

Pain SIG Newsletter

Spring Newsletter

April 2022

It Takes an Army to Move a Mountain

Special points of interest:

- Pain Summit Summary
- Webinar: Basics of Pain Neuroscience
- Webinar: Pain Science and Pelvic Health
- Article: Sleep and Chronic Pain
- Article: Achilles Tendinopathy

Inside this issue:

- Message from Pain SIG Chair 1
- Pain Summit Summary 1
- Upcoming Educational Events 2
- Membership Update 2
- Clinical Pearls 3
- Article Abstract – Sleep and Pain Sensitivity 3
- Article Abstract — Achilles Tendinopathy 4

“The man who moves a mountain begins by carrying away small stones.”

—By Confucius

People who experience persistent symptoms can often feel isolated and alone. They may have seen several providers who are all claiming different ideas, have tried different treatments, and have promised great results. However, at the end of the day it appears nothing has really made much of a difference. They then get caught up living with this idea of who they were in the past and worry for what the future may bring. The stigma and discrimination associated with their condition becomes daunting, and they resist seeing any other provider as they have already lost hope countless times.

Have you ever seen someone in a situation like this? Maybe they have multiple diagnoses, catastrophizing thoughts, a whirlwind of emotions, and live in a poorly supported household.

So where do you even begin? How can ONE person manage all these variables? Clinicians can become stuck just like many of our patients we see and can feel just as isolated and alone not knowing where to go or how to help this individual with such a complex history.

No one said it was going to be easy, and if it were, many of us probably wouldn't have jobs. Treating and managing complex pain can be very cumbersome. If you work with a population experiencing complex or persistent symptoms, it doesn't take long for you to really feel the fatigue. To make matters worse, the moment you may make some headway and help your patient gain some confidence and resilience, another practitioner goes and fear mongers your patient all the way back to their original beliefs and struggles that led them to the persistent symptoms in the first place.

It truly takes an army when you are trying to move someone's mountain of pain. As the great philosopher Confucius acknowledges above, every mountain begins by carrying away small stones. And the more people to assist you, the more efficient you become.

The reality is, it doesn't matter what setting you work in, what your prior experience is, or where your current knowledge lies, we all need support when working with persistent pain. As a valued member of the Pain SIG, we are here to provide that support. Let us be your army to assist you with the care you provide to your patients and the community you work in.

We have created several avenues for you to take advantage of so no matter what you are struggling with, you are never alone. I'm sure one way or another, several of us have been in similar shoes and the best way through to is to help each other out.

I am proud to see where this group has started and what it has become, but that doesn't mean we can't improve upon it. With approximately 2 million people experiencing persistent pain in Michigan, we have a lot of work to do. Whether you want to be a lurker on the social media pages, a contributor to conversation, or a guide to others who present a problem, we can use your help.

The more people we have working together on similar issues, the easier it is to move the mountain that has devastated so many lives. If you have are interested in learning more or have a colleague who may who might be interested in joining our army, please consider reaching out to anyone the leadership team. The bigger we are, the stronger we become.

Chair: Cameron Faller, PT

Pain Summit Success!

On April 2, 2022, the APTA Michigan hosted it's 4th Pain Summit in Kalamazoo, Michigan. After having to be virtual last year due to the COVID-19 pandemic, the in-person conference was a welcomed event. The conference was attended by a variety of PTs, PTAs and students of both PT and PTA programs. Within the pain track, the first talk of the day was presented by Leonard VanGelder who spoke on the Human Movement Framework. The framework is designed to assist professionals in fully utilizing the biopsychosocial model of pain to improve treatment of their patients using psychologically in-

formed practice. Mid-afternoon brought Dr. Evan Parks to the stage with his talk on Acceptance and Commitment Therapy (ACT) principles for the treatment of chronic pain. Using references and metaphors from his clinical experience, Dr. Parks took attendees through the process he utilizes in his practice. Finally, Sarah Haag spoke on the topic of pelvic pain. Her expertise and experience brought treatment approaches that would assist clinicians in any setting to help their patients with pelvic pain. Sections were well attended at over 100 people for each talk. The majority of those in attendance were

engaged and the energy during each session was positive. The Pain Summit this year was a success and those involved are looking forward to planning programming that will continue to bring different concepts and areas of treating pain to clinicians and give them tools to better serve their patients.

Secretary: Erin Spruit, PT

Upcoming Event: The Basics of Pain Science

This one-hour webinar is designed to provide a brief introduction to the current neuroscience of pain.

Below are the learning objectives for the webinar:

- Describe the societal problem of pain
- Understand individual professional responsibility and general opportunities for the profession
- Biomechanical postural structural vs biopsychosocial mechanisms of pain
- Define pain and pain mechanisms
- Determine how and when to assess mechanisms
- Understand the meaning response and the power of story
- Outline the steps to get started in more effective pain management



Zoom link

[:https://aptami.org/events/webinars/?recID=43A5AD91-5056-A04E-37AE5B2B64DDD5DE](https://aptami.org/events/webinars/?recID=43A5AD91-5056-A04E-37AE5B2B64DDD5DE)

Communications Director: Angela Van-
Nostrand, PT

Educational events

are held virtually
over Zoom through
the corresponding
links.

Upcoming Event: Pain Science and Pelvic Health

This is a 12-hour continuing education course designed for pelvic health rehab specialists. This course expands knowledge, experience, and treatment in understanding and applying pain science to the chronic pelvic pain population. This course also provides a thorough introduction to pain science concepts such as pain mechanisms, peripheral pain

generators, peripheral and central sensitization among others.

Below are lecture topics for the webinar:

- History of pain
- Pain physiology
- Central and peripheral sensitization
- Sensitization in chronic pelvic pain conditions
- Therapeutic alliance

Zoom link:

<https://hermanwallace.com/continuing-education-courses/pain-science-for-the-chronic-pelvic-pain-population-remote-course/remote-course-may-21-22-2022>

Communications Director: Angela Van-
Nostrand, PT

Membership Update

Our Pain SIG membership jumped from 41 to 192 members after the very successful Pain Summit!

If you have not done so already, please consider joining the Pain SIG with the APTA-Michigan, which is FREE to members of APTA-Michigan! Please note, the APTA now offers an option to pay membership dues on a monthly basis instead of one lump sum.

Pain SIG Members receive numerous benefits and resources to help treat patients.

These include:

- Monthly clinical pearls authored by Pain SIG board members
- Information about upcoming educational events
- Pain resources for clinicians

To officially register please go to: [Join Pain SIG](#) and click the "join SIG" button. This will open a page where APTA-Michigan members select the "Michigan Physical Therapy Pain SIG" then click "save."



If you have any questions, please feel free to reach out to the leadership team, whose contact information is located on the last page of the newsletter.

Membership Director: Sarah Case, PT

Upcoming Clinical Pearls

April 2022

Every month, the Pain SIG members will have the chance to gain some clinical pearls that members of the board will be posting. These will be in the form of blogs, article reviews, updates of literature, etc. and meant to be easily comprehended and useful for clinical practice. These will be sent through email and on the Pain SIG website to members who have signed up for this group.

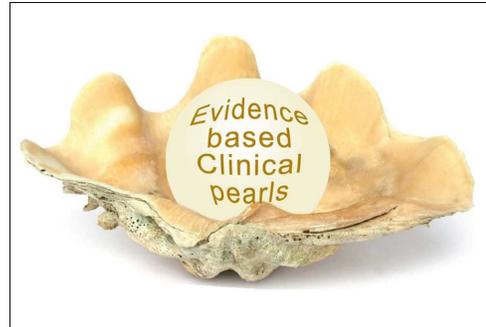
Here are the upcoming topics for the second quarter:

- April: Placebo/Nocebo
- May: Exercise with Pain Science
- June: Pediatric Pain

For more information, check out our webpage on:

- [The APTA-MI website](#)
- [The Facebook page](#)

Secretary: Erin Spruit, PT



Article 1: Sleep and Pain Sensitivity in Adults

Title: [Sleep and Pain Sensitivity in Adults](#)

Authors: Siversten B, Lallukka T, Petrie KJ, et al.

Year/Volume/Issue:
2015;156(8)

DOI: [10.1097/j.pain.000000000000131](#)

Abstract:

Sleep problems and pain are major public health concerns, but the nature of the association between the 2 conditions is inadequately studied. The aim of this study was to determine whether a range of sleep measures is associated with experimental increased pain sensitivity. A cross-sectional large population-based study from 2007 to 2008, the Tromsø 6 study, provided data from 10,412 participants (age: mean [SD], 58 [13] years; 54% women). Self-reported sleep measures provided infor-

mation on sleep duration, sleep onset latency (SOL), and sleep efficiency, as well as frequency and severity of insomnia. The main outcome measure was pain sensitivity tests, including assessment of cold-pressor pain tolerance. We found that all sleep parameters, except sleep duration, were significantly associated with reduced pain tolerance. Both the frequency and severity of insomnia, in addition to SOL and sleep efficiency, were associat-

ed with pain sensitivity in a dose-response manner. Adjusting for demographics and psychological distress reduced the strengths of the hazard ratios, but most associations remained significant in the fully adjusted models. There was also a synergistic interaction effect on pain tolerance when combining insomnia and chronic pain. We conclude that sleep problems significantly increase the risk for reduced pain tolerance. Because comorbid sleep problems and pain have been linked to elevated disability, the need to improve sleep among patients with chronic pain, and vice versa, should be an important agenda for future research.



AMA Citation:

Siversten B, Lallukka T, Petrie KJ, et al. Sleep and pain sensitivity in adults. *Pain*. 2015;156(8):1433-1439. Doi: [10.1097/j.pain.000000000000131](#)

Vice Chair: Dustin Karlik, PT

Quality sleep is significantly associated with reduced pain tolerance.

Article 2: RCT Comparing Treatments for Achilles Tendinopathy

Title: [No Difference in Clinical Effects When Comparing Alfredson Eccentric and Silbernagel Combined Concentric-Eccentric Loading in Achilles Tendinopathy: A Randomized Controlled Trial](#)

Authors: Habets B, Cingel REH, Backx FJG, et al.

Year/Volume/Issue: 2021;9(10)

DOI: [10.1177/23259671211031254](https://doi.org/10.1177/23259671211031254)

Abstract:

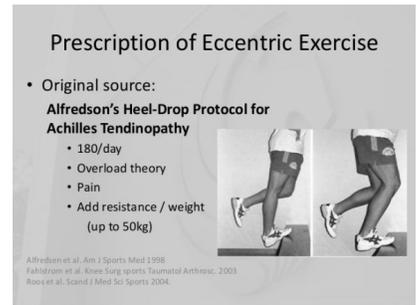
Background: Alfredson isolated eccentric loading and Silbernagel concentric-eccentric loading have both shown beneficial effects on clinical symptoms in midportion Achilles tendinopathy (AT), but they have never been compared directly.

Purpose: To test for differences in clinical effects at 1-year follow-up between Alfredson and Silbernagel loading in midportion AT.

Study design: Randomized controlled trial; Level of evidence, 2.

Methods: A total of 40 recreational athletes were allocated to the Alfredson group (AG) or the Silbernagel group (SG). The primary outcome was the difference in the Victorian Institute of Sports Assessment-Achilles (VISA-A) at 1-year follow-up. Secondary outcomes were the visual analog scale for pain during activities of daily living (VAS-ADL) and sports activities (VAS-sports), the EuroQol 5 Dimensions instrument (EQ-5D), and global perceived effect score. Measurements were performed at baseline and 12-week, 26-week, and 1-year follow-up. Analysis was performed using a linear mixed-regression model with intervention (AG vs SG), time (12 weeks, 26 weeks, and 1 year postoperatively), and intervention-by-time interaction.

Results: The VISA-A score improved for both AG and SG, from 60.7 ± 17.1 at baseline to 89.4 ± 13.0 at 1-year follow-up and from 59.8 ± 22.2 to 83.2 ± 22.4 , respectively ($P < .001$ for both). Because the interaction term did not significantly im-



prove the model, we reported a treatment effect without interaction term, indicating a constant difference at each follow-up. The linear mixed model with correction for baseline VISA-A and confounders revealed a nonsignificant treatment effect (2.4 [95% CI, -8.5 to 13.3]; $P = .656$). In addition, after adjustment for the respective baseline values and confounders, nonsignificant treatment effects were found for the VAS-ADL (-2.0 [95% CI, -11.3 to 7.3]; $P = .665$) and VAS-sports (1.3 [95% CI, -12.8 to 15.3], $P = .858$). The EQ-5D subscales improved in both groups. After 1 year, significantly more SG participants considered themselves improved (77.3% [SG] vs 50.0% [AG]; $P = .04$).

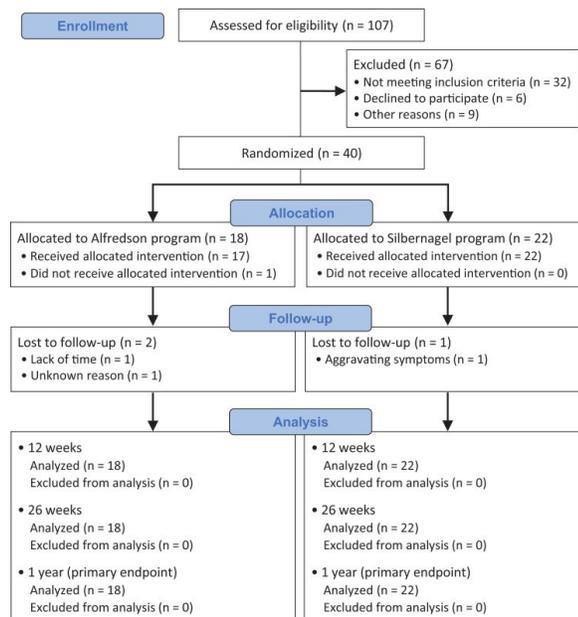
Conclusion: No differences in clinical effects were found between Alfredson and Silbernagel loading at up to 1-year follow-up. Both programs significantly improved clinical symptoms, and given their high adherence rates, offering either of them as a home-based program with limited supervision appears to be an effective treatment strategy for midportion AT.

AMA Citation:

Habets B, van Cingel REH, Backx FJG, et al. No difference in clinical effects when comparing alfredson eccentric and silbernagel combined concentric-eccentric loading in achilles tendinopathy: a randomized controlled trial. *Orthop J Sports Med.* 2021;9(10). Doi: [10.1177/23259671211031254](https://doi.org/10.1177/23259671211031254)

Vice Chair: Dustin Karlik, PT

No differences were found when comparing Alfredson and Silbernagel loading for Achilles Tendinopathy.





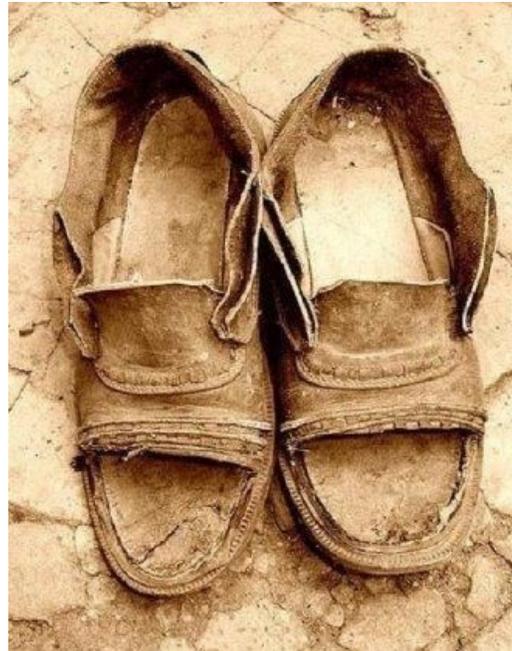
APTA-Michigan

The APTA Michigan (APTA MI) is a professional, non-profit organization and serves as a component of the American Physical Therapy Association (APTA).

WE ARE ON THE WEB!
[APTA-MI PAIN SIG](#)

APTA-MI Pain SIG Mission Statement:

The APTA Michigan Pain SIG is the nation's first state chapter pain SIG. It was created to promote excellence in pain education, treatment, and research and to improve the knowledge base and skill of physical therapy professionals in Michigan in the treatment of persons in pain. And to change the common cultural understanding of pain to further the goal of decreasing the burden of persistent pain in our state.



If you could walk in my shoes

If you could walk in my shoes,
You would see, I paid my dues,
I worked hard my whole life through.
Even though, I no longer do.

You would see how hard I tried,
You would see how hard I cried,
Can't you see, my condition is real,
Even though you can't see what I feel.

Your support could lift me up,
That would be amazing luck,
My disability; you can't see,
But I need you to believe in me.

Trust me when I say,
A friend could make my day,
Please lend a helping hand,
With your support, I can stand.

A little help goes a long way,
A good friend won't turn away,
A little kind word can lift my soul,
A little kind word can make me whole.

Manuela McPhee May 23, 2009

Pain SIG Board Members

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