

POSITION STATEMENT TEMPLATE

Occupational Therapists in Pain Management Position Paper

Summary Statement of Position

This position statement

- 1. Explore the role of OT in pain management*
- 2. Clarify overlapping areas of practice with other disciplines*

Introduction: The Occupational Therapy Profession

Occupational therapy is a client-centered health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement¹.

Purpose of Position Statement:

In 2010 the National Pain Strategy, which aims to address the impact of pain on the general population of Australia, was released after consultation with a range of stakeholders. The mission of the National Pain Strategy is: “To improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community. “ Occupational Therapists, through their strong client centered and functional focus, make an important contribution to pain management services and achievement of the National Pain Strategy Mission.

The purpose of this statement is to outline the role of occupational therapy in pain management.

This position statement will inform consumers, clinicians, academics, health service managers, professional associations and government bodies as to occupational therapy practice in pain management, and will inform service and policy development at a local and national level.

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Policy and Environmental Context:

The “high price of Pain” collated by Access Economics in collaboration with the MBF and the university of Sydney Pain Management Research Institute was published in 2009. It estimated that in Australia 1 in 5 people experience chronic pain. The economic cost of chronic pain is the third highest of any health condition, behind musculoskeletal and cardiovascular disorders with estimated costs to Australia in 2009 at 34 billion per annum. The report noted that chronic pain is not just a condition of the older adult and the elderly but is also prevalent in the adolescent and younger adult, with significant impact on their developmental opportunities.

It highlighted the fact that “pain relief must not be the only goal. Treatments need to address functional goals and obstacles to progress” (Access Economics 2009).

Occupational Therapists are key stakeholders in pain management services, given their core premise is to optimize occupational performance and engagement.

In 2010 the National Pain Strategy was developed after extensive discussions with a range of stakeholders. This strategy is the first of its kind in the world and aimed to address the impact of pain on the general population of Australia. The current position statement has been developed with close consideration of the national Pain Strategy and the Access Economics publication.

The Role of Occupational Therapists in Pain Management:

Occupational therapists work with a wide range of individuals over the age spectrum. They work in acute, rehabilitation, community, mental health, case management and policy settings and frequently deal with those experiencing chronic pain, either as the primary problem or co existing with other diagnoses.

Assessment:

Occupational Therapists can provide a detailed understanding of the impact that pain has on an individual’s usual daily functioning. Occupational therapists are skilled in understanding the breadth and complexity of engaging in daily tasks and the influence of the environment and social milieu in supporting or hindering engagement.

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occupational therapists utilise client-centered and evidence-based tools such as the Canadian Occupational Performance Measure to explore occupational performance deficits in the areas of self-care, productive roles and leisure. Objective measures are conducted through observation of performance in a variety of environments such as home, work and community, not just clinical settings; this optimises client centered care and understanding.

Interventions:

Occupational Therapists work with individuals and their carers to provide a broad, holistic skill set to pain management that is sensitive to physical, psychological, cognitive, cultural, spiritual, life stage and environmental factors. Interventions can be provided through single discipline services and in multi-disciplinary settings and are focused on decreasing pain states, enabling occupational engagement and problem solving barriers to such engagement.

Occupational therapy interventions are relevant for acute and chronic pain states, and in a range of specialist areas not just confined to pain management, such as palliative care, neurological settings, mental health rehabilitation and occupational rehabilitation services. Interventions are embedded in current evidence based practice and are subject to outcome evaluation with the aim of improved service delivery over time.

Interventions offered by occupational therapists include:

1. Neuroscience based Pain Education for the individual and relevant family and relational supports.
2. Functional goal setting that is lifespan appropriate and takes into account the person's developmental stage, family, education and social contexts, and emotional, social, physical and cognitive capacities.
3. Creation of therapeutic environments to promote engagement in meaningful tasks.
4. Assisting family members/ carers to develop co-regulation strategies that support function. This may also involve the provision of family based group therapy in the paediatric setting- Acknowledging the significant impact of pain on parents and siblings and "harnessing" parental input by coaching parents to effectively apply behavioural strategies to support their child's progress
5. Sensory integration/ processing / modulation techniques to assist the individual to self-organise their nervous system in order to optimise occupational performance and adaption.
6. Sensory Re-education. Providing graded sensory input through meaningful daily activities.

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7. Provision of assistive devices to support function.
This may also include prescription of equipment, construction of splints, and provision of support garments.
8. Creation of daily routines to support the adaption of habits and roles based on the client's capacities, goals and situation.
9. Incorporate psychology based techniques into daily occupations to support pain management such as: goal setting, acceptance and commitment therapy, cognitive restructuring, distraction, relaxation, grief and loss support and mindfulness strategies.
10. Incorporate current neuroscience evidence into occupational therapy approaches. This includes use of graded motor imagery, body schema distortion, pain empathy, cognitive impairment secondary to pain, effects of poor sleep and medication.
11. Use of biofeedback techniques to support improved awareness of activity performance. This may include use of mirrors, EMG biofeedback machines, heart rate monitors, activity monitors, Apps and diaries.
12. Provision of chronic disease self-management approaches such as:
 - a. Joint protection
 - b. Back care
 - c. Ergonomic principles
 - d. Sleep hygiene,
 - e. Energy conservation,
 - f. Pacing education/ Self-regulation: Strategies are developed considering the individual's functional needs, capacities and opportunities for support and assistance. Such techniques are then embedded in the individual's habits and routines to maximize compliance over time. Specific regulation programs include the Alert Program, and Zones of Regulation.
 - g. Flare up management,
 - h. Intimacy and sexuality
13. Reintegration to work and productive roles on the background of a persisting pain condition.
14. Reintegration to schooling and study from preparatory through to university level education.
This includes:
 - a. Educating school personnel about pain and pain management strategies
 - b. Assisting the child or adolescent and their families/carers to develop pain management strategies that can be applied in the school setting with support from teaching personnel.
 - c. Transition to school through graded return to school programs.
 - d. Adapting environment and timetable to support optimal functioning.

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- e. Assisting in the development of specific functional skills, such as handwriting.
 - f. Applying for study support through education department as required.
15. To assist the client to safely access the community and services, including driving, public transport use and computer use
16. Facilitating health literacy and advocacy to enable clients to explore, locate and access services within their local community that support their mental and physical health.

Additional services that may be provided by occupational therapists include: hypnosis, interactive neurostimulation, TENS, ultra sound, soft tissue therapy, Tai Chi, Feldenkrais and acupuncture.

It is important to note these services are not core to occupational therapy practice but complementary to it and require additional training.

Significance of the statement to Occupational Therapists

While the role of occupational therapy in pain management is clearly defined there are great variations from state to state, and facility to facility, as to the presence of an occupational therapist in the multi-disciplinary team. For many patients this may be the first contact with an occupational therapist and thus it is of some concern that an OT is not always present in the multidisciplinary make up of various services.

In a preliminary review by Burke et al (2015) of multidisciplinary staffing levels in tertiary persistent pain clinics nationally, there was generally twice the amount of FTE staffing of physiotherapy and psychology as compared to occupational therapy. Given the focus of Pain management is strongly directed toward self-management and functional restoration it is a surprising that the occupational therapy profession is not better represented.

This statement hopes to highlight the potential and unique role of occupational therapy in pain management to assist with future staff planning.

Significance of the statement to society

“Inadequately treated pain has major physiological, psychological, economic, and social consequences for patients, their families, and society” IASP-

Pain Australia in their role in facilitating the national pain strategy identify the impact chronic pain has on the individual’s ability to work, to sustain employment over their work lifespan

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and the financial impact that has on individuals. This in turn affects the families of those experiencing persistent pain and the community as a whole.

(<http://healthvoices.org.au/issues/april-2017/private-health-insurance-whats-people-chronic-conditions/>)

Occupational Therapists are specifically trained to explore the impact injury, disease and life events have on a person's engagement in tasks from sleep to work and thus have an important role in supporting both individuals and families with chronic pain and societal impacts

Recommendations/ Challenges/ Strategies

The IASP identified four main areas that should be incorporated into any national strategy and should also be considered as part of occupational therapy strategic focus within the area of chronic pain:

- Pain Education for allied health professionals and patients
- Patient Access and Care Coordination
- Monitoring and Quality Improvement
- Pain Research

Challenges for occupational therapy include:

1. Providing a comprehensive introduction to pain management at an undergraduate and post graduate level to develop clinical skills that are reflective of current best practice. The IASP has provided a curriculum outline for Occupational Therapists at both undergraduate and post graduate level (<http://www.iasp-pain.org/Education/CurriculumDetail.aspx?ItemNumber=2056>). To date there is no specific post graduate qualification in pain management for occupational therapists in Australia. There is a Masters of Pain Management available at the University of Sydney for medical and allied health professionals.
2. Improving timely access for patients to occupational therapy services in both primary and tertiary settings.
3. Currently there is no consensus on a preferred self-report functional outcome measure for adults experiencing persisting pain in Australia. Occupational therapists/ researchers need to participate in the development of functional outcome measures. Outcome measures should reflect the complex nature of occupational engagement

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as addressed by occupational therapists in pain management. reflective of occupational therapy practice in pain management.

4. Building on the current body of occupational therapy research, drawing on both qualitative and quantitative components, to best reflect the complexity of pain on the individual.

Conclusion

Occupational therapists have an important contribution to make to the assessment and treatment of individuals with persistent pain. The profession has a holistic approach to care that incorporates life span issues and integrates physical, psychological, cultural, environmental and cognitive factors toward improved functional performance and engagement for the individual and the communities in which they live.

Assessment and treatment is embedded into current evidence based practise, and has a strong self-management focus which compliments the current approaches advocated by the National Pain Strategy.

Glossary of Terms

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).

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).

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

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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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