joints because we are not moving them very much. If we stay in a certain position for too long, the muscle, joint or nerve which is being stretched can be starved of blood flow. This can cause us to wake up with a stiff neck that hurts to turn or a sore back which makes it hard to get up out of bed or straighten up when you first stand up in the morning. It is important to know that it is very unlikely that you

have actually done damage to yourself during your sleep, even if you wake up feeling pain.

As a partial contradiction to my statement above, night pain can also be a sign of more severe health complaints. Therefore, if you find that your condition is not improving with conservative treatment, you should consult your family doctor for additional advice on what could be causing your pain.

For those people suffering from pain at night which is musculo-skeletal in origin, I do believe in the appropriate use of medication to help you get to sleep or stay asleep. A mild painkiller or medication which calms the nervous system can be helpful, and, if used correctly, can kick-start recovery by allowing you rest, which in turn helps you function better throughout the day.

Take home message

If you do not sleep well, your body does not repair and your pain will not go away. Do whatever you can to get a proper night's sleep. Taking pain medication before bed can help you to sleep better.

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Get moving!

There is one very simple way to reduce your pain. It doesn't involve drugs, injections, rest, surgery, painful treatments, shock therapy or anything remarkable.

The answer – move your body!

When you are in pain, moving is the last thing your brain tells you to do. In the initial stages of an injury your body desires rest. So how is the trigger which tells you to move again activated? Sometimes it does not happen.

While writing this chapter, I have been sitting at my desk for an hour. Even though I sit with good posture and my desk and computer setup is good, my neck and shoulders begin to feel tight. Every 30 minutes, I will get up, move my neck, arms and torso, even do some push-ups, and then sit down again. It is amazing how effective these simple movements are in relieving my discomfort.

A good example of how staying still can cause us pain is a long plane flight. How uncomfortable do you feel on an international flight, especially if you are sitting in the window or the middle seat and you can't get up and move as much as you would like to? So many people sit in their seats, squirming and changing position constantly. On a long flight, I am the guy standing in the emergency exit space next to the bathroom, simply in order to change my position and move my body.

So, back to the description of the person suffering pain. Following an injury, when you are in the initial process of resting to help the pain heal, your affected muscles and joints don't move their normal amount. Normally, when you move, your muscles contract and relax, stimulating blood flow to the muscles, joints and the nerves (and thus encouraging healing).

Sometimes nerves can cause pain when there is not enough blood flowing to them. An example of this occurs when you sit with your arm slung over the back of a chair. The pressure of the hard chair on the bundle of nerves under your arm causes you to feel pain and move your arm out of this position.

Take home message

Movement in your body reduces pain by increasing blood flow to the tissues. This reduces the number of pain messages that these body tissues send to the brain.

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Think yourself better: the power of placebo

The placebo effect is often discussed in the medical field. We are all aware that our mind is capable of some wonderful things, especially when it comes to the power of positive thinking and optimism. The placebo effect is a powerful phenomenon – one that we should harness for our benefit.

But what about when the pain is so bad that you long for it to stop – it fills your thoughts day and night? It feels as though the pain will never go away and no one so far has been able to help you understand what is wrong and how to get rid of it. How can you be positive in this situation?

I was recently reading a book by a great business thinker named Matthew Michalewicz. In his book he describes a story I had almost forgotten about. He spoke about a study performed on a group of people suffering from sore knees. This study (which was reported in the *New England Journal of Medicine*) goes straight to the core of how the placebo effect can work in our favour.

When a person has knee pain, they often have some problems inside the knee joint. In order to cure this problem, they often undergo a procedure called an arthroscopy, or a keyhole surgery. This procedure involves an orthopaedic surgeon making a small keyhole-like incision into the knee and then ‘cleaning out’ the inside of the joint

by shaving any torn cartilage, removing any loose bodies (floating bits of bone or cartilage) and generally repairing the inside of the knee.

The previously mentioned study involved 180 people scheduled for knee surgery. Some of them had the real procedure whereby the surgeon operated on the knee joint and cleaned it up, while the rest of the people had the keyhole incision made but the surgeon didn't do anything more than make the keyhole markings. All of these people followed a rehabilitation program immediately after the surgery and, when they were followed up a while later, the findings were astounding. The group who had been operated on and the group that had the fake surgery had both recovered to the same degree!

Who would believe this could be medically possible?

To me, this means that the people who thought their knee was better had more confidence in their recovery, did their rehab, and had faith in a positive outcome. They believed they would get better after the surgery, so they did.

In my opinion, this study can be extrapolated to most other acute conditions which cause pain in people's bodies. If you have a problem with pain, and you think you will make a full recovery, you generally will.

Take home message

If you believe you will get better and remain optimistic, you have a far better chance of recovery than if you don't believe it is possible.

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Dr Google

When we are in pain, we thirst for information about what is going on in our bodies, and how we can escape from this unpleasant state as quickly as possible. One of the most readily available sources of information regarding your condition is the most unreliable doctor I know – Dr Google.

Dr Google is becoming the doctor of choice for many time-poor, information-hungry pain sufferers. The only problem is that ‘he’ has no idea about the cause of your pain, the specifics of your medical history and other relevant conditions, or the things you do every day which continue to make the problem worse.

When you do an online Google search for a common medical problem such as lower back pain, the first results you are given come straight from one of the major pharmaceutical companies. Do you think that the information they present will be completely unbiased? I would be fairly certain that they are likely to recommend their particular flagship product to manage your lower back pain and increase their profits, even though this might not be the most appropriate medication for you.

The results of a Google search include paid advertisements which guide you towards the latest and most revolutionary ways to treat lower back pain including topical creams, laser therapies and a few different chiropractors. But these are simply advertisements rather than actual search results or objective information.

And then there is Wikipedia. After reading the Wikipedia entry about lower back pain, I found that I agreed with most of what it said. The concepts are up-to-date and the information is sound. But there is still one big problem – how do you as a layperson, rather than a health professional, interpret this information?

Most of us are pretty good at identifying a snake-oil salesman when we see one. The latest fad in treating and curing back pain is generally a flash in the pan, advertised by slick salespeople who give empty promises about cure-all treatments without any evidence or information about how they actually work. Recently, I saw a segment on a TV current affairs show talking about how a Chinese herb is the new ‘wonder cure’ for chronic pain.

In my opinion, it is a bigger problem when we are provided with good information but, in the process of self-diagnosing, we get confused and follow the wrong path – sometimes with dire consequences.

One way in which this information can be misleading is the ‘pain maps’ or pain patterns which relate to various problems that can occur in the lower back. In my experience, it is rare for someone to come to my clinic and describe pain that fits perfectly into one of the well-known pain classifications. For example, according to some sources, disc pain occurs in the very centre of the back and sciatica goes from the back all the way down one leg.

Then there is the very challenging concept of ‘referred pain’. Referred pain is defined simply as pain that is felt in one part of your body but originates from a different source to where it is felt.

How do you know if you have a disc problem, sciatica, referred pain or any other condition? Generally, you would think about your symptoms and try to match your symptoms to the condition which most closely describes what you feel.

Given that this is a difficult proposition for most health professionals, how can a layperson suffering from pain accurately diagnose their condition? I pride myself on providing my patients with an accurate diagnosis of their health problem, yet I consider this to be the most challenging aspect of my job.

I always say to people, 'I have never seen two patients with the same condition who suffer exactly the same type of pain.' The pain they feel is the combined result of their actual injury, what they think and feel about their injury, their general health and relevant medical history, and is influenced by their daily habits and routines.

People come into my clinic with a multitude of different health conditions, pain patterns, limitations and concerns. Amongst my patients, I find that there are far fewer health conditions responsible for causing pain than there are different presentations and ways in which their pain can manifest. If I can assemble the information you tell me about your experience of pain, together with some simple physical tests, I have the best chance of helping you understand why you are in pain by giving you a meaningful diagnosis.

My advice is that whatever you do, do not self-diagnose. Instead, try to understand and consider how your general health and daily habits influence your pain. In this way, you can be as insightful as possible and assist your health professional to give you an accurate diagnosis.

Take home message

Be careful when seeking answers to your health problems on the internet. There is a wide range of information available, some of which is inaccurate or biased, and it is easy to mistakenly classify yourself as having a certain condition based on the description of your symptoms. This can be dangerous because self-diagnosing can lead to self-managing your health condition which, in turn, can lead to you doing the wrong thing and inadvertently making your problem worse.

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Painkillers: the magic pill?

The topic of painkillers is an interesting one, and by commenting on it, I am leaving myself open to criticism from the medical profession. Obviously, I would like to preface my comments by reiterating that this is my opinion, pure and simple. I am not a pharmacist, but I am an expert on the individual situations which my patients consult me about, and my advice comes from a collaboration of their stories.

I believe that painkillers are a vitally important tool for people to use to help rid themselves of pain. They are misunderstood, mainly for the reason that they are complex and very hard to understand. There are numerous different types of pain, and many different types of painkillers on the market.

As health practitioners, we are effectively trying to work out why you are in pain, offer the most accurate diagnosis we can, and give you the best advice on painkillers to match you, your pain and your unique personal situation. It can be quite difficult to get the right combination of painkillers correct first time, without causing any side effects or interacting with any other medications you may be taking.

My patients either say one of two things: 'I'm not a pill popper' or 'I take so many pills, I rattle when I walk.'

The anti-pill poppers are generally fit and healthy people. But fit people get injured too! I try to explain to these people that if they take the right medication at the right time they will shorten the duration of their injury and recover from their pain more quickly. In most

situations, the person is only required to take the correct combination of painkillers for a couple of weeks for an acute injury, or a couple of months for a chronic condition. In saying this, people with very severe chronic conditions may need to be on certain types of medication for the rest of their lives. However, many of my patients are prepared to take a pill daily if it helps them to live their lives without too many side effects.

When I explain how pain works to the anti-pill poppers, they generally change their mind, especially when I tell them that the pills will not be a long-term scenario. If their philosophy is such that they will not take painkillers under any circumstances, we explore natural options which can give relief, strategies to get on top of their pain such as exercises to relax the nerves causing the pain, or mind control strategies to reduce pain such as breathing, meditation and relaxation.

For some active people, their 'meditation' involves doing a hundred sit-ups or doing some interval training on an exercise bike, which is fine provided that it does not stir up their pain.

Those people who take so many pills that they 'rattle when they walk' are obviously in a more complicated medical situation. In my opinion, medications are more likely to cause side effects when a person takes four or more different medications. Given that a large number of older people I treat are taking blood pressure and cholesterol-lowering tablets and some variety of blood thinner, this does not allow much of a margin for error regarding the side effects of medication.

The good thing about these people is that they are familiar with taking medications, and generally understand their importance in improving their quality of life. From my perspective, the philosophies are the same: provide good advice as to the right combination of medications to relieve a person's pain from the outset, and reduce the dose and frequency of their medication as their pain becomes more manageable.

My general rule of thumb is that a person needs medication if they are having pain when resting. In other words, if you are reading this book right now and you are in pain, you would probably benefit

from pain medication. Likewise, if it hurts to sit or stand still, if you are in pain at night and having broken sleep, or if the pain is constant and unrelenting, pain medication is likely to be helpful. The medication is to prevent the pain from being constant, or to reduce the intensity of the pain, so that you can start moving more comfortably and diminish your body's sensitivity to pain.

There are some really effective and simple painkillers out there on the market. I find the more people I see who have chronic pain, the more GPs are prescribing a medication called Panadol Osteo, which is a paracetamol-based medication. It comes in a slow release dose, so for people suffering from constant pain once you build up what is called a 'therapeutic dose' in your body it tends to act well to take the edge of your pain. It also has very few side effects, and is quite a safe medication when taken properly.

Of course before taking any painkillers you should speak to your GP or pharmacist to discuss your general health and any other medications you may also be on that could cause side effects. Be cautious when taking medication, but know that there are some really good products on the market that aren't addictive, have minimal side effects, and can really help you get on top of your chronic pain.

Take home message

Painkillers are very helpful in managing your pain. You need to obtain very specific advice about what types and dose of pain drugs are most suitable for you. The simpler painkillers with fewer side effects, such as Panadol Osteo, are usually the best option to try initially.

Understand your health

At the time of writing this book, the Queensland State Government is running a great health awareness campaign based on the concept of identifying a person's 'health age'. While travelling by train from my home into Brisbane city, I observed several billboards at Central Station with posters created around this campaign.

The poster depicted an attractive lady who looked to me to be in her early sixties, while below it listed her health age as being 45. Next to her was a young bloke, sitting on the couch drinking a beer, who looked to be about thirty but below it stated his health age as 45.

How can a 60-year-old woman and a 30-year-old man be the same age?

Here's how. Everyone knows the cliché: 'You are only as old as you feel.' My take on this cliché is: 'You are only as old as you function.' The 60-year-old woman lifting the weights can most likely lift them a hundred times, walk quickly for an hour and even break into a jog, do an hour's work in the yard, do her grocery shopping with lots of lifting, and hardly break into a sweat. The beer aficionado sitting on the couch – what do you think his physical capacity might be? Could he jog for any length of time? Heaven forbid that he should have to do any yard work. And, as for groceries, the only thing he eats is from a packet of frozen meat pies.

One of the most significant statistics I quote to my patients is the difference between an active and an inactive person, which is

defined as being fifteen years. This does not necessarily mean that an active person will live for fifteen years longer than an inactive person. However, to me it equates to fifteen extra healthy and productive years. What is the point of living fifteen years longer if you can't move and you sit in a chair all day feeling sorry for yourself and depressed that you cannot do the things you used to be able to do?

I see many active older people at my clinic. Their individual health varies considerably – some of them struggle with chronic health complaints and others are just genetically blessed and do not take a single pill at 90 years of age! The main thing they have in common is a desire to continue to be active and be able to walk, bend, get out of bed and get off the toilet every day until the day they die. This goal is definitely something I aspire to when I reach old age also.

The only thing stopping an inactive person from becoming an active person is the desire to do so. An inactive person simply needs to want to be active, and to achieve this by establishing very simple daily routines. More standing, walking, time outdoors or simply less time worrying about the past and stressing about the future can be enough to kick-start an active life.

Mental barriers such as stress, anxiety and depression prevent people from having the desire to be active. I don't blame these people for not getting off their backsides and becoming more active.

If you have been suffering from chronic pain and have stress hormones being released constantly in your body for years, it is not easy to have the desire to be more active. People stuck in a spiral of pain, inactivity and depression generally need to start to regain their lives with helpful intervention by a psychologist or counsellor. They need a caring health professional who will listen to their problems, try to understand what they are going through, and provide simple and practical advice for taking the first steps to change the way they think and feel about themselves.

Take home message

If you are healthy, there is every likelihood that you will live fifteen good years longer than someone who is unhealthy. This means that you will be able to be active and do the things you enjoy every day.

Why should I have a blood test?

If someone comes to my clinic with a complicated health problem, initially I am keen to make sure they are medically fit and healthy. If they're not, I need to find out what is wrong in order to help them to get out of pain and back to living a full and pain-free life.

People bring in all sorts of things when they visit my clinic – x-rays, scans, pain diaries, photos of their injury on their smart phone. Some people bring extensive lists of questions to ask me. Other people are in so much pain that their partner has to do the talking for them. Some people don't speak English very well. Having treated people from all over the world, I've had to decipher every accent you can imagine – Redcliffe is a very multicultural place! Other people don't want to talk, they just want their health problem fixed.

Blood tests ordered by a GP or specialist are amongst my most valuable diagnostic tools. From a blood test, you can determine whether or not a person's cholesterol and blood sugar levels are within normal limits, or whether they have an infection or high levels of inflammation in their body. You can also check all of the most relevant vitamin and mineral levels in their blood.

If a person has prolonged pain, ongoing stress, poor daily routines or habits, is inactive, or has been sick or injured, it can have an impact on the most important vital signs in their blood test.

Some of my patients will have had a blood test which indicates that all of their levels are perfect. They may then have an injury or

spontaneous onset of pain and, if these symptoms are prolonged, various levels in their blood can fluctuate within a short period of time. The most common issues I see on blood tests are low vitamin B and low vitamin D, both of which can cause fatigue and bodily aches and pains.

Vitamin D deficiency is a modern day affliction which I think requires particular attention. Your body manufactures vitamin D from exposure to sunlight. According to The Melanoma Institute of Australia, we have the highest melanoma rate in the world.

As a result of these high rates of skin cancer, within the last twenty years the federal government has been promoting the message to cover up via the 'Slip, Slop, Slap' campaign. When we go outside we are advised to wear hats, sunscreen and clothing to protect us from the sun.

People with low vitamin D levels in their blood generally come to my clinic with neck and back pain and are feeling tired, stressed and sore. I have seen people go from being in a state of constant, severe pain to completely pain-free in less than a month as a result of having their vitamin D deficiency diagnosed and treated by a health professional.

Take home message

If you can't find out why you are in pain, go to your GP and get them to request some blood tests for you. They can reveal the source of your pain. You may be surprised to discover what they show.

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Get up!

There is another contemporary affliction contributing to low vitamin D levels and it affects hundreds of thousands of people. The worst part is the majority of these people are completely unaware of its occurrence.

Sedentary work has been proven to be as great a cause of death as cigarette smoking, according to a study performed by Dr Martin Mackey, a senior lecturer and researcher from the University of Sydney. Large numbers of people commute to the CBDs of capital cities, sit on their posteriors all day in an office, file out of their offices after dark, get home, have a quick dinner and go to bed, and then wake up to an alarm and do it all over again.

In my opinion, sedentary work is shortening our lives. Look at people who work outdoors – gardeners, council workers, cleaners, and all types of tradespeople. They are fit, healthy, have good muscle tone and posture, have lower rates of obesity in comparison to the rest of society, and generally sleep well as a result of expending a lot of energy during the day.

For the past ten years, I have worked in a non-sedentary job. During that time, I have never had a day of back pain, my weight is stable, I don't have to wear glasses, and I am using the same belt hole I used ten years ago. Every day, I am happy at work.

Think of the average office worker. The majority of office workers I treat at my clinic come for their appointments before 8.00 am or after 5.00 pm. As much as I enjoy treating these people, I wish they

worked more sensible hours so that I could also go home on time! Maybe this is one of the subliminal reasons behind my crusade to improve the health of office workers?

Office workers generally rush around in the morning, many skip breakfast, and the ones who do eat rarely have a decent breakfast. They then have to commute to work and are stressed before they even begin their work day. Another negative aspect of office work is the long hours. Most of the office workers I know do not work a 9 to 5 day. Starting at 8.00 am and leaving the office at 5.30 pm after doing 30 minutes of unpaid overtime seems par for the course.

My beautiful wife is a lawyer who works in the Brisbane CBD. When she first graduated from her law degree, she worked for a big city law firm. She would arrive at work at about 8.00 am, and most nights she would not leave the office until 7.00 pm. The company even offered their employees a free meal and taxi ride home if they stayed until after 7.30 pm. Lawyers' performance, salary and career progression are generally based on the number of hours they work and 'bill' each day. Do you think that this is good approach for their employees to have a long, healthy, fulfilling and balanced life?

I was worried that she was turning into a working robot whose main purpose in life was to make money for a big company run by people who subscribed to this distorted reality. Thankfully, she now lives a much more balanced life. However, as a result of her experience over those difficult years, I have developed a particular empathy for office-based workers working very long hours. They seem trapped – like a hamster on a wheel – unable to make a change for fear that their careers will go into a downward spiral and they will not progress.

Imagine the stress many office workers feel every day. For them, this is a normal state of mind. When combined with physical inactivity, weight gain, depression, and a lack of vitamin D in their bloodstream, is it any wonder that some office workers live with neck pain, headaches, lower back pain and other painful conditions which they think are just part of life and that they will have until the day they die (at the office)? They trudge to the train station, get home and

Get up!

microwave a frozen TV dinner, and when they go to bed, they lie awake thinking about all of the difficulties they had at work that day, and all of the troubles they may face tomorrow.

Take home message

Sitting is killing us. Modern office workers are often very unhealthy. The worst thing is that they don't know what to do about it. They think they don't have the time to be healthy due to unrealistic work demands and long commutes to and from work.

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X-rays: are they necessary?

I find the attitudes and beliefs within our society regarding x-rays astonishing. X-rays involve taking pictures of our bones and irradiating our bodies. More often than not, they don't provide the information necessary to help you work out what is wrong in your body.

Consider terms such as spondylosis, degeneration, spondylolisthesis, stenosis, and scoliosis. If you see any of these words mentioned in an x-ray report related to your spine, I suspect that you aren't filled with hope for the future.

'My spine is ruined!'

'I'm going to have to put up with this for the rest of my life!'

A typical scenario demonstrating my point involves a 50-year-old woman who attends my clinic. She has been suffering from quite severe back pain which is getting worse over time. She brings in the familiar thin, rectangular plastic bag (which x-ray providers must stock by the thousands) filled to the brim with x-rays.

After first hearing about her health concerns, I ask to see her x-rays. I look at a few of them which show that her spine is effectively in good alignment with some wear and tear. I tell her that her spine looks perfectly fine. Her reply to my comment is, 'But the x-rays say that I'm worn out.' My usual response is, 'If you took a hundred 50-year-old women at random off the street, some would have back pain and some wouldn't. This is what a normal 50-year-old woman's

spine looks like. It tells me you are a normal 50-year-old woman. It doesn't give me much information as to why you are in pain. However, I can help you work out why you are in pain with some simple tests which we can do today.'

You would not believe the instant signs of relief someone feels when you tell them that what you see on their x-ray is normal.

Of course there is a place for x-rays. As a health professional, it is always important to make sure that your patient doesn't have a nasty problem like a crushed vertebra or fracture of some sort. However, an x-ray generally does not give me any insight as to the origin of a person's pain.

About five years ago, I attended a spinal conference where the presenters demonstrated a wide range of MRI scans of people's spines. Some of these scans showed horrible disfigurement of the spine with misshapen vertebra, trapped spinal nerves, spines twisted like 'a sausage hitting a hot frypan', and spines with too many or too few vertebra.

The conference presenter described a few of the health conditions shown on the scans. He then asked everyone in the audience a question I will never forget. He said, 'Who can guess the one thing that the people shown in these MRI scans have in common?' After talking amongst ourselves, the most common conclusion was that all of these people needed spinal surgery or had some sort of terrible condition in common. But we concluded that we really didn't know the answer.

When no one was able to guess the correct answer, he simply said in a very soft tone, 'They are all pain-free ...' At that moment, I felt like I had been enlightened.

Evidence suggests that people with certain types of injuries who get x-rays to help diagnose their condition actually take twice as long to heal as those with similar conditions who don't get x-rays. This is startling!

Basically, it implies that if you have an x-ray it changes how you think about your condition, particularly if you see some of those big

words which I described above relating to your spine and how 'spondylolisthetic' it is.

I love looking at x-rays that people bring in from their chiropractor with lines drawn all over them. I'm not exactly sure but I think the lines are supposed to define minor alignment issues that the person has in their spine. The alignment of the spine is one of the most variable features of the body. We all have a different natural position of our spine. It is almost impossible to say that some features we see on x-rays have any significance whatsoever as to the cause of our pain.

Most x-rays of the back are taken with the patient lying down. How can alignment be considered to be such an important feature of an x-ray when a person has a picture of their spine taken while lying down, yet their main problem occurs when they sit too long in the car, or bend repetitively, or stand leaning forward at the kitchen bench cutting up the vegetables for dinner?

Take home message

X-rays do not tell you where your pain is coming from. They will often indicate that you have 'degeneration' in your joints. This is quite normal and has no link to the amount of pain you feel.

Find your special someone

Do you realise how many different health professionals are available, all keen to help people understand why they are in pain, get rid of their pain, and take their lives back? I can name at least fifty physiotherapists, GPs, specialist doctors, exercise physiologists, psychologists, counsellors, health coaches, personal trainers and motivated and community minded people within my local district of the Redcliffe Peninsula alone who are able to help people suffering from chronic pain.

One of my biggest frustrations is that there are so many people suffering from pain, and lots of great health professionals who can help, yet they have no way of finding each other! It is like trying to find your soul mate – you know that the person you want to spend the rest of your life with is out there, you just don't know how and where to find them. Very thankfully in my own life, I have found my soul mate.

In many ways, the search for your ideal health practitioner is rather like finding your soul mate. First, you need to try to understand exactly what it is you are looking for in that special person. Secondly, you have to work out where that person might spend their time so that you can conjure up that chance encounter. Thirdly, and most importantly, go out and find them!

A valuable tip for finding that special person who can help to relieve your pain is to ask your friends and family. Just like a husband and wife who were originally introduced by mutual friends.

The majority of my new patients come to my clinic after having being referred by a family member or friend who has been successfully treated by me. It is amazing the number of women I treat who, once they achieve relief from their pain, say to me, 'I am so sick of my husband complaining about his pain. He has had it for years. I am going to book him in for an appointment.' And soon after, the complaining stops!

There is a common business saying which states that if a customer has a good experience with a business, they'll tell one person about it, but if a customer has a bad experience, they'll tell twenty people. The end result is that everyone in the community knows who the dodgy health practitioners are ('Don't go to this guy'). However, not everyone is aware of the high-quality health practitioners.

I urge you, if you have a health practitioner who has helped you greatly and you could be spreading the word about this person at Saturday afternoon barbecues or at dinner parties with your friends, then please do so. Think about how many people you could be inadvertently helping.

Take home message

Don't stop until you find a health professional who listens to you, understands your pain, helps you to take positive action, and fills you with confidence. Ask your friends and family about who treats them when they have a problem with their health.

42

Your pain team

One of the most satisfying aspects of my job is connecting my patients with other health professionals from my trusted network. My patient returns feeling grateful for my knowledge regarding the best health providers in my community and everybody wins.

My patient's health improves, the health professional has a new client to help, the trust bond between my patient and me is strengthened, and the whole community becomes healthier as a result.

As health providers, we should all be aiming for these 'win-win' situations. I used to worry about referring my patients to other providers – what if they didn't get a good result, or worse still, didn't like the other professional? Would it reflect badly on me? Would the patient consider me to be a pushy salesman trying to empty their wallet?

Then I started thinking hard about what my patients actually want – not just what I feared – and that helped me to overcome this negative belief. What my patients wanted was to get better as quickly as possible. They wanted to be assisted in their recovery by caring, genuine and altruistic health professionals.

Since realising this fundamental concept, I am always seeking out other great health professionals that I can refer my patients to in order to accelerate their recovery and create a better outcome for all.

Wouldn't it be great to have a team of people at your disposal to help relieve your pain? Such teams do actually exist. They are most

commonly found in pain management clinics, which are clinics run by the largest public and private hospitals in capital cities.

Here in Brisbane we have three pain management clinics. They are booked out well in advance, and people suffering from the most complex and chronic health conditions are often referred to these clinics. The only problem is that there are not enough spaces to go around for all those people who desperately need these pain management services.

Recently, I heard a terrible story about a person who was booked to attend a chronic pain clinic. The person had the referral letter in their hand, and turned up to the clinic on what they thought was the correct day, date and time of day, only to be told that they had turned up a year early! Imagine that you are desperate to get out of pain and you are told that you have to wait a year for relief. For someone who has been in pain for years and whose condition is progressively deteriorating and restricting their lifestyle and quality of life with every week that passes, this can be extremely mentally debilitating.

For the average person who doesn't have access to a pain clinic, you need to find a good GP, physiotherapist, psychologist or counsellor, and someone to help you with an exercise program – whether it is a personal trainer, pilates instructor or exercise physiologist. With this team you can address your pain, health, and fitness.

My vision for people suffering from chronic pain is to create my own chronic pain management clinic in Redcliffe, north of Brisbane. Moreover, I am keen for these clinics to proliferate throughout the community so that anyone suffering from chronic pain can access this service. In order for this to occur, the government and the Federal Health Department needs to fully understand and recognise the negative effect that chronic pain is having on our society on a daily basis.

The flow-on consequences of people suffering from chronic pain are immense. They regularly need to go to hospital, they are unable to work, they are on copious medications and they are unable to fully participate in normal life.

As I mention in the Appendix of my book, in 2007 the Australian Bureau of Statistics estimated the cost of chronic pain to be \$34 billion per year which is equivalent to \$11,000 per chronic pain sufferer.

What if we could shave 10% off this number? I believe one of the most powerful things that we can offer people suffering from chronic pain is a sympathetic ear and the gift of understanding exactly why they are in pain.

Take home message

To achieve the best results with your health you need to consult a team of professionals who can all help you with a different aspect of your health. Your team can help you to get out of pain, get healthy, get on top of any anxiety or stress related issues, and can help you get back to living the life you deserve.

43

How to get out of pain

While I was writing this book people would ask me ‘so what are the strategies for getting out of pain?’ Some people wanted me to write a book containing a list of strategies – based on industry secrets about how to relieve pain – in the last few chapters.

You know, some sort of mystery back stretches which a person is supposed to do every morning to fix their back. Quick, check the back of the book for the mystery super stretch routines. Oh, wait, I forgot to include them ...

I have read one of the original self-help books, written by a prominent physiotherapist, which focuses on treating your own back pain. It outlines the points I have stated above – a series of stretches and exercises which are supposed to fix your back and relieve your pain. I do not want to be critical of this book. It was revolutionary for its time, and I’m sure it has helped hundreds, and even thousands, of people over the years. But what it has really done is to give people confidence that they can take positive action in their lives to fix their pain. And by taking this kind of action, they have a chance at a better life – a life without pain.

I cannot give you my series of magic exercises which will instantly fix your pain in this book.

Why not?

Because I don’t know what is causing YOUR pain. Pain is unique to every individual.

The purpose of this book is for you, the reader, the person suffering from pain to understand the complex, multifactorial and constantly changing nature of pain. To be aware that the way you feel, the things that you do every day, your history, the way you move and even something as simple as the levels of a certain hormone in your bloodstream, can alter your pain so significantly that it can either leave you in a screaming heap or permit you to have the best day of your life.

So what's next?

Start thinking. Take note of some major points from those chapters that are most relevant and meaningful to you. But most importantly, understand that no matter how long you have been in pain, how severe it is, or how debilitating pain is in your life, there is hope for the future. Stay optimistic!

Take home message

This book is designed to get you thinking laterally about all of the different causes of pain in your body. Furthermore, it should help to change your mind if you think that the pain you feel right now will be with you for the rest of your life. Be tenacious, seek out good people to help you and, most importantly, never, ever, ever give up.

Enough talk – time for some action.

Make a list of the ten most important things to help you get out of pain and get back to life.

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Appendix

Australia: the pain nation

Despite Australia being a developed country and our quality of life improving significantly over recent decades, we sure do suffer from our fair share of pain, as demonstrated by the following statistics.

Research indicates that 80% of Australian adults have been affected by nagging back pain at some stage of their lives. In 2013, according to the Australian Bureau of Statistics (ABS)⁴ website, one in ten people aged 15 years or over reported feeling severe (8%) or very severe (2%) pain in the four weeks prior to being surveyed. One in five (19%) reported moderate pain and 39% had mild or very mild bodily pain. Numbers of people reported as experiencing pain increased steadily with age from 18% of people aged 15–24 years to 43% of people aged 75 years and over.

This tells us that the majority of Australians suffer from pain of varying levels of severity. I do not believe that this means that we are not a healthy society; however, it does highlight the startling fact that pain is a normal part of our lives and something that we all need to learn how to manage.

According to ABS reports, bodily pain does not necessarily correlate with feelings of poor health. Four out of five people (81%) who reported bodily pain in the previous four weeks rated their general health as good to excellent, as did nearly half (46%) of people who reported experiencing very severe pain during this time. However,

33% of people with very severe pain rated their health as poor compared with the average of 4% of the population.

Australian Bureau of Statistics studies show that three-quarters of Australians reported having a long-term health condition. Back pain and disc disorders affected 14% of the Australian population or 2.8 million people. Back pain is reported by the ABS as being one of the main disabling conditions in Australia⁵. Yet most people with back pain don't really know why their back is sore.

In 2007, the Australian Bureau of Statistics reported that the total cost of chronic pain in Australia was estimated at \$34.3 billion, or nearly \$11,000 per person suffering from chronic pain⁶. These statistics are damning. We are a nation full of pain sufferers, and the situation is getting worse with each passing generation. The fact that we tend to live longer may influence this as obviously we are subject to increasing levels of pain as we age.

We are also a very sedentary society. For those of us who have travelled overseas, this is more evident when we are away from home. One of my favourite travel destinations is South East Asia, particularly Vietnam, Thailand and Cambodia. The first thing you notice when travelling in Asia is that the majority of people are smaller than us. This has a lot to do with the nutrients in our diet, but also the type and quantity of food we eat.

The second thing you notice is that people carry things everywhere. Physical labour is still an integral part of life in a developing country. Men and women are often seen carrying heavy objects from point A to point B, particularly around market areas and on construction sites. Everyone is very busy, working up a sweat in the process.

The third thing I noticed during my travels in Asia was the older people. I would often see them crouching or squatting down by the roadside – talking to people, selling things, or just watching the world go by. Some of these people appeared to be more than 80 years old. Do you think it would be remotely possible for an older Australian to not only be able to squat down on the ground, but to stay there for any length of time? Chances are they wouldn't be able to walk for a week

if they tried! Why is this? Asian people squat every day; it is ingrained within their daily lives. In Australia we do not squat unless we need to pick something up off the ground.

Have you ever had to use a toilet in a remote part of Asia? Let's just say it is not one of life's more pleasant experiences. Squat toilets are still common in Asia: you have to have quite strong leg muscles just to be able to go to the toilet.

When I treat children at my clinic I am convinced that, as a group, they are getting bigger. The parents often joke that 'hormones in the chicken' are responsible for their children growing so big. Some children I treat are only 13 years old and already are wearing size 12 or 13 shoes!

Regarding Australian people's sedentary lifestyles, do you ever see children walking to school anymore? For many parents this must be a conundrum as security concerns prevent them from letting their children out of their sight for five minutes, let alone permitting them to walk to school and back home every day.

I have seen children as young as two years old playing with smartphones; swiping the keys as if they know exactly what they are doing. There are so many different types of electronic media that can keep our young people quiet and occupied these days. While multimedia and electronic devices are very valuable resources within our society, they definitely have drawbacks in terms of promoting and rewarding inactive lifestyles. After all who wants to go outside and climb a tree when you can watch your favourite show on an iPad after downloading it only moments before?

Australians are a race of big people and we are getting bigger. Thankfully we are still behind the USA and Mexico in the obesity stakes, but for how much longer? In my opinion, we are becoming more obese for two main reasons: many people don't know how to cook from scratch, and also the number of calories we consume each day is far greater than fifty years ago, as a result of convenience foods which are high in sugar and simple carbohydrates.

Figures compiled by the Public Health Information Development Unit at Adelaide University state that the Australian town with the highest percentage of obese adults is Bundaberg in central Queensland. Is it any coincidence that Bundaberg is the home of the famous Bundaberg Rum – a drink best enjoyed with Coke and ice?

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About the Author

Who is Nick Schuster and why should you listen to him?

Nick Schuster loves helping people in pain. The more severe, complicated or chronic the person's health complaint, the more tenacious, focused and dedicated Nick is in helping them discover the source of pain in their body.

With over ten years' experience as a physiotherapist, clinical educator and business owner, Nick is driven to achieve great results for his patients. He always strives to increase his knowledge and experience in the field of pain management in order to offer the most effective and complete pain solutions for the thousands of dedicated patients who attend Scarborough Physio and Health. He has helped more than 5,000 people in his clinic on the Redcliffe Peninsula to take control of their pain and get back to living a pain-free life.

Within the field of physiotherapy, Nick's major interest lies in the study of the nervous system – how it contributes to pain in the body, and how to accurately diagnose and treat severe and chronic pain. Through the treatment of the nervous system, he can achieve rapid results with simple and painless hands-on physiotherapy techniques. These techniques can also be taught to patients to do as exercises to manage their pain on an ongoing basis. This assists patients to get rid of their pain and stay pain-free.

Scarborough Physio and Health is a 'one-stop shop' for people in pain. People with painful conditions come to the clinic and undergo a transformation both in body and mind – from the initial diagnosis of why they are in pain, through to rapid results with therapy which helps to alleviate their pain. After the pain has gone, the focus moves to regaining fitness, allowing them to get back to living a full and active life.

Nick believes in living a balanced life and being fully committed to everything he does – whether at work with his patients and team, in his personal life with his wife, family and friends, when keeping fit and looking after his health, and travelling and experiencing new things. He enjoys ticking these things off his bucket list as he goes.

Nick believes that the mind is the most powerful tool you have in helping you overcome chronic pain. Developing a better understanding of your body, your nervous system, and how your daily habits and routines contribute to your pain is the first step in taking back control and having ultimate power over your pain.

If, after having read this book, you have any suggestions or feedback, or if it has helped you or someone close to you, please get in touch with Nick at: nick@painreliefguy.com.au or on the web at: www.painreliefguy.com.au. He would be very happy to hear from you. Thanks for reading and all the best for a pain-free future.

Chronic Pain Questionnaire

Chronic pain is made up of both physical and emotional components. This questionnaire assesses whether you may have chronic pain by assessing the physical and emotional symptoms which you experience. Your responses will assist your health practitioner to effectively diagnose whether you have chronic pain and will aid with treatment of your symptoms.

Physical Symptoms of Chronic Pain⁷

| | | | |
|---|-----------------------------------|------------------------------|-------------------------------------|
| Where do you have pain? Place a tick for all appropriate sites. | | | |
| Neck <input type="checkbox"/> | Shoulder <input type="checkbox"/> | Arm <input type="checkbox"/> | Upper back <input type="checkbox"/> |
| Lower back <input type="checkbox"/> | Leg <input type="checkbox"/> | Other (state) | |

1. How many days of work have you missed because of pain during the last 18 months? Tick one.

- 0 days (1) 1–2 days (2) 3–7 days (3) 8–14 days (4)
15–30 days (5) 1 month (6) 2 months (7) 3–6 months (8)
6–12 months (9) over 1 year (10)

2. How long have you had your current pain problem? Tick one.

- 0–1 weeks (1) 1–2 weeks (2) 3–4 weeks (3) 4–5 weeks (4)
6–8 weeks (5) 9–11 weeks (6) 3–6 months (7) 6–9 months (8)
9–12 months (9) over 1 year (10)

3. Is your work heavy or monotonous? Circle the best alternative.



Not at all

Extremely

Why Am I In Pain?

4. How would you rate the pain that you have had during the past week? Circle one.



No pain

Pain as bad as it could be

5. In the past three months, on average, how bad was your pain? Circle one.



No pain

Pain as bad as it could be

6. How often would you say that you have experienced pain episodes, on average, during the past three months? Circle one.



Never

Always

7. Based on all things you do to cope or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number.



Can decrease it completely

Can't decrease it at all

8. How tense or anxious have you felt in the past week? Circle one.



Absolutely calm and relaxed

As tense and anxious as I've ever felt

9. How much have you been bothered by feeling depressed in the past week? Circle one.



Not at all

Extremely

Chronic Pain Questionnaire

10. In your view, how large is the risk that your current pain may become persistent? Circle one.



No risk

Very large risk

11. In your estimation, what are the chances that you will be able to work in six months? Circle one.



Very large chance

No chance

12. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one.



Very satisfied

Not satisfied at all

Here are some of the things that other people have told us about their pain. For each statement, circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.

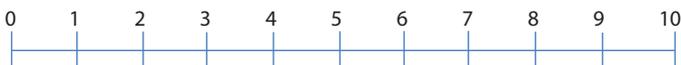
13. Physical activity makes my pain worse.



Completely disagree

Completely agree

14. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

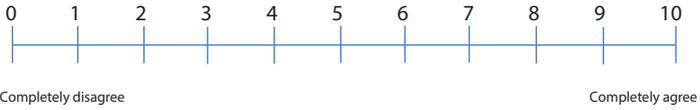


Completely disagree

Completely agree

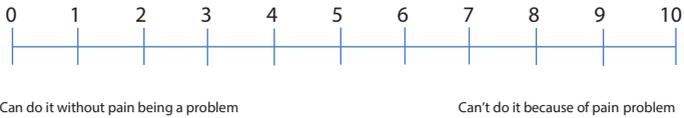
Why Am I In Pain?

15. I should not do my normal work with my present pain.



Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities.

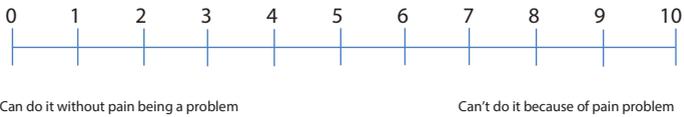
16. I can do light work for an hour.



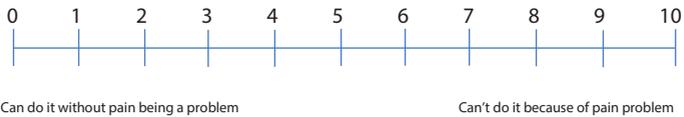
17. I can walk for an hour.



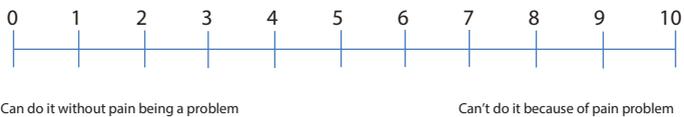
18. I can do ordinary household chores.



19. I can do the weekly shopping.



20. I can sleep at night.



Results for Physical Symptoms Questionnaire

| Question | Your Score |
|-----------------|-------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| TOTAL | /200 |

Emotional Symptoms of Chronic Pain⁸

Please read each statement and circle the number which indicates how much the statement applied to you over the past week.

1. I find it hard to wind down.



Did not apply Applied to me some of the time Often applied Applied very much, or most of the time

2. I was aware of dryness of my mouth.



Did not apply Applied to me some of the time Often applied Applied very much, or most of the time

3. I couldn't seem to experience any positive feeling at all.



Did not apply Applied to me some of the time Often applied Applied very much, or most of the time

4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).



Did not apply Applied to me some of the time Often applied Applied very much, or most of the time

5. I found it difficult to work up the initiative to do things.



Did not apply Applied to me some of the time Often applied Applied very much, or most of the time

Chronic Pain Questionnaire

6. I tended to over-react to situations.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

7. I felt I was using a lot of nervous energy.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

8. I was worried about situations in which I might panic and make a fool of myself.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

9. I felt that I had nothing to look forward to.



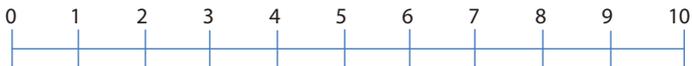
Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

10. I found myself getting agitated.



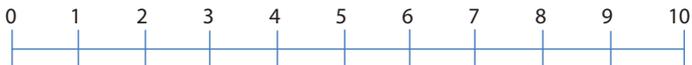
Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

11. I found it difficult to relax.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

Why Am I In Pain?

12. I felt sad and depressed.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

13. I felt I was close to panic.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

14. I found myself getting impatient when I was delayed in any way (e.g. lifts, traffic lights, being kept waiting).



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

15. I felt that I had lost interest in just about everything.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

16. I felt I wasn't worth much as a person.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

17. I felt that I was rather touchy.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

Chronic Pain Questionnaire

18. I felt scared without any good reason.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

19. I perspired noticeably (e.g. hands sweaty) in the absence of high temperatures or physical exertion.



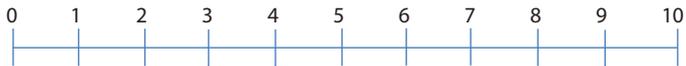
Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

20. I felt that life wasn't worthwhile.



Did not apply

Applied to me some of the time

Often applied

Applied very much, or most of the time

Results for Emotional Symptoms Questionnaire

| Question | Your Score |
|--------------|-------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| TOTAL | /200 |

Overall Results for Chronic Pain Questionnaire

| | |
|---|-------------|
| Your Score – Physical Symptoms Questionnaire | /200 |
| Your Score – Emotional Symptoms Questionnaire | /200 |
| TOTAL SCORE | /400 |

| Total Score | Chronic Pain Diagnosis |
|-------------|--|
| 0 to 50 | Fortunately, your pain does not appear to be chronic, it is likely acute pain. Acute pain states can be brief, lasting moments or hours, or they can be persistent, lasting weeks or several months until the disease or injury heals or resolves itself. The condition has a predictable beginning, middle and end. |
| 50 to 150 | You may have chronic pain. Chronic pain is defined as ' <i>pain that has persisted beyond the normal time and despite the usual customary efforts to diagnose and treat the original condition and injury.</i> ' Many patients with chronic pain have significant losses in ability to perform normal life activities. |
| 150 to 400 | It is likely that you have chronic pain. Chronic pain is a very real condition that is severe, debilitating and significantly impacts on your ability to live a normal life. Please see your health professional for advice as to how to best manage your chronic pain. |

Please submit your score to nick@painreliefguy.com.au or complete our online survey at www.painreliefguy.com.au – our preferred method for completing the chronic pain questionnaire.

I will email you back with more information to help you on your journey from pain to relief.

If you would like any further help or advice from Nick Schuster, you can contact him at: nick@painreliefguy.com.au or on the web at: www.painreliefguy.com.au

Alternatively, you can contact Nick at his clinic – Scarborough Physio and Health – which is located at 93 Landsborough Avenue, Scarborough on the Redcliffe Peninsula, north of Brisbane (Phone: 07 3880 1649).

