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

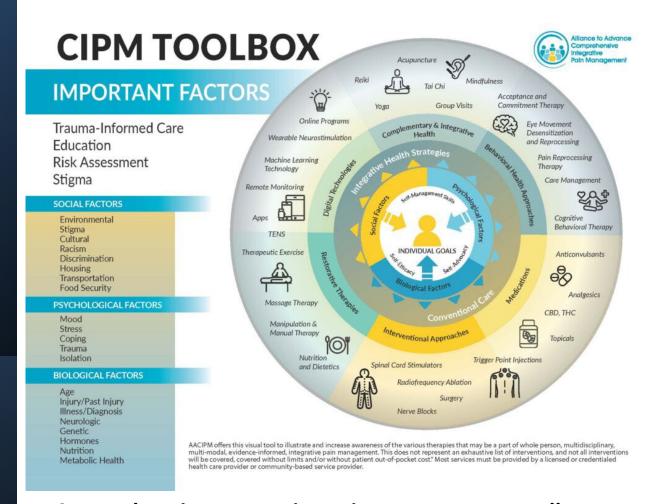
- My journey with chronic pain
- The CIPM Toolbox A Patient-Centered Framework
- If it might help, I tried it
- My version of the CIPM Toolbox
- What SSA may or may not recognize
- Barriers to effective pain management
- What I hope you will remember
- With Gratitude

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
PatientCentered
Framework



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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

<u>Tom's Personal Toolbox – Real-World Therapies I have Used</u> Mindfulness-Based Stress Spirituality Reduction CIPM TOOLBOX Meditation Acupuncture Journaling Psychotherap Mindfulness **IMPORTANT FACTORS** Tai Chi Support Groups Acceptance and XXXXXXXX Commitment Therapy Yoga **Biofeedback** Online Programs Complementary & Integrative Trauma-Informed Care Virtual Wearable Neurostimulation Education Health Strategies Reality Digital Technologie Pain Reprocessing Risk Assessment Machine Learning Technology Pain Neuroscience Stigma Remote Monitoring Education Management Still SOCIAL FACTORS Cognitive Environmental Behavioral Therapy Stigma **Occupational** Cultural **Guided Imagery** Restorathe Theraples Racism INDIVIDUAL GOALS Therapeutic Exercise Anticonvulsants Therapy Discrimination Housing Nedications Transportation Biological Factors Food Security **Exercise** Analgesics Massage Therapy **PSYCHOLOGICAL FACTORS Therapy** CBD, THC Mood Manipulation & Stress Interventional Approaches Manual Therapy Topicals Chinese Coping Aqua Trauma Medicine Isolation Nutrition Trigger Point Injections **Therapy** SXnX XoX XiXulators and Dietetics **BIOLOGICAL FACTORS** Radiofrequency Ablation **Heat/Cold** Age Surgery Injury/Past Injury **Therapy** Illness/Diagnosis Nerve Blocks Neurologic **Epidurals** Genetic Hormones AACIPM offers this visual tool to illustrate and increase awareness of the various therapies that may be a part of whole person, multidisciplinary, Nutrition 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 Metabolic Health health care provider or community-based service provider.

Mindfulness-Based Stress Reduction What SSA May or May Not Recognize-In Tom's Spirituality **CIPM TOOLBOX** Meditation Acupuncture Pain Management Journaling | Psychotherapy Support Groups Mindfulness **IMPORTANT FACTORS** Tai Chi acceptance and Commitment Therapy Group Visits Biofeedback Online Programs Complementary & Integrative ye Movement Trauma-Informed Care Desensitization Wearable Neurostimulation Virtual nd Reprocessiv Education **Pacing** Health Strategies Pain Reprocessing Reality Risk Assessment Machine Learnin Therapy Technology Stigma care Management A.Management St. SOCIAL FACTORS Cognitive Environmental Behavioral Therapy Stigma Occupational Cultural **Guided Imagery** Racism INDIVIDUAL GOALS Therapeutic Exercise Anticonvulsants Therapy Discrimination Housing Transportation Food Security **Exercise** Massage Therapy **PSYCHOLOGICAL FACTORS Therapy** CBD. THC Mood Stress Interventional Approaches Manual Therapy Chinese Coping Topicals Agua Trauma Medicine Isolation evutrition rrigger Point Injections Spinal Cord Stimulator Therapy and Dietetics **BIOLOGICAL FACTORS** Legend: adiofrequency Ablati **Heat/Cold** Age Covered Injury/Past Injury Illness/Diagnosis Therapy **Not Covered** Neurologic **Epidurals** Genetic Hormones

Nutrition

Metabolic Health

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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
- \rightarrow 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

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