

Complementary and Alternative/Integrative Therapies in Comprehensive Chronic Pain Management



Tom Norris, Lieutenant Colonel, USAF (Retired)
Person with Lived Experience (PWLE)

What I will Cover

- **My journey with chronic pain**
- **The CIPM Toolbox – A Patient-Centered Framework**
- **If it might help, I tried it**
- **My version of the CIPM Toolbox**
- **What SSA may or may not recognize**
- **Barriers to effective pain management**
- **What I hope you will remember**
- **With Gratitude**

My Journey with Chronic Pain

- 37 years living with chronic pain after cancer treatment

- Multiple failed surgeries and long-term opioid use

- Found meaning through peer support and advocacy



The CIPM Toolbox – A Patient- Centered Framework

CIPM TOOLBOX



IMPORTANT FACTORS

Trauma-Informed Care
Education
Risk Assessment
Stigma

SOCIAL FACTORS

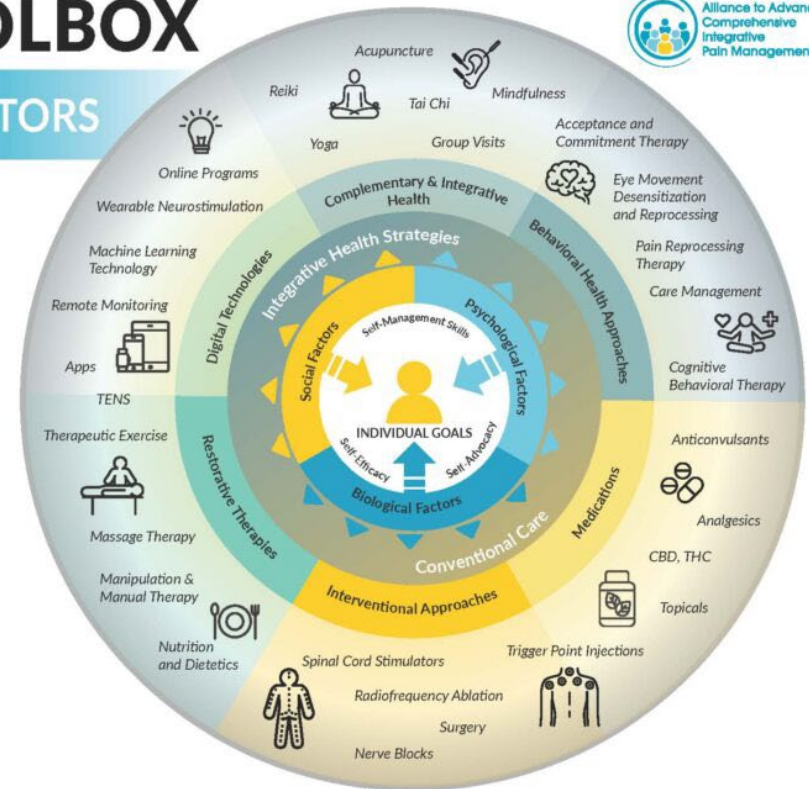
Environmental
Stigma
Cultural
Racism
Discrimination
Housing
Transportation
Food Security

PSYCHOLOGICAL FACTORS

Mood
Stress
Coping
Trauma
Isolation

BIOLOGICAL FACTORS

Age
Injury/Past Injury
Illness/Diagnosis
Neurologic
Genetic
Hormones
Nutrition
Metabolic Health



AACIPM offers this visual tool to illustrate and increase awareness of the various therapies that may be a part of whole person, multidisciplinary, multi-modal, evidence-informed, integrative pain management. This does not represent an exhaustive list of interventions, and not all interventions will be covered, covered without limits and/or without patient out-of-pocket cost.* Most services must be provided by a licensed or credentialed health care provider or community-based service provider.

**Comprehensive Integrative Pain Management Toolbox
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If It Might Help, I Tried It

- Tried acupuncture, acupressure, bee stings, prayer, magnets, aqua therapy, Physical Therapy, mindfulness, heat, cold, and support groups
- Lived through a decade on fentanyl
- Eventually reclaimed clarity by tapering off

CIPM TOOLBOX



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Virtual Reality

Occupational Therapy

Exercise Therapy

Aqua Therapy

Heat/Cold Therapy

Meditation
Journaling
Spirituality
Reduction
Acupuncture
Reiki
Yoga
Tai Chi
Mindfulness

Psychotherapy
Support Groups

Biofeedback

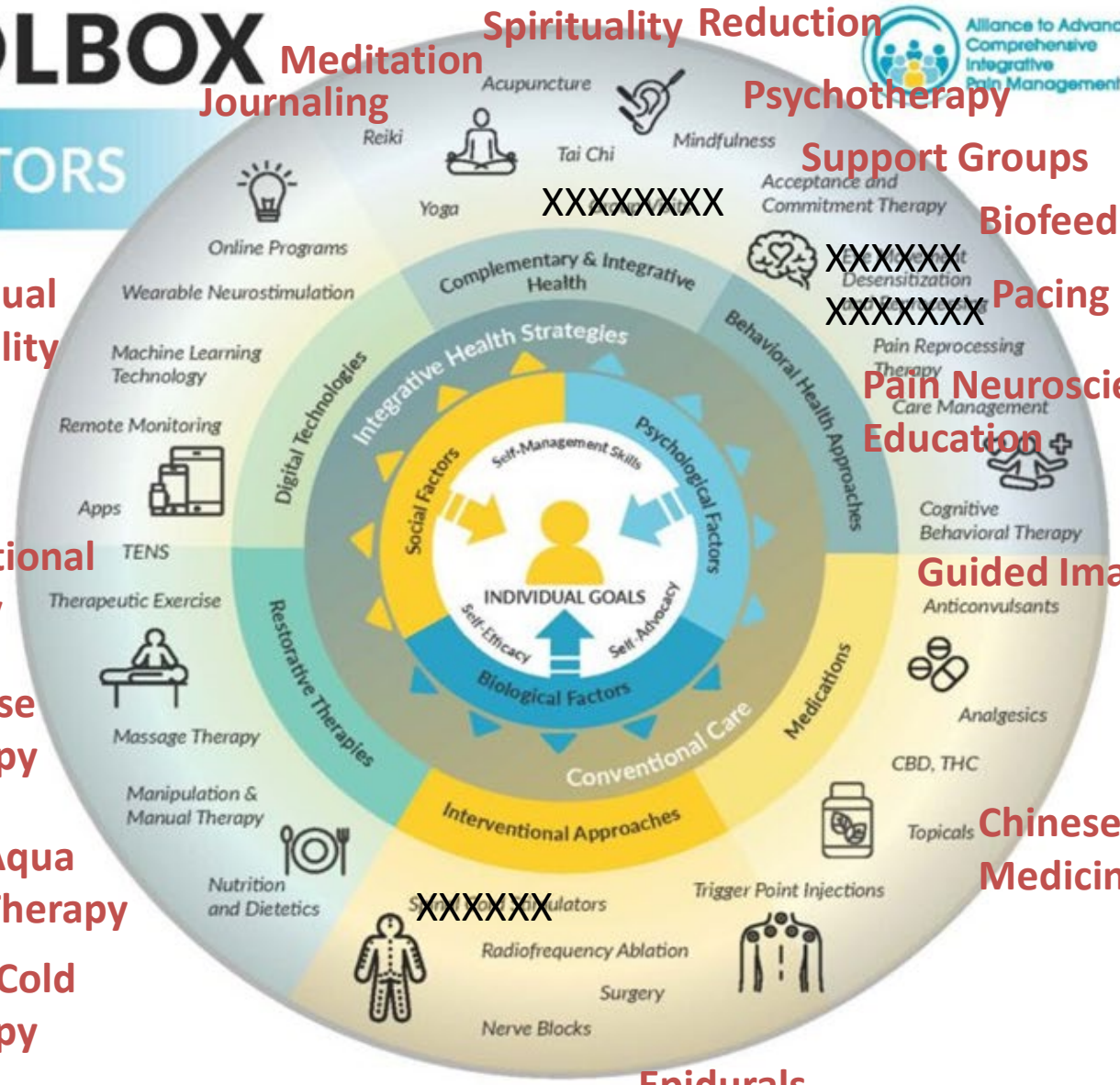
Pacing

Pain Neuroscience Education

Guided Imagery

Chinese Medicine

Epidurals



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What SSA May or May Not Recognize–In Tom’s

CIPM TOOLBOX

Mindfulness-Based Stress Reduction

Spirituality



Meditation
Journaling

IMPORTANT FACTORS

Trauma-Informed Care
Education
Risk Assessment
Stigma

Virtual
Reality

SOCIAL FACTORS

Environmental Stigma
Cultural Racism
Discrimination
Housing
Transportation
Food Security

Occupational
Therapy

PSYCHOLOGICAL FACTORS

Mood
Stress
Coping
Trauma
Isolation

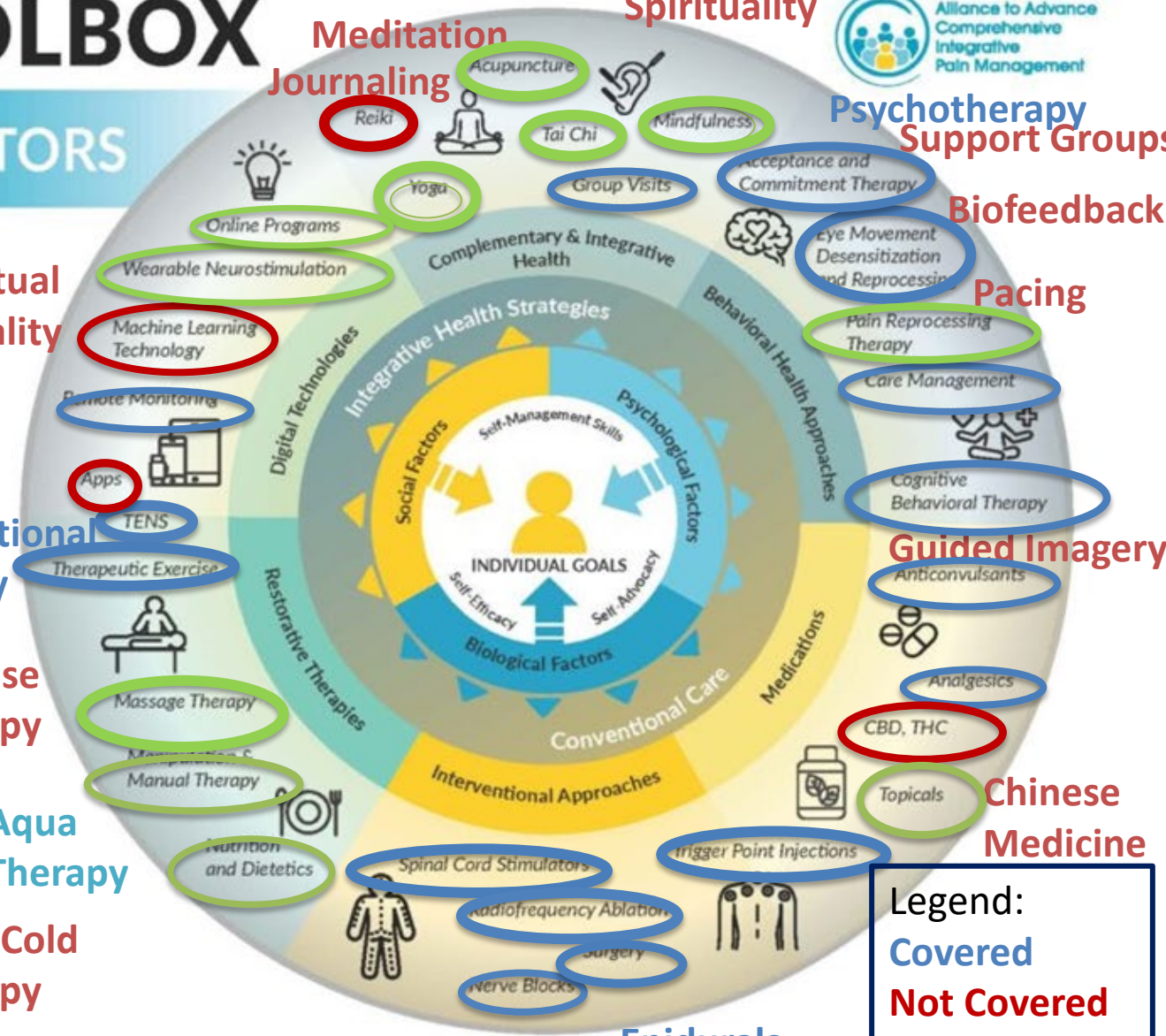
Exercise
Therapy

Aqua
Therapy

BIOLOGICAL FACTORS

Age
Injury/Past Injury
Illness/Diagnosis
Neurologic
Genetic
Hormones
Nutrition
Metabolic Health

Heat/Cold
Therapy



Legend:
Covered
Not Covered
Varies

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Barriers to Effective Pain Management

- **CAM therapies often undocumented in records**
- **Insurance rarely covers non-opioid options**
- **Fragmented provider communication**
- **SSA disability system faces unique challenges:**
 - **Chronic pain is often invisible — it doesn't always show up on a scan**
 - **Real effort (like yoga or pacing) may be misread as full ability**
 - **CAM therapies are often unrecognized unless formally prescribed**
 - **People may fear reporting progress, worrying it could jeopardize benefits**

A Model That Works – The VA's Whole Health Approach

- The VA integrates **complementary and integrative therapies** as core pain management tools

- Approaches include:

- **Acupuncture**

- **Massage therapy**

- **Mindfulness**

- **Biofeedback**

- **Tai Chi, Yoga**, and more

- Treatments are **evidence-informed**

- and patient-centered**

- The **Whole Health model** empowers

- veterans to lead their care

- Could SSA adopt similar approaches?

When a system listens to science and lived experience—patients benefit.

What I hope
you will
remember

- **Chronic pain is real, complex, and personal**
- **The perception of pain is individualistic. Everyone feels and interprets pain differently.**
- **Effective communication is one important key.**
- **Validation and compassion are powerful**
- **The best care is flexible, accessible**
- **SSA should support – not penalize – those using complementary and alternative approaches**

With Gratitude

- SSA's Disability Program & the Board on Health Care Services
- National Academies of Sciences, Engineering, and Medicine
- Planning committee and session chairs
- ACPA, U.S. Pain Foundation, World Patients Alliance
- Penney Cowan (ACPA)
- Amy Goldstein,
- My wife, Marianne
- Everyone living with pain – your voice matters