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Enabling Participation in Meaningful Activities

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Hello. Today I'm going to talk a little bit around function and pain specifically learning how we can function around pain "and how an occupational therapist can help improve function." I'm Fiona Thomas. "I'm a senior clinician occupational therapist at a Melbourne" Metropolitan Pain Management Center. "And this is my area of particular interest." Before we sort of start to get into "a little bit more around what that actually looks like," "I guess one of the things that we sort of think about is where this functions sit" within our lives. Why is it important? "And I really like this quote by Theodore Boyarsky" "in the sense of the mystery of human existence lies" "not in just stayin alive, but in finding something to live for." And very much that's where function sits. "Function helps us to survive and helps us to look after the basic needs in life." "But it is also something that we do that gives us joy," "it gives us purpose, and it gives a meaning to our lives." "It helps support our own values and beliefs," "and it can be significantly impacted with persistent pain," Another way of looking at it. And I know there are often different kind of models around the cycle of chronic pain and and how it impacts. "And for this purpose I actually thought I'd use a cog type analogy." "And if we look at the idea of surviving and often, you know, when patients sort of" "come to me around, you know, the issues that they're having functionally," they really talk a lot about pain and how it dominates a lot of the things that they want to be able to do. So in this cog analogy of surviving, I've made pain, the bigger coke, and it's the one of which all the other cogs depend and move around and pain impacts in a general capacity. In health, we start to move less, we feel more tense. "We start to avoid pain by avoiding activity," and it gets bigger and bigger in its impact over time. "And equally, there's a flow on effect into our stress levels" and our arousal levels. "And this impacts on our emotional states as well." "And the combination of those two can feel a bit like getting stuck." "They're not really moving off each other, but in fact blocking each other." "And the overflow effect of that is also on our daily functional participation" "so that people feel generally stuck in what they do." "The pain feels stuck, their emotions feel stuck." "And if we add to that the environment around them, if it's an environment" "that isn't supportive, that contributes to their pain experience" it's a bit like putting a sticky fluid between the cogs so they stick even more. And I use this term as the idea of functionally occupationally surviving. We're leading day at a time, but there is no growth moving forward. And as an occupational therapist, what we're trying to do "is move people more to the thriving cog real." And in this one, it's function "that becomes the very important cog in which the other ones move around." "And within function it's finding ways to maintain that daily participation." Despite pain being present, "it's being creative, it's looking at options to improve performance." But the key thing is doing and then letting pain sit within that. The flow on effect is that often people have a more space for self-compassion and emotional care "and more space for their general capacity in health to grow." And again, if we think of supportive environments these environments should be more like the lubricants that help the cog wheels move and maintain their movement. "And that's really where we're trying to move people towards." "So how does an occupational therapist

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view function?" There are a number of different models and we use the concept of occupational science to really inform our practice in our assessment and interventions. But essentially we see occupation as being a very broad thing "that people do and it makes up their everyday activity." It relates to the person themselves. "So what their own values and beliefs are, what their own roles and routines" might be in their daily living and life, and the skills, strengths and capacity they bring. And they can be both physical, but they can also be emotional and cognitive, a broad range of things. We also look at the environment as well. "So the environment around people, so their physical environment" "where they live, where they function or work," their social and cultural environment and even the organisational environments in which they function within. "And then we look at occupation and occupation." We divide between three main areas. So those tasks that we do that help us in self care. So that might be how we sleep, how we shower and dress, how we organise ourselves, our ability to drive and access the community. We also look at tasks that sit under productivity. So this can be work, but it also can be our carer roles, it can be voluntary roles, but where we are producing something and our leisure roles as well. So this is the activities that give us joy, give us pleasure, help cultivate our interests and essentially these three big bowls work together. So when they're integrated, when they're moving in together, there's a bigger area and opportunity for doing and we call that occupational performance. But if you have something like pain and the ripple effect of pain, it tends to drag these balls apart. And so that occupational performance in the middle gets smaller. "And that's often the lift experience that people notice." "So does function better? Well, yes, it does." And certainly with the impact of pain, people can often feel stuck a bit like this goat on the rock. It's hard to know. Do I go forward? Do I go backward? And in fact, it's a bit scary just to move at all. So people lose confidence to move. They start to avoid pain by avoiding activity. "They noticed that their own capacities start to reduce" over time so they can't sit, stand or walk as long. They feel a lot more impaired in terms of cognitive issues like concentration and memory. Being able to lift things or move things becomes more difficult. It's harder to reach to the extremes, high or low or forward. Their tolerance also changes. So a lot of patients will explain that noise feels really loud. They're lacking in energy. So there's this ripple effect in our overall capacity. People will often describe a disengagement from those everyday activities, including work in their social activities, things they might do around the house, their leisure activities, and they find they're spending more and more time with more survival.

"Survival self-care tasks which are more around" resting, attending appointments and spending time on activities that are more around their pain relief. So whether it's using heat packs, packs or exercises or stretches, and over time there's a loss of roles and with that comes a reduced sense of our own self-worth and associated stress that goes with it. And all together, those things all contribute to our pain experience. So what we want to do is change it and the impact of function can do that and it's all about perspective. "So in this photo, believe it or not, that's the same rock that's in the middle." You can just see it sitting



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there just in the middle of where that lady is standing. And what you realise is "there is actually a pathway that leads to and from that rock" and this is really what we're trying to do is find a different pathway "that gives us an out and allows us to move forward."

"So function provides an opportunity to move" it builds self-confidence in our abilities despite pain. It also helps us build our capacity "and gently challenges us to try and do a little bit more." "It encourages us, encourages us to engage with others" and also in tasks that we value and that meet our own values and beliefs. And engagement leads to more opportunity for connection, "to be motivated to do things for joy and for purpose." "And over time, as we resume some of these roles, we build our sense of self-worth." "We feel less vulnerable and there's less stress and worry associated with that." "And again, all of the above helps us decrease" our pain, experience.

So how may an OT help? Well, an OT can work in multiple areas. And again, it's a bit like that cog analogy. It's trying to find different ways "that allow the cogs to move more efficiently together." "But there are three main areas that we might look at." One is changing the self. "So what can we do with people in order to make them" be able to function more effectively? "So it might be education on pain neuroscience" "and the role that function plays in how we feel." "It could be education and practice of different postures in activity." So how do we maintain them? How do we support them? What postures are more useful and allow us to be more efficient. "It can be practice of helpful body mechanics in day to day activities," "but it's also a lot about learning to self-regulate our system." So how we choose to pace our activities, "how we get the sensory experiences that make our system feel more confident," more engaged, more alert, or if we're feeling stressed, "what are some of the things that actually help our system to calm and settle down?" An OT may also work on changing the task. "So how can we take an activity and break it down into manageable amounts?" "Sometimes we might use simple adaptations to make that task easier," and that might be around equipment or techniques. But we also do a lot of work at grading the activities. "So that people are less fearful around performing that" task and improve their confidence in being able to do it, as well as creating new habits that support the completion of that task "or getting back into a normal, everyday routine of inhabit of what you do." And then finally, "the OT may also look at the environment around the person." So sometimes OTs work in people's homes or their workplaces and they might look at modifications such as rails or lowering or raising structures. "So being able to modify the physical environment so it supports better" "functioning, but also they might explore the social environment." "And what are some options to increase someone's support or connection," "maybe helping them to link into community options and services over time," as well as exploring systems that can support participation, such as returning to work, community access, "looking at funding opportunities to be able to" sustainably do these tasks. So that's a really simple introduction into the role of an OT may work in pain management and how they support function. Sometimes people say, Well, how do I find an OT? "We often are in pain management centers, but not in every one." "And so sometimes people have never come across an OT"

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They're certainly available in community rehabilitation "centers, in hospitals and in private practice." So if you try to find an OT to one of the best places "to go is to OT Australia and I've given you the link there" and you can google and find an OT within your area and within pain management. And just finally a few resources if you want to know a little bit more about OT "There's a couple of sites there that talk about what an occupational therapist" might do, and about occupational therapy generally. And I've also included a link to an article that's publicly available about how an OT may contribute to chronic pain management.

Thank you, today it's been really lovely having an opportunity to talk about what an OT does in pain management.

