


It Takes a Village: The Power of Collaboration in Pain Management

Leslie F Davidson PhD., OT/L, FAOTA

Clinical Research
and Leadership



Pain may no longer be understood as a sensation, but as a complex phenomenon attributed to the confluence of ever shifting variables.

The treatment of this phenomenon is equally complex, inviting a collaborative milieu who possess both depth and breadth of skills and prescribe to patient centered care models.

-Davidson 2018

Ways of Thinking...

Deductive Reasoning

Inductive Reasoning

Iterative Reasoning

EBP and Pain Management

Is it a trap?



Samples of Initial literature...

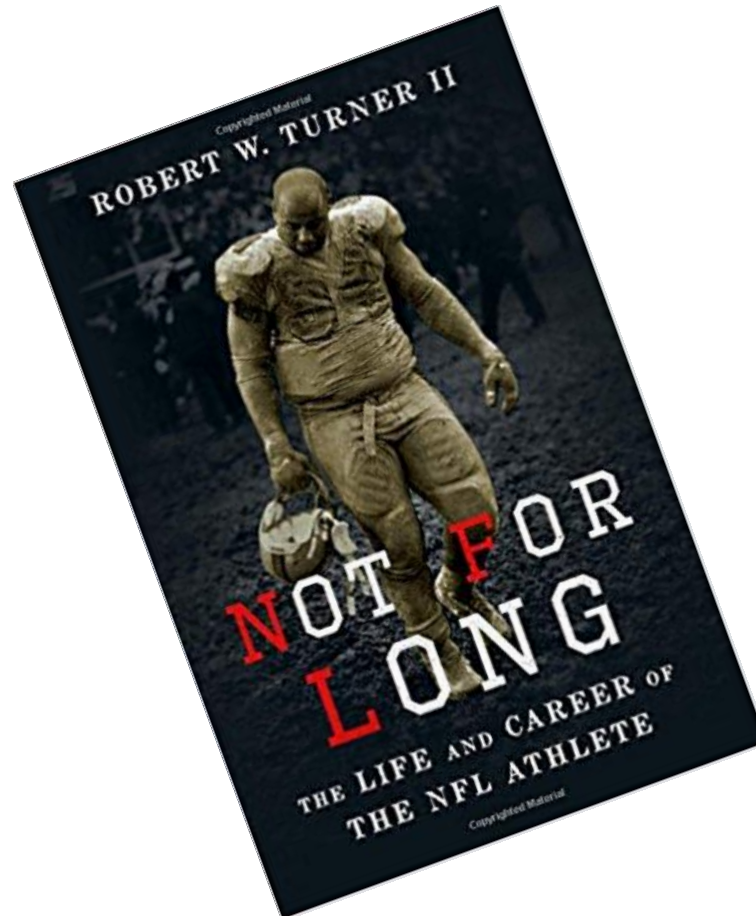
Dobscha et al. (2009). “The assistance with pain treatment collaborative intervention resulted in modest but statistically significant improvement in a variety of outcome measures.”

Turk et al. (2005). “an outpatient interdisciplinary treatment program was effective in reducing many FMS symptoms. Treatment gains tended to be maintained for at least 6 months. However, there were large individual differences in response to treatment.”

Understanding Collaboration

The Power of Why
The Prowess of Who
The Price and Prince of How
The Pragmatics of When
The Poignancy of Where

The Power of Why



The Prowess of Who



The Price and Prince of How



The Pragmatics of When

Chronic

Patient Readiness

Acute



Subacute

Time of Day

Role engagement

Time of year

The Poignancy of Where

Assumptions

- The activities we engage in shape the experience of pain
- The personal level of control one has in an environment changes from place to place
- People engage in multiple environments throughout their daily life
- Places of importance change and are personal

For collaborative intervention to succeed we must ask, What if..

- We collectively explored the treatment of pain through both evidence and experience
- Patients, providers and caregivers were aware of the acute and lifestyle interventions available to patients to address pain
- Medical journals published the failed studies so that mistakes aren't repeated time and time again
- Patient referrals and collaboration are thought of as a strength of the provider versus a weakness of skills

Physical Therapy

Intimacy counseling

Sleep Hygiene

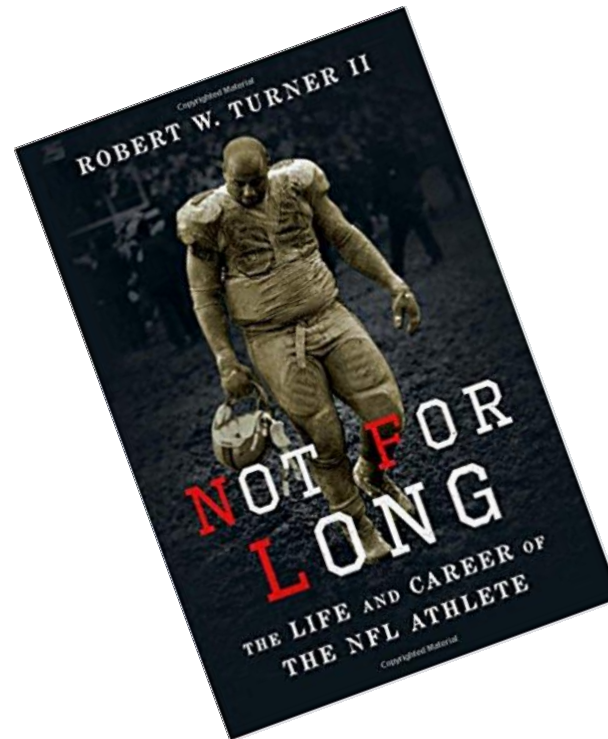
Yoga Therapy

Cognitive Behavioral Therapy

Nutrition

Activity Journaling

Meditation



Selected References

Emanuele Maria Giusti, Gianluca Castelnuovo and Enrico Molinari, Differences in Multidisciplinary and Interdisciplinary Treatment Programs for Fibromyalgia: A Mapping Review, *Pain Research and Management*, **2017**, (1), (2017).

Nicole E. Andrews, Jenny Strong and Pamela J. Meredith, The Relationship Between Approach to Activity Engagement, Specific Aspects of Physical Function, and Pain Duration in Chronic Pain, *The Clinical Journal of Pain*, **32**, 1, (20-31), (2016).

YunHee Choi, Tom G. Mayer, Mark Williams and Robert J. Gatchel, The Clinical Utility of the Multidimensional Pain Inventory (MPI) in Characterizing Chronic Disabling Occupational Musculoskeletal Disorders, *Journal of Occupational Rehabilitation*, **23**, 2, (239), (2013).

Aleid de Rooij, Leo D. Roorda, René H.J. Otten, Marike van der Leeden, Joost Dekker and Martijn P.M. Steultjens, Predictors of multidisciplinary treatment outcome in fibromyalgia: a systematic review, *Disability and Rehabilitation*, **35**, 6, (437), (2013).