

Patient suffering from persistent pain lasting more than 3 months.

Is patient participating in regular, planned & structured physical activity?

NO - Patient is not currently participating in planned & structured physical activity.

YES - Patient is currently participating in planned & structured physical activity.

ASSESS - Beliefs about movement & planned activity related to chronic pain.

FEAR & RESISTANCE to discussions about activity.
ISSUES performing activities of daily living (ADLs).
LOW awareness of benefits of activity, pacing, & triggers.

OPENNESS to setting daily physical activity goals.
READINESS to utilize activity as a self-management tool.
AWARENESS of the benefits of activity & pacing on pain.

LEVEL 0

High sedentary time & avoidance of movement due to fear of increasing pain.

LEVEL 1

Low awareness of the movement, sedentary time & pain relationship.

LEVEL 2

Interest in activity as a self-management tool & increasing daily movement.

LEVEL 3

Increased confidence, buy-in, & ready to start planned activity.

LEVEL 4

Established movement routine, ready for progression & modalities.

LEVEL 5

Optimization, progression, & individualization of exercise routine.

PATIENT DESCRIPTION

Avoidance of movement due to fear of increasing pain (Kinesiophobia) & belief that exercise does more harm than good.
High perceived barriers to increasing movement.
No knowledge of benefits of movement for chronic pain.
May be avoiding or having assistance with activities of daily living (ADLs).
No awareness of the concepts of flare ups, pacing, or pain triggers.

PATIENT DESCRIPTION

Some hesitancy about starting structured exercise.
May only associate planned exercise as having benefits.
Does not associate non-exercise activity time (NEAT) + reducing sedentary time as having benefits.
May not recognize relationship between sedentary time & pain.
Low awareness of patterns related to flare ups, pushing through pain.

PATIENT DESCRIPTION

Understands importance & benefits of movement for chronic pain.
Increased interest of activity as a self-management tool.
Confident in creating steps goal to increase activity.
Making conscious decisions to reduce sedentary time, increase NEAT.
Recognizing patterns between flare ups, stress, activity level.

PATIENT DESCRIPTION

Confidence in self-monitoring, increasing, & pacing daily activity.
Realizes the benefits & importance of increasing NEAT & reducing sedentary time.
Has ideas for types of planned activities they would like to try.
Increased confidence in preventing & managing flare ups.

PATIENT DESCRIPTION

Confidence with current structured activity routine.
Ready for introduction of new exercise/movement to integrate all aspects of physical activity (strength, stretching, cardio, etc).
Would like to improve their ability to extend/enhance their enjoyed planned activity (ie. stretch/strengthen so they can walk longer durations).
Confident in ability to self-manage flare ups, pace activity, & try new activity modalities.

PATIENT DESCRIPTION

Has established a consistent exercise routine incorporating various exercise modalities.
Is desiring more challenge or variety with regards to their exercise/activity routine.
Interested in individualized exercise plan with prescribed frequency, intensity, time, type.
Highly confident in ability to self-manage flare ups, pace activity, & incorporate new activity modalities.

GOAL/PLAN:

Address fears & assumptions related to movement & pain.
Increase body awareness, benefits of exercise for chronic pain.

GOAL/PLAN:

Establish baseline activity level & tolerance (steps).
Educating on benefits of activity on pain & mood.
Increase awareness of patterns between activity levels & chronic pain.
Introduce concept of breaking up sedentary time with short periods of activity (walking around the house).

GOAL/PLAN:

Review current/baseline activity level.
Setting daily activity goal above established baseline increasing tolerance in a safe manner.

GOAL/PLAN:

Introduction of planned, structured activity. Consider involving a support person for increased feelings of safety.
Focus on an activity that:
- Patient enjoys
- Patient has done before
- Patient feels safe doing
- Is aligned with functional goals
- Is accessible & easy to integrate into their schedule
Focus is on habit building & celebrating "just showing up".
A 1-2/10 point increase in discomfort is normal as long as it is transient & doesn't lead to a flare up.

GOAL/PLAN:

Addition of variety of exercise modalities that could benefit function & address all aspects of physical activity.
For example, an established walking routine could have a flexibility or resistance training component added.
Focus on quality over quantity. If incorporating flexibility or resistance components, find 2-3 movements the patient would like to try. Continue to build confidence & consistency with the new exercise or activity.

GOAL/PLAN:

Optimize & progress exercise routine based on functional goals & occupational needs.
Ensure patient has a flare up plan & understands to adapt activity during these times.
[Flare Up Plan](#)

PRESCRIPTION:

Explain safe vs. unsafe pain.
Explain deconditioning cycle, how avoiding movement contributes to weaker muscles & cardiovascular system. May cause higher pain when movement required.
Introduction of 360 breathing technique.

PRESCRIPTION:

Monitoring & tracking of activity for 14 days, consider step tracking.
Work with patient to set up activity tracker on their phone or activity diary.

PRESCRIPTION:

Set goal of increasing amount of activity by 5-10% each week.
(For example, if the patient's average is 2000 steps per day, try for 2100-2200 steps per day over the next week).
Encourage pt to reflect on relationship between activity & overall daily function, "good" pain days, flare ups.

PRESCRIPTION:

Start low, go slow: Set goal of 1-3 bouts of planned low intensity exercise, 8-10 minute intervals per day to start.
Duration can be gradually increased based on patient comfort & confidence.
Consistency is key.

PRESCRIPTION:

Addition of 1 x 10 minute bout of new exercise modality, 2-3 times per week.

PRESCRIPTION:

Encourage continued consistency.
Suggest a variety of activities that build in all areas of physical activity: strength, balance, cardio, & flexibility.

Follow up 3-4 weeks to re-assess progress & level in exercise pathway.

RESOURCES (Levels 0 - 3)

Referral Based & Programs

- [Alberta Virtual Chronic Pain Program](#)
- [Alberta Healthy Living Program \(AHL P\)](#)
- [AHS Calgary Chronic Pain Centre](#)
- [FibroFOCUS](#)
- Community-based Chronic Pain support groups
- Primary Care Network (PCN) Resources:
 - Primary Care Network (PCN) Pain Programs
 - PCN Kinesiologists
 - *Contact your local PCN representative for more information*

Patient Resources

- [Retrain the Brain: Andrea Furlan](#)
- [Pain BC: Self Management BC Online Classes](#)
- [Pain Diary](#)
- [Flare Up Plan](#)

RESOURCES (Levels 4 & 5)

Patient Resources

- [23 1/2 Hours: Dr. Mike Evans](#)
- [Pain BC: Self Management BC Online Classes](#)

Referral Based & Programs

- [Prescription to Get Active](#)
- [Alberta Healthy Living Program \(AHL P\)](#)
- [FibroFOCUS](#)
- Community-based Chronic Pain support groups
- Primary Care Network (PCN) Resources:
 - Primary Care Network (PCN) Pain Programs
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GUIDING PRINCIPLES & CONVERSATION ENABLERS

FOR PATIENTS CHARACTERISTIC OF LEVELS 0-3:

- **Focus on language using terms such as movement or activity vs. "Exercise".**
 - Reduce perceived barriers & assumptions
 - People often associate "exercise" with a requirement to go to a fitness centre/gym or using specialized equipment.
 - This creates a potential barrier if there are financial constraints, space constraints, or a level of discomfort going to a fitness facility.
 - Movement is movement
 - It doesn't need to be complicated, doesn't require specialized equipment, & can be done anywhere.
 - Focus on increasing movement vs. structured traditional exercise.
- **Focus on increasing feelings of safety around movement & planned activity.**
 - Finding out what safety means to the patient in the context of movement & find ways to increase feelings of safety around the patients planned movement periods.
 - I.e. Although walking may be considered an appropriate lower intensity activity, a patient's fear of falling or being stranded far from home when walking outside may increase sensitization to pain when considering/performing planning walking.
 - Consider what would enable the patient to feel safer about the situation (treadmill in their house, starting by walking up & down the driveway or back & forth on their block, getting a family or friend to join on their walk, joining a mall-walking program).
 - Find out what activities/hobbies they enjoy & consider starting by building on those to increase confidence & activity levels (ie. gardening).
- **Emphasize the positive effects of increasing NEAT (non-exercise activity time) & planned, structured activity.**
- **Modification of prescribed movement to improve convenience or align with patients "pain pattern".**
 - I.e. Modifying a lying lower back stretching program to seated chair stretches if the patient has trouble getting up & down from the ground or getting them to do their stretches on their bed/couch to make it easier to get up.
 - Seated (biking) vs. standing (walking).
- **Enjoyment (or lack thereof) for certain activities may play a role in what is or is not possible for the patient - may not be aligned with traditional clinical assessment especially in the presence of mental health issues.**
 - I.e. A patient finds difficulty in completing basic lower back stretches or walking due to increases in pain, however is able to participate in "higher intensity" leisure/recreation activities without issues - focus on building on their leisure activities or tailoring exercise prescription to relate to the activities they enjoy.

FOR PATIENTS CHARACTERISTIC OF LEVELS 4&5:

- Tailor exercise prescription based on occupational goals/realities.

CONSIDERATIONS FOR ALL CONVERSATIONS:

- **Provider buy-in & belief in effect of treatment improves outcomes.**
- **Focus on quality of life & function-related goals.**
 - What activities of life are important to the patient? Center conversations about movement around improving their ability to perform occupational tasks, enjoyable tasks.
- **Reframe passive therapies/interventions as tools to aid in increasing activity & movement vs. silver bullet solutions independent of activity.**

CONTRAINDICATIONS

- Discussing Canada's or other health organization physical activity guidelines not specifically developed for individuals suffering from chronic pain - can create unrealistic or seemingly unattainable standard for "normal" or what is expected of the patient.
- Placing emphasis on diagnostic imaging to determine appropriate exercises.
- Unfounded restrictions on certain movements/exercise modalities.
- Focus on passive therapies (massage, physiotherapy) & interventions (joint injections) as replacements to increasing activity levels.
- Refrain from "wait to start until" messaging (for example: patients waiting for total knee/total hip replacement). Better strength, conditioning, higher activity levels, and "prehabilitation" within pain tolerance prior to surgery may enhance post-surgical outcomes.