CAOT Position Statement Pain Management and Occupational Therapy (2012)

The Canadian Association of Occupational Therapists (CAOT) believes people of all ages in Canada have the right to pain management services. Occupational therapists have the knowledge, skills and expertise to address pain management at individual client, community and policy levels. Occupational therapists utilize interventions that focus on optimizing occupational performance and engagement, developing self-efficacy and pain self-management skills, acquiring pain health literacy, and the prevention of chronic, enduring pain.

Recommendations for occupational therapists

1. Occupational therapists develop relationships with relevant organizations (e.g. Canadian Pain Society) and stakeholders to promote public awareness and access to pain management services.
2. Occupational therapists promote the development of research among stakeholders that will advance best practices in pain management.
3. Occupational therapists engage in continuing professional development to adopt best practices based on research for quality outcomes in pain management.
4. Occupational therapists engage in practices that integrate quality pain management services with other services for other health conditions across the lifespan and with particular attention to vulnerable populations (such as children, persons with disabilities, and persons with dementia).
5. Occupational therapists employ and participate in the development of valid assessment tools focused on functional outcomes of relevance to client groups.

CAOT Initiatives

To enable occupational therapists to deliver quality pain management services, CAOT will:

1. Advocate for involvement of occupational therapists in pain prevention and management as an integrated aspect of intervention across the diversity of client populations.
2. Collaborate with national groups such as the Canadian Pain Coalition to advocate for public awareness and occupational therapy as an integral aspect of multidisciplinary pain management services or programs.
3. Promote occupational therapy specific and interdisciplinary research studies that expand the knowledge base for pain management specifically as it relates to functional, client-relevant outcomes.
4. Promote educational content and material that meet practice needs.

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Background

1. One in every five Canadian adults lives with chronic, enduring pain (Canadian Pain Coalition 2011) and the incidence of ongoing pain in children is rising (Moulin et al., 2002). Pain costs individual Canadians an untold degree of suffering and lost productivity. The social cost is estimated to reach over $10 billion annually by 2025 (Phillips & Schopflocher, 2008). Pain that is not managed has a major impact on quality of life and ability to function (Canadian Pain Coalition & Canadian Pain Society, 2011).Pain is one of the most frequent reasons people seek healthcare for themselves and their children (LaChapelle, 2004) and occupational therapists regardless of the client's condition or age group will be working with people who have pain. For example, childhood pain is estimated to be present in 24-80% of some chronic conditions. Children can have pain because of musculoskeletal problems (like juvenile idiopathic arthritis), chronic diseases (for example inflammatory bowel disease and cancer), and a range of neurological and sensory processing conditions (such as Cerebral Palsy, Autistic Spectrum Disorders, and Fetal Alcohol Syndrome Disorder) (International Association for the Study of Pain (IASP), 2004; Finley, Franck, Gronau & von Baeyer, 2005). Persons who are aging, and particularly those with dementias experience a high prevalence of pain that can lead to significant cognitive and physical functioning deficits, premature institutionalization, isolation and depression (Brown 200 9; IASP, 2007; Shega et al., 2007). Chronic pain in the working age adult population in Canada is estimated at 29% (Moulin et al., 2007).

2. Pain is under-assessed and consequently under-managed across the life spectrum and particularly in vulnerable clients (such as children and persons with dementia) where pain is erroneously assumed to be a side effect of the primary diagnosis (Brown 2009; Lindsay et al., 2010). In actuality pain and other chronic health conditions (such as diabetes, cerebral palsy, depression, obesity and multiple sclerosis) have a bidirectional nature such that improvements in one can lessen the effect of the other and vice versa.

3. Congruent with the International Association for the Study of Pain (IASP), occupational therapists believe that the experience of pain is bio-psychosocial. As such, pain impacts all aspects of occupation and being across the life span and can be associated with the full range of physical and mental health conditions.

4. Occupational therapy services enable people to engage in everyday living through occupation (Townsend & Polatajko, 2007). Occupational therapists provide a diverse range of pain management interventions across the domains of physical, emotional and spiritual occupational performance. Through their overarching focus on occupational engagement, occupational therapists make a unique contribution to pain prevention and management programs. Occupational therapy pain interventions commonly include ergonomic assessment and of potential pain related risk factors, environmental modification to promote musculoskeletal health and limit or reduce painful joint stress, prevent tissue trauma, and facilitate injured workers return to employment (Strong, Unruh, Wright & Baxter 2002; Schaafsma, Schonstein, Whelan,Ulvestad, Kenny,& Verbeek, 2010); relaxation and sleep facilitation techniques (Persson, Veenhuizen, Zachrison,& Gard (2008); Roehrs &Workshop 2009); pain health literacy and self-management programs (Carrington Reid, Papaleontiou, Ong, Breckman, Wethington, & Pilleme 2008) and cognitive-behavioral and other mental health interventions to address loss, depression and self-efficacy (Hammond, Young & Kidao 2003; Skjutar, Schult, Christensson,& Müllersdorf 2010). Psycho-educational interventions, such as pacing of activity with rest and pain

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management strategies are used by occupational therapists to promote occupational engagement despite pain. Additionally, innovative interventions, such as mirror therapy (Cacchio, De Blasis, De Blasis, Santilli, & Spacca, 2009) developed out of the recent advances in our understanding of neuroplasticity and interventions addressing the overlooked areas of spirituality and meaning in pain (Brown, Dick & Berry 2010; Haines Szafran 2011) have a growing evidence base to guide advances in practice.
5.Reliable and valid physical and psychosocial tools appropriate for pain assessment (Turk & Melzak, 2011) include the Canadian Measure of Occupational Performance (COPM) which has been tested with chronic pain clients (Carpenter, Baker & Tyldesley, 2001). However, additional tools to measure functional outcomes of relevance to clients are still in development. Occupational therapist researchers have much to offer in the measurement development work yet to be done.
6.The International Association for the Study of Pain has developed clear guidelines for occupational therapy curriculum in pain management (IASP http://www.iasp-pain.org/AM/Template.cfm?Section=Therapy). Updated guidelines delineating the unique focus on maintenance of function and occupational performance that underpins occupational therapy intervention in pain are expected to be published in 2013.

Glossary of Terms

Enabling (verb) – Enablement (noun): Focused on occupation, is the core competency of occupational therapy – what occupational therapists actually do – and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power inequities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2007).

Occupational therapy: is the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007).

Occupations: Everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002); a set of activities that is performed with some consistency and regularity; bring structure and are given meaning by individuals and a culture (adapted from Polatajko et al., 2004 and Zimmerman et al., 2006).

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Additional on-line resources

http://www.chpca.net/Home
Canadian Pain Society www.canadianpainsociety.ca
Canadian Pain Coalition http://www.canadianpaincoalition.ca/
International Association for the Study of Pain (IASP) www.iasp-pain.org

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