



# CHRONICLE



## PACE Thyself!

by Penney Cowan, Executive Director, ACPA

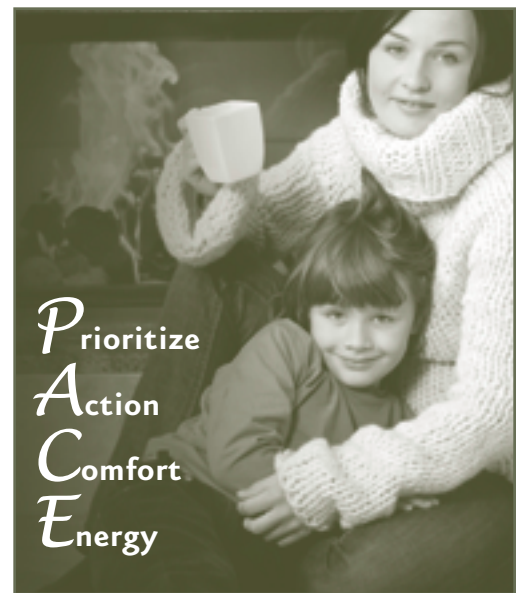
### INSIDE

- 2 [Pacing Means Moving Ahead](#)
- 4 [Setting Limits and Setting Goals](#)
- 6 [The Healing Power of Guided Imagery](#)
- 8 [Medical Update](#)
- 9 [ACPA Update](#)
- 9 [New Groups & Members](#)
- 10 [Board Profile: Daniel Galia](#)
- 11 [Letters to the ACPA](#)
- 12 [Book Reviews](#)
- 14 [Tributes](#)

The holiday season is one time of year when we tend to ignore what our bodies tell us and push ourselves beyond our limits to prepare our homes, cook our meals, and do our shopping. We ignore our careful routines that may have allowed us to improve the quality of our life and reduce our sense of suffering. We see all that we want to do, all that we feel we must do, and our commitment to approaching any task with realistic expectations goes out the window. In time we realize that we have stepped so far outside our comfort zone that pain once again takes center stage, placing obstacles before each step we take.

Our key word, *P A C E*, falls on deaf ears as we tackle numerous jobs, trying to keep ahead of time as it seems to slip away. Instead of doing what we know we should do—prioritize and work within our limitations—we forge ahead with a new sense of urgency to make the most of our good days and push on days that aren't so good.

We all know what happens when we ignore our need to *P A C E*. While our minds may forget this important concept, our bodies quickly remind us when we've pushed past our limits. New symptoms appear. Increased pain levels demand our immediate



attention. Feelings of failure and hopelessness begin to resurface when we are unable to take part in the life we knew before our pain.

Some of us listen to our bodies and slow down the pace. Perhaps you are like me, telling myself that as soon as I get one more thing done, I will stop. Of course, that one more thing turns into 10 more things. All we can see is the end result we desire, forgetting that nothing is accomplished overnight.

Pacing is vital to each one of us. It is the key to successfully completing tasks. Yet, the idea of pacing seems elusive. Let us take a closer look at the word *P A C E* as we prepare for a busy holiday season.

**The Pain Care Act (HR 2994) has passed in the House!**

*The Pain Care Act is designed to improve research, training, education and outreach for pain care. Read more on page 9.*

CONTINUED ON PAGE 13...

# Pacing Means Moving Ahead and Not Falling Behind

by Rachel Feinberg, PT, DPT, and Steven Feinberg, MD

**P**acing is a vague word that is thrown around, often incorrectly, by both providers and people with pain. Pacing is not about decreasing the intensity of an exercise, doing less activity, or being unproductive. Pacing is actually the exact opposite.

Pacing is a tool that allows you to change the way you perform or complete an exercise or activity so that you can successfully increase strength, tolerance, and function.

Some people with persistent pain markedly reduce their physical activity because it hurts. Others push too far into pain and overdo the activity. This over-activity generally increases the pain level and the increased activity becomes hard to sustain. Still others overdo when their pain level is relatively low and then stop their activity too late, when the pain has already reached a higher stage. This sets up an unhelpful cycle of over-activity and under-activity. All of these patterns have the eventual overall effect of reducing activity because of:

- \* higher levels of overall pain,
- \* fear of the activities that cause this increased pain, and
- \* frustration (because, despite pushing through each activity, people are unable to increase their physical ability level).

The purpose of pacing and goal setting is to regulate daily activities and to structure an increase in tolerance through gradually increased activity. Pacing requires that you break an activity up into active and rest periods. Rest periods are taken before significant increases in pain levels occur. In this way, pacing provides structure to the overall activity and guides you to build an optimum schedule that

minimizes pain and maximizes productivity during the day. Pacing also imposes a structure on the day, giving you a sense of control.

## Pacing Can Help Increase Activity

People often become frustrated when they are instructed to take breaks and to slow down (i.e., pace themselves) during a project. They believe that they will never get anything done and that the task will take two or three times as long. However, when the activity time is added to the time needed to cope with or calm down the increased level of pain, the sum is often longer than the time needed to build in breaks.

Review the example below to see how this works with 15 minutes of vacuuming:



### Without Pacing

15 minutes of vacuuming  
 + 30 minutes rest to  
 manage pain flare-up =  
 45 minutes total time  
 WITH a flare-up

### With Pacing

5 minutes of vacuuming +  
 10 minute break + 5 minutes  
 of vacuuming + 10 minute break  
 + 5 minutes of vacuuming  
 + 10 minute break = 45 minutes  
 total time WITHOUT flare-up

Even if the activity does take longer with pacing, you are experiencing appropriate pain management because you are not causing continued flare-ups. As activity tolerance increases, rest breaks may be shorter and/or activity time may be longer.

Many people forget to pace themselves during certain 'danger' times. Some examples include:

- \* Days when you feel good and you become over-confident in your physical abilities,
- \* While performing a physical activity that you enjoy,
- \* When trying to please other people,
- \* When you are feeling rushed, pressured, or emotionally upset.

These are times when you can become careless and forget to use good judgment while performing physical activities.

## How to Begin Pacing

To begin pacing yourself, you first need to establish your baseline for each activity. The baseline is the amount of that activity you can do before you suffer from a significant flare-up. Although increased pain is expected, especially with a new activity, you want to stop the activity before the pain becomes difficult to control. The baseline may include a specific amount of time, speed, distance, or number of repetitions—or any other way to measure your tolerance.

One common mistake is to compare your starting level of an activity to the level that you performed at before your pain or injury. This typically creates a baseline that is too high and leads to an over-activity/under-activity cycle. Don't forget to set baselines for activities that require sedentary prolonged positions including sitting, reading,

CONTINUED ON PAGE 3...

| TOP |

## *Pacing allows you to successfully increase strength, tolerance, and function.*

CONTINUED FROM PAGE 2...

and computer work. These sedentary activities are often forgotten when pacing your day, but can cause increased levels of pain due to their constant stress on the neck and back or repetitive nature of the upper extremity movements.

The next step is to set a rest or break time if you plan to perform the activity in chunks of time, as in the example of vacuuming above. The rest/break time could include time to stretch or to perform relaxation breathing. You may want to switch to an activity that rests the muscles you were using and shifts your position, i.e., going from sitting to standing.

Once you have set your baseline, gradually and systematically increase your tolerance by setting goals. Your goals should be very small increases from your baseline. Focus on increasing only one part of the activity at a time—for example, lifting slightly more weight or

lifestyle, you may want to reconsider. Design a plan that provides a balanced lifestyle and allows you to manage your pain appropriately.

For exercise, pacing requires that you modify an exercise in a way that allows you to be successful. This could mean starting at a very low weight or only moving through part of the range of motion. The most important part is just finding a way to begin the activity. Your increased strength and tolerance will follow.

There will be many times that the activity that you are performing will not allow you to pace yourself; a 30-pound child must be lifted from the tub, you are participating in an important work meeting, or you are unable to pull over frequently while driving. For these times, other tools such as relaxation breathing, change of position, cognitive behavioral techniques, and distraction can

## *Design a plan that provides a balanced lifestyle and allows you to manage your pain.*



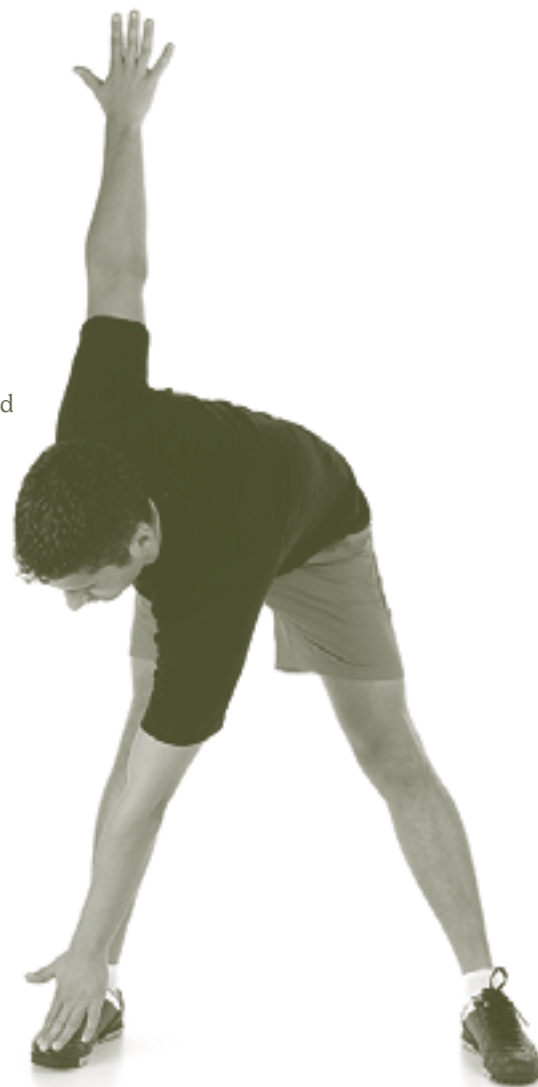
doing a few more repetitions. You want to be able to complete your goal so don't feel pressured to progress too fast.

### **Set Goals You Can Reach**

Another part of goal setting is picking realistic goals and asking yourself why you are attempting to reach that goal. If you are picking goals that will place you back into an over-busy, stressful

assist you in managing your pain level while completing the task.

Remember, pacing is an art, not a science. Don't be afraid to be creative and to keep trying to use pacing in different ways. Be open to performing activities in new ways. Above all, remember that pacing is to help you get ahead, not fall behind.



*RACHEL FEINBERG, PT, DPT, has her doctorate in physical therapy. She is the director of physical therapy and cares for people with chronic pain at the Bay Area Pain & Wellness Center Functional Restoration Program, Los Gatos, California, ([www.bapwc.com](http://www.bapwc.com)) where she specializes in functional restoration.*

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| TOP |

# The Art of Pacing: Setting Limits and Setting Goals

by Sally Price

“I thought I was working through the pain by keeping on going. But I learned I was making myself hurt more,” said Catherine Cartwright, 55, of Vallejo, California.

That changed when Catherine learned to pace herself. Now when she is doing errands and is tempted to do one last one—even though her back, neck, and fibromyalgia pain is increasing—she stops herself. “I don’t push it,” she said. “I have to leave it for another day.” She also has learned to accept that she has good and bad days and on the bad pain days she stays home.

“I have learned to say no and feel okay about it,” she said. “It took some work. Sometimes my family still doesn’t get it after 10 years, but I’m the one who suffers [when I push myself].”

Catherine, who is an ACPA facilitator, has discussed pacing with her support group. In preparation for the holiday season, she passed along to them what has worked well for her.

When planning a big family meal, she prepares dishes in advance, freezing them if necessary. She’ll get

her grandchildren to help her do any required chopping and peeling, thereby protecting her hands from the effects of arthritis and carpal tunnel syndrome. She makes Christmas shopping a lot easier by giving gift certificates and giving the grandchildren money.

## Reaching Acceptance

Since she slipped and fell at her job 10 years ago, “living with daily pain has been a learning experience,” Catherine said. She has accepted her limits, knowing she can do an activity for about an hour before needing to rest. This acceptance hasn’t come easily, she recalled. She wanted so much to continue doing her counseling job after the injury.

“I kept trying to do it, do it, and do it. I couldn’t accept the fact I couldn’t do it,” she said. It was just as hard for her to give up her dreams for her retirement. “I thought I was going to be able to travel,” she said wistfully.

But Catherine makes the most of her life with pain. Having started one ACPA chapter, she is working on forming a second group to meet at a senior citizen center. She stays

physically active by exercising regularly, taking classes of mild strengthening and stretching. To manage her pain, she uses medications, injections, an adjustable bed, and regularly visits a chiropractor.

Describing herself as a Type A personality, she said it has been hard to come to terms with her limitations. “I probably talk on the phone more than I used to,” she said with a laugh.

Catherine believes having a sense of humor is very helpful in living with chronic pain, and is planning a program on the benefits of humor for an ACPA chapter meeting. “You get certain endorphins (the body’s natural pain killers) dispersed in your body when you laugh,” she explained. “When I’m feeling depressed about being in pain I watch funny things.”

## Good Days and Bad Days

One way Jane Avery, 72, of Ocean Park, Maine paces herself in dealing with chronic pain is to be prepared for those more difficult days.

“I have to learn what my good days are and when I have days when I don’t do as well, like when the humidity is high,” she said. Jane also plans ahead for her shopping needs. “I try real hard not to push the limits on medications and food. That way if it’s not a good day I don’t have to go out,” said the ACPA co-facilitator.

She has had to learn—and is still learning—to listen to her body and plan her day accordingly. “It was something I had to adjust to. I’m a slow learner and had to let the school of experience be the teacher,” she explained.



CONTINUED ON PAGE 5...

| TOP |



CONTINUED FROM PAGE 4...

Jane likes to cite the “spoon theory” as a reminder of what she has learned. The theory says that a person with a chronic illness or chronic pain has a certain amount of energy—a set amount of spoonfuls—each day. When we use more spoonfuls than we have—push ourselves beyond our daily limitations—we pay for it in the days to follow. In other words, she said, “If we borrow from the next day our whole week goes downhill.”

This involves being assertive with yourself and others about your limitations, Jane said. “I was told that ‘No.’ is a complete sentence. If I have a meeting in the afternoon I have to rest in the morning so I don’t burn up all my spoons.” It also involves being up front with family and friends about your limitations, regardless of how “healthy” you may look at that time. No one knows your health concerns like you do, she said.

### **Know Your Priorities**

Pacing, knowing your priorities, and setting goals all work together for persons with chronic pain. First we must know our priorities and goals. Then we pace ourselves so we can engage in activities that give meaning to our lives. We set limits so that we can do those activities that are the most important to us, activities that help us meet our goals.

Jane knows her goal is to “help people to live better.” In addition to helping people in her ACPA group, she does this through her online blog, “[Networking with the Wellness Lady](#).”

There, she posts health articles on various subjects. She also mentors others who want to do the same. “I try to be actively involved in my community. I have the gift of gab and I’m not afraid to stand up and do a presentation,” she said.

But she knows she has to make choices to best use her talents and energies. She does this by knowing her priorities. “I have to limit how much I do, but I want what I do to help someone’s quality of life,” she explained.

Jane deals with chronic pain from a variety of sources. Born with a heart defect, she had experimental open heart surgery 46 years ago that left nerve damage and a non-functioning right lung. Her rib cage and shoulder muscles ache because they have taken over for her paralyzed diaphragm. She also lives with re-occurring shingles and psoriatic arthritis.

“I’m never sure which pain is hurting,” she jokes. “But I’m a survivor. Pain is a reality but how we deal with it is an option we can choose.”

One way Jane keeps her perspective so positive is by remembering when her heart surgeon escorted her out of the hospital. “He had tears running down his face when he said, ‘Most of my patients don’t get to go home.’”

At that time, the doctors gave her four to five years to live. “That was 46 years ago,” she said. “Every day that I wake up to take care of myself I know I’m a privileged person.”

### **Rising from Oblivion**

If you don’t pace yourself and consciously manage your pain, living with pain can destroy you. Jerry Becker, 66, ACPA facilitator for the New York City area, believes he came close to that point.

Suffering with severe, constant back pain that started in 1985, Jerry became very isolated and sedentary, lost in a hole of swirling thoughts of “why me?” He refers to this time as the “big collapse” and “a descent into oblivion.” Going to a rehabilitation center four years later “got me back on my feet,” he said. Some good people came into his life and introduced him to the idea of managing his pain rather than constantly dwelling on it.

He refocused after a heart attack, which resulted in his being thankful to be alive. Then he met his current wife, who has always seen him as a person, not as a bad back condition or as a heart problem.

And today—despite back pain, fibromyalgia, myofascial pain, knee problems, and other challenges—Jerry is a person who can say, “I believe it’s possible to live a life of joy despite pain.”

### **Focusing on Others**

Admitting that it’s a struggle all the time, Jerry feels good when he looks at his victories over pain and his service as a role model. His goals are staying active and bringing pleasure to others. With creative skills in music, art, and photography, he volunteers every week in a nursing home.

CONTINUED ON PAGE 11...

| TOP |

# The Healing Power of Guided Imagery

by Linda Garvin

Suffering from chronic pain, I firmly believe that guided imagery can have beneficial effects in relieving pain or reducing the perception of pain. This is primarily because our thoughts and emotions have a direct influence on the way we feel and behave.

At a basic level, images represent things that we feel, hear, smell, taste, and see. The mind stores memories as images and uses these images to communicate with the body. Visualization—also called guided imagery—can have a profound effect on the mind-body connection.

Guided imagery is a simple process that begins by gently guiding a person to a state of relaxation. A trained practitioner first reviews with the client any experiences he or she has had with relaxation and imagery. By encouraging deep breathing and progressive body relaxation, the practitioner verbally leads the client to a peaceful, comfortable, and relaxed state.

Once the client is relaxed, the practitioner suggests that he/she visualize an image that represents a peaceful, safe, or spiritual place. Alternatively, the image can represent a special concern a person has about their health such as lower back pain. It can be a significant image from the person's past that contributed to their present state of health such as developing headaches during stressful situations.

For people who have difficulty finding an image, the practitioner might suggest a burning candle, a flower, or a favorite vacation spot. The practitioner allows the person time to respond to the image, with suggestions of sensory cues.

## **Pain Images in the Brain**

Prolonged periods of chronic pain and stress can exacerbate medical issues and cause us to be more vulnerable to other health problems. How our brain interprets images of our pain and stress can have a profound effect on our autonomic nervous system.

It has been shown that the power of imagination can bring on physiologic changes in the body that can promote healing. In fact, there are numerous studies documenting the benefits of guided imagery. In the 1980's, the work of A. Sheikh and R.G. Kunzendorf showed that various forms of imagery

*Guided imagery can have a profound effect on the mind-body connection.*



can affect blood pressure, heart rate, gastro-intestinal motility and secretions, immune functions, and levels of various hormones and neurotransmitters in the blood.

In a later study, Barbara Dossey and Cathie Guzzetta found that relaxation and imagery caused a reduction in the sympathetic response to stress and a boost to the parasympathetic system, calming and aiding body-mind healing.

Turkoski and Ackerman state that endorphins, the body's natural analgesics, are increased through relaxation, which in turn decreases pain. Reducing pain increases

## Guided imagery is a simple, safe, and straight-forward process, which can be practiced with a trained practitioner or on an independent basis.

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relaxation, which activates the parasympathetic nervous system to decrease blood pressure, respiration, and heart rate. Guided imagery has been used successfully prior to and after medical procedures such as cardiac catheterization, angioplasty, and surgery. It has reduced the severity of headaches and alleviated psychological stress.

### Personal Success Stories

Marsha Williams, an IT consultant from Boston, Massachusetts, utilized guided imagery several years ago for chronic headaches. Marsha said, "Medications could not relieve my headaches and after I read about guided imagery, thought I would try this since it was non-invasive and no medications were used. During six weeks of weekly guided imagery, my headaches decreased ... and eventually dissipated."

By facilitating specific language around a person's image, a trained practitioner can help him or her identify certain thoughts that may be relevant to the image. They draw on the client's inner strength and wisdom to bring forth insights and solutions to the client's concerns.

Debra Rose, a pediatric nurse practitioner and biotech consultant in Marin County, California, had an abrupt onset of a detached retina. She had eye surgery to repair the detachment and chose guided imagery to assist with the healing process. As Debra explained, "I decided to use guided imagery because I had read several articles about the benefits of relaxation and pain reduction. After a few sessions with a nurse, certified in guided imagery, my eye pain lessened, along with ... my anxiety."

Terry Reed and Susan Ezra, who instruct nurses in guided integrative

imagery, feel that imagery is a powerful holistic healing modality that fosters active participation, disease prevention, and health promotion, returning the focus of wellness to the individual.

Dr. Terry Whitten from Marin County suffers from a chronic rheumatologic autoimmune condition. Dr. Whitten had been on prednisone for several years and was introduced by a physician to guided imagery for pain control and reduction of inflammation. As Terry explains, "After participating in guided imagery sessions over several months I experienced less joint pain and swelling in my hands. I also have been able to reduce my dose of prednisone. In addition, I can now practice imagery independently in my own self-healing management."

Terry's experience is not unique.

In working as a guided imagery practitioner, I have seen imagery:

- \* Promote deep relaxation
- \* Reduce muscle tension
- \* Decrease chronic pain
- \* Help people manage pain without taking more medication
- \* Help individuals find their inner resources and coping skills, and take control of their pain and anxiety.

Guided imagery is a simple, safe, and straight-forward process, which can be practiced with the aid of a trained practitioner and eventually on an independent basis. It is non-invasive and cost-effective. Guided imagery has proven to be an excellent strategy for assisting people to use the creative powers of the mind and begin to gain control of the healing process.

If you don't have a trained practitioner in your area, investigate the self-help relaxation resources on the ACPA Website. ACPA relaxation tapes and

CDs (in our online catalog) help you regain some control of your body and refocus it on more positive feelings.

Each is approximately 15-20 minutes in length. There are also recommendations for books. Go to <http://acpa.stores.yahoo.net/reltapcds.html> or [http://www.theacpa.org/people/helpful\\_reading.asp](http://www.theacpa.org/people/helpful_reading.asp). You might also look at "Rituals of Healing: Using Imagery for Health and Wellness," Jeanne Achterberg, PhD, Barbara Dossey, RN MS, Leslie Kolkmeier, RN, MEd., Bantam Books.

*Linda Garvin, of Alameda, California, is an adult medical case manager/liaison with an advanced degree in nursing. She teaches relaxation for stress management, health and nutritional classes, and provides a pain management and exercise program for patients with chronic pain and chronic diseases. She also has personal experience in using relaxation techniques and imagery to manage pain. Learn more at [www.healthmanagerbayarea.com](http://www.healthmanagerbayarea.com).*

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# Medical Update

## Artist with Chronic Pain Names Pain Syndrome

*“It becomes a truly remarkable thing when making art helps free my mind from clinging to all this personal melodrama for even a moment of healing and feeling fully alive.”*

—**Ralph E. Busch**

artist with [PainExhibit.com](http://www.PainExhibit.com)

The PAIN Exhibit is an educational visual arts exhibit in which artists with chronic pain express some facet of the pain experience artistically. Mark Collen, who has had chronic pain for over a decade, launched the site at [www.PainExhibit.com](http://www.PainExhibit.com) in 2004. Medical and health educators use PAIN Exhibit art to educate others about chronic pain.

Collen, project manager of the PAIN exhibit, welcomes people with chronic physical pain to submit pain-related art to the site. (Learn more at <http://www.painexhibit.com/entries.html>)



In October 2008, Collen was responsible for recognizing a new pain syndrome, Pain Insomnia Depression Syndrome (PIDS), described in the current issue of the *Journal of Pain and Palliative Care Pharmacotherapy* (Volume 22, Number 3). The article is “The Case for Pain Insomnia Depression Syndrome (PIDS): A Symptom Cluster in Chronic Nonmalignant Pain.”

Though Collen has never studied medicine and does not have an advanced degree, he discovered the syndrome through his observations and was supported by a meta-analysis of the medical literature.

Arthur G. Lipman, PharmD, FASHP, editor of the *Journal of Pain and Palliative Care Pharmacotherapy*, discusses the article in the same issue in his editorial entitled, “Why We Must Listen to Our Patients.”

## Can Opioids Make Pain Worse?

Medical professionals and people with pain can read “The OIH Paradox: Can Opioids Make Pain Worse?” by Peggy Compton, RN, PhD at [www.pain-topics.org](http://www.pain-topics.org). This 12-page review of the evidence examines the preclinical and clinical research showing that ongoing opioid therapy for chronic pain can worsen the pain in some patients. In fair balance, Compton observes that Opioid-Induced Hyperalgesia (OIH) does not arise in the majority of patients taking opioid analgesics, but when it does occur it can be difficult to manage. The article is available at the [Current Comments section](#) of *Pain Topics*.

## Navigating the Health Care System

Dr. Carolyn Clancy is Director of the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality. She has prepared brief, easy-to-understand advice columns for consumers to help them navigate the health care system.

One recent column discusses how a new regulation is encouraging the prevention of medical errors in hospitals.

Since October 1, 2008, hospitals can no longer bill the patients or the federal government when patients develop new health problems a result of poor care, such as bedsores, infections following certain kinds of surgery, or blood clots or embolisms.

“One study found that mistakes cost insurers \$9.3 billion in extra charges and caused 32,600 patient deaths each year,” she said.

Visit the [AHRO Web site](#) for more.

## ACPA Update

### New ACPA Groups

Welcome to our new groups and facilitators.

**Robin Arena**

West Palm Beach, FL

**Cheryl Haberberger**

Sunrise Beach, FL

**John Tamerin**

Greenwich, CT

**Jill Jordan**

Gretna, VA

**Kaiser Permanente**

Harbor City, CA

### **The Pain Care Act Passes in the House**

The Pain Care Act is designed to improve research, training, education, and outreach for pain care. Officially known as the National Pain Care Policy Act of 2007 (H.R. 2994), this legislation passed the House of Representatives on Sept. 24, 2008. It is under review in the Senate as S3387.

It requires that the Federal Government's health policy administration increase the recognition of pain as a significant public health problem, evaluate the treatment of acute and chronic pain, identify and reduce barriers to such care and establish an agenda for action that will improve pain care research, education, and clinical care. It also requires the Director of the National Institutes of Health to establish the National Pain Care Research Advisory Committee.

To review the text of the Pain Care Act, visit our Web site: <http://www.theacpa.org/documents/HR2994.pdf>.

### **Pain Management Award**

Congratulations to Steven Feinberg, MD, ACPA board member and medical advisor to *The Chronicle*. Dr. Feinberg was recently named Adjunct Clinical Professor, Stanford University School of Medicine, Palo Alto, California.

We also congratulate the Division of Pain Management at Stanford University, recognized by the American Pain Society as one of six centers of excellence nationwide this year for its successful multidisciplinary approach to relieving the suffering of those with chronic pain disorders.

"This is validation for the type of work we've been doing for the past couple of decades," said Sean Mackey, MD, PhD, chief of the Division of Pain Management at Stanford Hospital & Clinics and associate professor of anesthesia at the Stanford

University School of Medicine. "We're seeing the pendulum swing around toward acceptance of this interdisciplinary type of pain management that involves teams of medical professionals attacking pain together."

Dr. Sean Mackey directs this program and Dr. Feinberg has been a faculty member involved with the department in patient care and teaching for more than 15 years.

### **Regional Directors Meet in Chicago**

ACPA Regional Directors are an important link in our network of support for people with pain. They help new and current facilitators keep their groups strong and focused and serve as a conduit for information on pain issues from the national office. In September 2008, many of our facilitators met in Chicago to enhance their skills and develop new ones to support our mission. In addition to meeting Tiffany Reese, our group coordinator, face to face, they were introduced to new ACPA resources, and had an opportunity to polish their skills in speaking to the media about pain issues.



*At the regional directors meeting, Penney Cowan visits with Dave Duhrkoop, Oregon Regional Director. Below, Jeff Nance, Indiana Regional Director, practices his interview skills.*



## Board Member Profile: Daniel Galia

*This is part of a series of articles intended to give readers more insight into the interests and contributions of ACPA board members.*

Daniel Galia has been a board member and treasurer of the ACPA since 2004. He moved into that role after volunteering for ACPA for 17 years and has contributed his varied grass-roots experience and financial expertise to furthering the mission of this organization.

Like many board members, Galia's involvement was ignited by his acquaintance with Penney Cowan, ACPA founder and executive director. He volunteered at events, retreats, and fundraisers. He also coordinated several annual Oracle Corporation volunteer events to aid the national office in assembling the ACPA Nurses and Pharmacists Tool Kits for distribution during Pain Awareness Month.

"Over time, the ACPA has evolved as an organization, but it has always been the voice of the person with pain and will continue to do that to serve its members. I hope we will continue to reach out to all people with chronic

pain especially the underserved," he said.

Galia envisions that the ACPA will expand its reach with online services, more translations of educational materials, and more information provided on CD and DVD, such as the Consumer Guide to Pain Medications and Treatments in DVD format.

"We have so many new communities and new initiatives," said Galia. "AgrAbility, nerve pain, Growing Pains (youth with chronic pain), the pain scale, pharmaceutical resources...chronic pain is like an onion, you peel away one layer and there are more needs and issues underneath."

"These days it's not just domestic. There are global issues that surround chronic pain that Penney is involved with. We are learning how the world handles the consumer side of chronic pain."

Fortunately, the ACPA board is filled with great, knowledgeable individuals within the field, according to Galia.

Though he isn't a medical person, his expertise in finance and business has been invaluable.

As the ACPA treasurer, he reviews the monthly and annual financials, provided to him by the accountant and auditor of the organization, and summarizes the details for the board. "People with pain are the focus of our program and projects," Galia said, adding that the most important goal is maintaining funding to develop materials and online resources to educate people with pain, their families, and medical professionals.

Daniel Galia lives in Rocklin, California, with his wife, Kimberly, and his children, Aidan and Devyn. In 1997, he received his bachelor's degree in marketing and business operations from California State University, Sacramento.

As Director in Global Support and On Demand Operations for Oracle Corporation, Galia focuses on automation and standardization of systems, processes, and tools for several sales organizations. He has worked at Oracle for 11 years, in management and operational roles.

| TOP |

## Migraine Help

Participate in a National Institutes of Health (NIH) funded research study on Web-based support for migraine headache. You may experience reduced frequency and severity of headaches. Learn more about migraine headache. Earn up to \$100. Contact Inflexxion, Inc. Phone: 617-332-6028 ext 270. Email: [jainscough@inflexxion.com](mailto:jainscough@inflexxion.com).

# Letters

Hello!

First of all, thank you for all of the resources and easy-to-read information that you have on your website. As a clinical pharmacist in an ambulatory pain management clinic, I use these materials quite often in both the clinic and the multidisciplinary pain seminars that we offer.

That said, I would encourage you to add “pharmacist” to your list of people who should be involved in the patient’s pain team. Whether it is a unique situation like the one I am in (where I review all pharmacologic plans for efficacy and safety, recommend changes and monitoring as appropriate, and provide extensive education to the patient on his or her medications), or a pharmacist who is dispensing the patient’s medications at the corner drugstore, pharmacists should play a large role in both patient education and monitoring.

Many people do not know that pharmacists now all graduate with a doctorate degree (Pharm.D.) and are a valuable resource in their pain management. Inclusion in your list may help to educate some people with pain as to the potential role of the pharmacist within the team. Thanks for your consideration of this request, and don’t hesitate to contact me if there is anything you would like to discuss further.

*Emily Evans*  
Shreveport, LA.

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## The Art of Pacing CONTINUED FROM PAGE 5...

When he is focused on others and sharing his gifts, Jerry has “a few hours a week when I have no pain.” He’s also available to his ACPA group members, frequently via phone since the membership is spread out geographically.

In addition, he disciplines himself to exercise regularly, do relaxation through meditation, and keep his weight under control. And with his wife he pursues his love of travel, especially enjoying cruises.

To accomplish all he wants to, Jerry said pacing himself is critical. “There are many times when I don’t and I pay for it with increased pain and being able to do less.” His biggest enemy, he said, is his own personality. “I’m a perfectionist and goal-minded. There are times I push myself too much.” He has to abide by his current physical limitations, including not working too long at his computer, a challenge his wife frequently points out.

Dear Penney,

I remember meeting you about 20 years ago. Recently, someone asked me how I coped during the dark times. “With faith” was my first answer, and then, “with the ACPA.”

I had a devastating accident that left me with permanent damage and nowhere to turn. Thankfully, a kind doctor recommended the ACPA. Your mission gave me a new path.

I have moved many times since the time I first met you, but as you can see below, I went on to college at the ripe old age of 38, stood up in many a classroom as I could not sit in the chairs, got a degree and now run my own business for Sign Language Interpreting. Do I still have pain? Oh yes, but I have learned how to deal with it and stay productive. Thank you for your hard work and your inspiration to those like me. Keep smiling!

*Ellen C. Hayes, BS, CI, CT*

| TOP |



But he knows the benefits of sticking to the reality of his limitations. “If I pace myself and follow my rules I’ll have a reasonable day,” he said. “To find an answer, you’ve got to take control of your pain management, because it’s not going to come out of a bottle.”

| TOP |

# Book Reviews

## ***Chronic Pain and the Family***

by Julie K. Silver, MD

Reviewed by Cliff Mulders

In this book, Dr. Silver reviews the causes and characteristics of chronic pain and explores its impact on family relationships, covering such issues as employment, parenting, childbearing and inheritance, and emotional health. Included are sections on how chronic pain affects children, couple's relationships, and intimacy and sexual activity.

I appreciated how this book was organized and the information presented. While I was reading it, I wondered if the same information would have been given if it was written from the point of view of the person with pain or the caregiver.

I didn't find much in this book that was new to me. After 15 plus years of dealing with my wife's chronic pain from RSDS, I am familiar with the medication, doctor visits, injections, Tens Unit, support group meetings, loss of finances, and overall stress that a person with pain encounters.

However, I would recommend this book to individuals recently diagnosed with chronic pain and anyone else who is concerned. The readers would be at the acceptance stage, so they are ready to deal with their pain and can be encouraged with the information they read.

*Chronic Pain and the Family: A New Guide.* By J. K. Silver. Published by Harvard University Press, 2004  
ISBN 0674015053, 9780674015050  
166 pages

## ***The Truth about Back Pain: A Revolutionary, Individualized Approach to Diagnosing and Healing Back Pain***

By Todd Sinett, Sheldon Sinett

Reviewed by Edwin W. Kitzes,  
Regional Facilitator, Las Cruces, NM

Chiropractic doctors Todd and Sheldon Sinett have developed a new approach to diagnosing and relieving back pain based on the idea that back pain is caused by three distinct influences: structural, actual physical damage; nutritional, an unhealthy diet; and emotional, stress and personal issues that affect health. They dispel the many prevalent myths about back pain and propose solutions that use non-invasive physical and easy-to-implement mental techniques.

I enjoyed reading this book. It was a comprehensive collection of information for people suffering from acute to chronic back pain. The reading was easy and written for non-medical persons. Free of lengthy passages of long, medical words, this book presents the average person with a great overview of the causes and cures of back pain for the average person.

The author explains that pain is often formed from several sources inside our bodies. We need to be aware of all these different influences for us to gain control of our pain.

I enjoyed this book because it took a multi-faceted approach to understanding back pain and went into great detail about the mental and spiritual aspects of pain. This way of looking at

pain is a refreshing, evolved perspective that people with pain should now come to expect in any modern medical document. Understanding and coping with pain has been documented over and over again as a complex experience. I enjoyed the open-minded and diverse approach taken by the authors.

One weakness of this book is that it was written for a broad audience. The specifics of anatomy and physical physiology were absent in the majority of the reading. If you are interested in understanding the strictly medical side of pain, you will need to find other sources.

I learned some new and useful things by reading this book, small tricks and ideas that can be used by people to help ease their pain. But more importantly, I learned that the general population is slowly beginning to learn and accept that pain is caused by numerous sources; that the mind and body act as a whole. This signifies a change from earlier in the late century when pain was only understood as a product of the body's chemistry.

I would recommend this book to anyone who is in acute or chronic pain. It is a great book filled with uplifting stories and ideas on how to control back pain.

*The Truth about Back Pain: A Revolutionary, Individualized Approach to Diagnosing and Healing Back Pain.* Todd Sinett, Sheldon Sinett  
Published by Perigee, 2008, 203 pages  
ISBN 0399533931, 9780399533938

| TOP |

## Pace Thyself CONTINUED FROM PAGE 1...

**Prioritize:** Take time to make a list of all the things that you want and need to do. Writing it down defines all that you expect to accomplish. Before you begin to tackle this long list take a moment to consider which one is the most important. If you have a sense of the things you want to complete first, it will provide you with an all-important sense of control. At least now you have a starting point.

**Action:** Once you have determined the order of your most important tasks you need to take action. Your actions have a direct impact on how you manage your pain from day to day. Don't set yourself up for failure by tackling too much in one day. You must make sure that your actions are within your limits. And, before engaging in any physical activity, it is a good idea to do a few warm-up stretches to guard against injury.

**Comfort:** Comfort of both your body and your mind should be considered. Before beginning a task ask yourself if it is within your limits. Is it something that you can do by yourself or will you need help? Can you complete the task in the time you have allotted or will it take longer? If it does take longer than anticipated, have you given yourself time to rest throughout the task? Your physical comfort should be considered when preparing your list of priorities. Listen to what your body tells you!

**Enjoy:** You need to ask yourself if the task you have decided on is one you enjoy. Is your heart set on accomplishing the task? Do you believe it is important for you to do? Will it make a difference in the overall success of what you perceive as the end result? Are you only doing it because you think others expect you to do it?

I realize that some work is no fun, but simply needs to be done, and we do it because it is part of our job. There are, however, tasks we take upon ourselves that are not within our ability, are really not that important, or will not enhance our lives. These we should place at the end of our list or eliminate them altogether.

The holidays are a wonderful time of the year when we are renewed and restored by friends and families. It is a time to enjoy and complete necessary tasks. It is important that you pace yourself throughout the preparations and holiday season so you can enjoy each moment as a person rather than a patient.

| TOP |



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*The Chronicle is published quarterly by the American Chronic Pain Association.*

*We welcome essays, poetry, articles, and book reviews written by people with chronic pain or their families.*

*Please send inquiries to:*

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## Tributes

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**CLIFF AND SHERRY MULDER**  
 FOR THEIR YEARS OF HARD WORK AND  
 DEDICATION TO THE ACPA AND TO  
 HELPING PEOPLE WITH PAIN.

Given by  
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**Medtronic** for the Consumer Guide to Pain Medications and Treatments

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**Medtronic Foundation** for the filming of two AgrAbility presentations so the presentation can be distributed to all AgrAbility projects nationwide, as well as individuals and health care providers.

The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain.