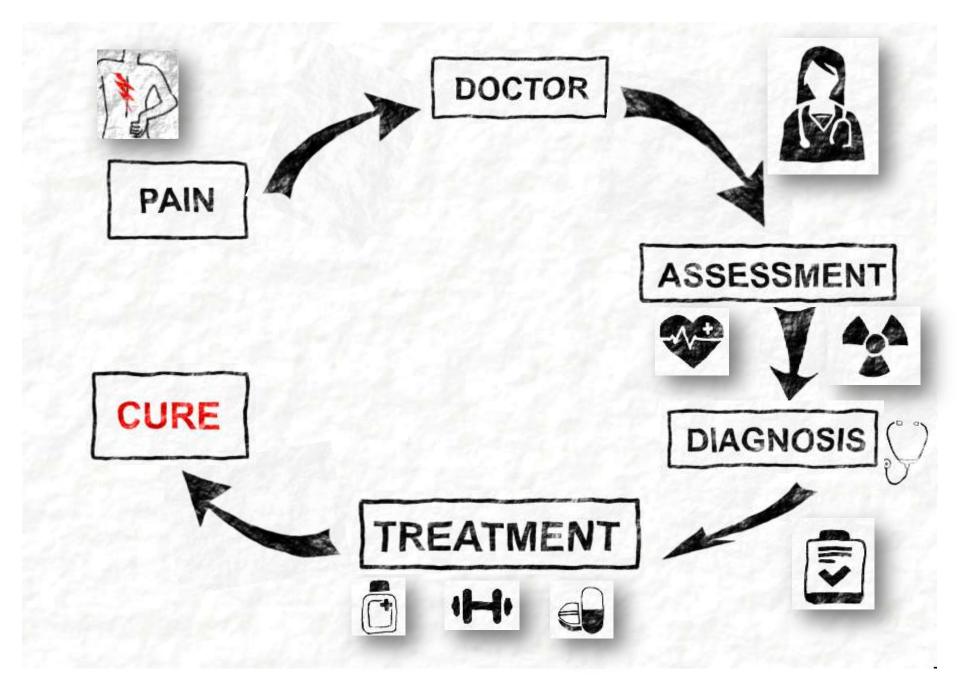
Sussex MSK Partnership

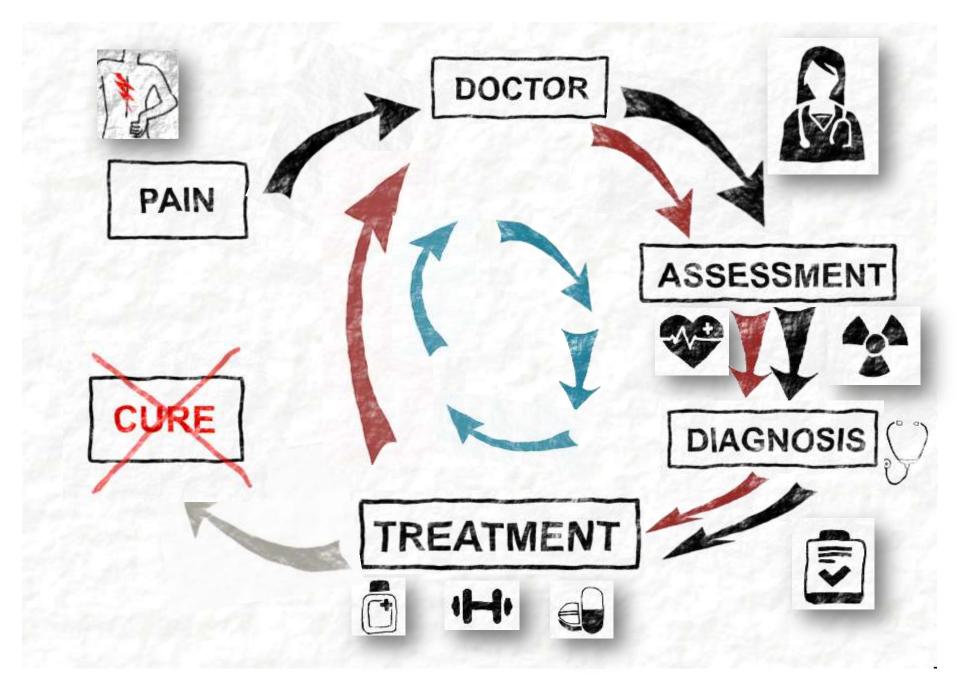
Central

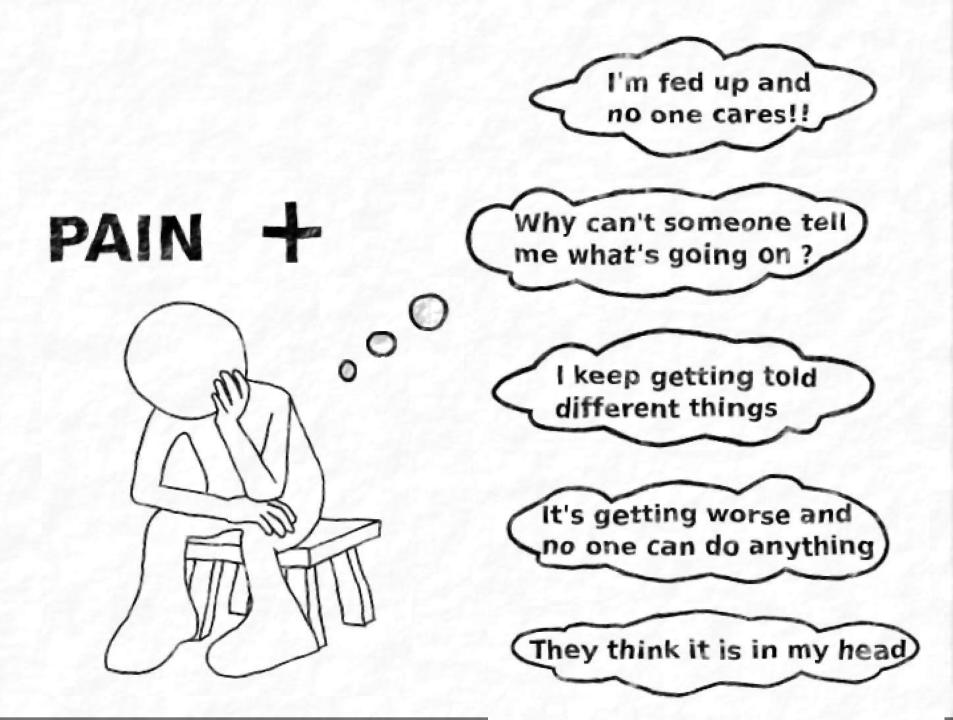
Meeting the Challenge of Chronic Pain

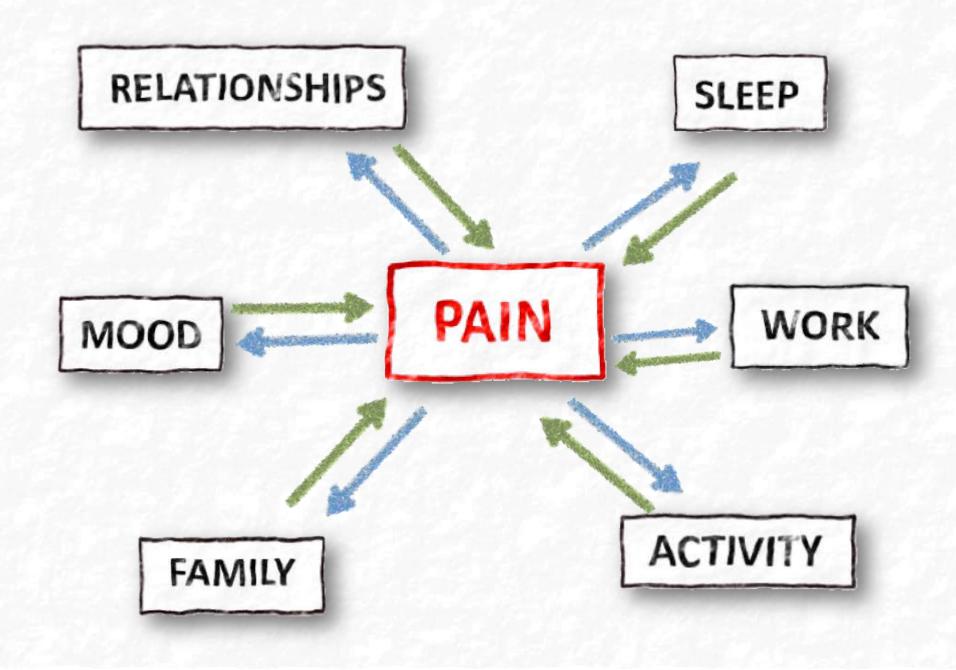
Jonathan Kenyon

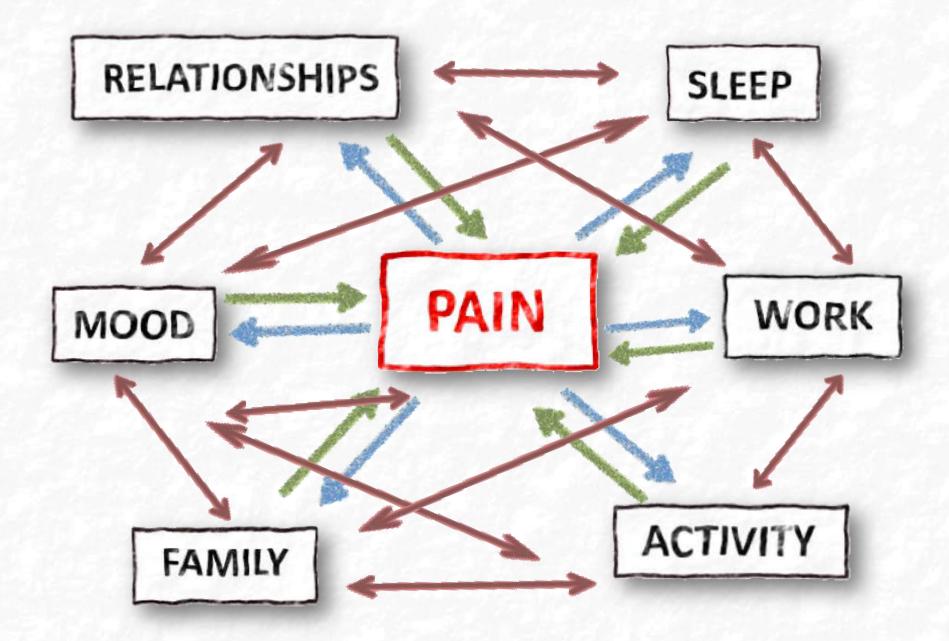
Pain Lead, SMSKP Pain ESP Physiotherapy Clinical Team Lead

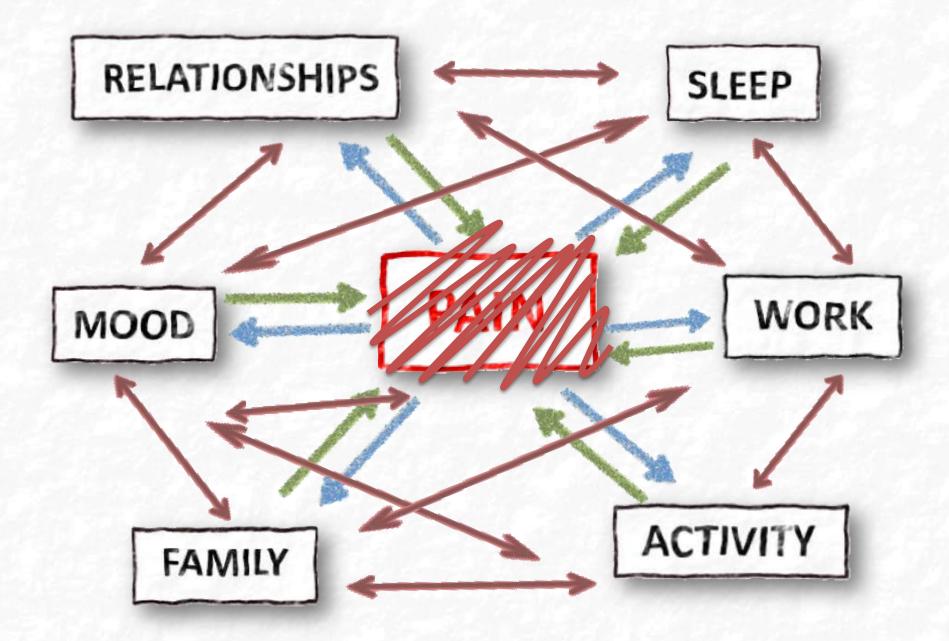
















What do we need to do?



Prevent chronicity developing

- Identify those at risk as early as possible
- Stop the cycle of multiple interventions and investigations
 if possible
- Address patients beliefs and behaviours at the earliest opportunity

Pain is not a single entity



"Unpleasant sensory and emotional experience"

It's associated with fear, anxiety, depression, catastrophising, avoidance, negative thoughts etc. . .

Successful treatments address both experiences

EARLY IDENTIFICATION

STaRT Back:

Identifies people at risk of developing chronicity Allows us to target treatment and prevent the development of secondary problems

LOW RISK – Back Education Group MEDIUM RISK – Physiotherapy HIGH RISK – 1:1 Physio, FRP, PMP, 1:1 Psychology or referral to a pain practitioner (physiotherapist with a special interest in managing chronic pain)

The Keele STarT Back Screening Tool

Patient name:

Date:

Thinking about the last 2 weeks tick your response to the following questions:

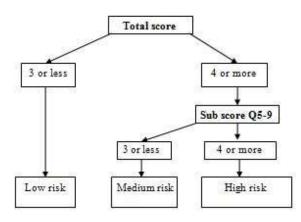
		Dinagree o	Agree
1	My back pain has spread down my leg(s) at some time in the last 2 weeks		
2	I have had pain in the shoulder or neck at some time in the last 2 weeks		
3	I have only walked short distances because of my back pain		
4	In the last 2 weeks, I have dressed more slowly than usual because of back pain		
5	It's not really safe for a person with a condition like mine to be physically active		
6	Worrying thoughts have been going through my mind a lot of the time		
7	I feel that my back pain is terrible and it's never going to get any better		
8	In general I have not enjoyed all the things I used to enjoy		

9. Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
	۰		3	· 10
Total score (all 9):	Sub Score (Q5-9):		

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EARLY IMPLEMENTATION

NON SPECIFIC LOW BACK PAIN

- Initially managed within primary care
- If no improvement within two weeks refer to Physiotherapy
- ? Attach STarT Back to referral

OTHER PAINS

Refer to physiotherapy if you feel that patient's:

- Beliefs and behaviours are affecting their pain
- That they would benefit from advice and information to decrease anxiety and fear about their condition
- Need to be maintain activity

Keele STarT Back Screening Tool

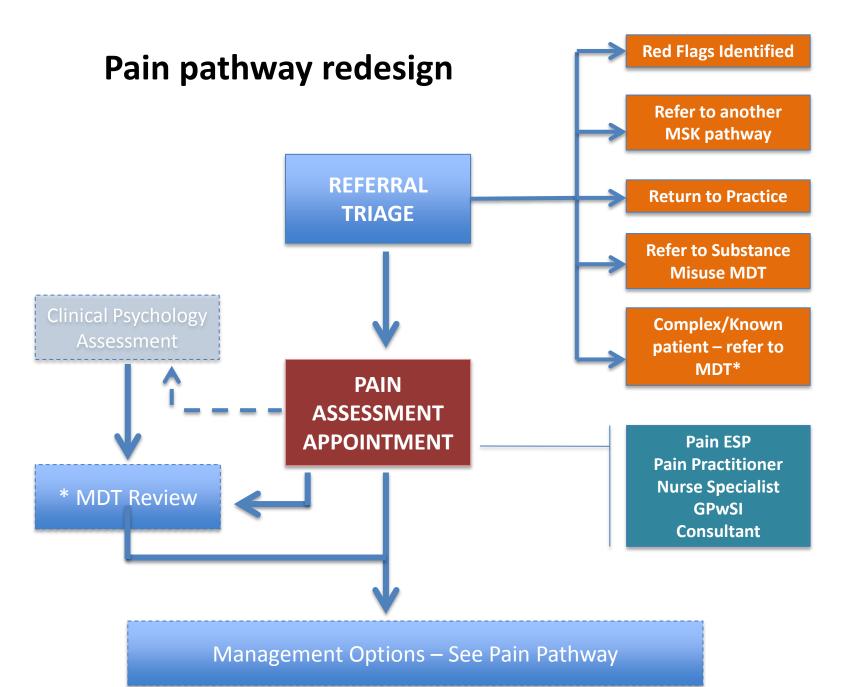
- 1. Has your back pain spread down your leg(s) at some time in the last 2 weeks
- 2. Have you had pain in the shoulder or neck at some time in the last 2 weeks
- 3. Have you only walked short distances because of your back pain
- 4. In the last 2 weeks, have you dressed more slowly than usual because of back pain
- 5. Do you think **it's not really safe** for a person with a condition like yours **to be physically active**
- 6. Have worrying thoughts been going through your mind a lot of the time
- 7. Do you feel that your back pain is terrible and it's never going to get any better
- 8. In general have you stopped enjoying all the things you usually enjoy?
- 9. Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
0	0	0	1	1

3 or less = Low Risk

4 or more (Sub score Questions 5-9)

Sub score 3 or less	= Medium Risk
Sub score 4 or more	= High Risk



Management Options





EARLY IDENTIFICATION

EARLY IMPLEMENTATION

TARGETED TREATMENTSENSORYEMOTIONAL

"SUPPORTED SELF MANAGEMENT SHOULD NOT BE A TREATMENT OF LAST RESORT . . . "