Matt is one of us. One of the 110 million people who live with chronic pain. And he’s having a difficult time getting back to his exercise routine.

It is not that he doesn’t want to exercise; he used to do it all the time, until the pain became part of his life. But since then, it seems as if every time he tries to jog, do sit ups, or some other exercise, it makes his pain worse. After such an attempt, he gives himself a few days off. Maybe it was just a bad day, he thinks, and tries again.

He’s hoping he might be able to do at least a few easy exercises, but again the pain increases. After several more attempts he is afraid to try, afraid of more pain. So, he stops exercising and commits himself to a life without any exercise at all.

Sound familiar? Before I went to a pain management program in 1979, I was just like Matt. If I did any activity that made my pain worse, I stopped it at once. I was so afraid I’d increase my pain that I did nothing at all.

My health care provider reinforced my fears by telling me, “If it makes the pain worse, don’t do it.” After six years of eliminating one activity after another, it seemed as if the smallest movement hurt me. I was trapped in my own body.

Accepting a New Reality

If only I had known then what I know now. It wasn’t until I went through my pain program that I believed I would not hurt myself if I exercised; that it could actually reduce my pain. It was a difficult concept for me to accept.

About three weeks into the program I realized that I felt better after stretching; that the exercise was helping me. You see, the less we do the more deconditioned we become. It doesn’t take long to get out of shape, but it is much more difficult to get back into shape.

For every day we don’t move, we lose muscle tone that will take two weeks to regain. Getting back in shape can be painful and discouraging. An exercise program must include listening to our bodies, starting out slowly, and gradually building a program over a long period of time.

CONTINUED ON PAGE 10...
The Complex Relationship Between Pain and Exercise

by Alison J. Conte, Editor, The Chronicle

Editor’s Note: The following should not be interpreted as medical advice for any specific person or condition. Talk to your doctor, physical therapist, or other health professional to begin an exercise program.

Though many people have discovered that exercise and movement can help them manage their pain, doctors and researchers do not have one-size-fits-all advice on the subject.

“We have not reached a consensus on the effectiveness of different types, frequencies, intensities, and durations of exercise for all the different kinds of pain. At this time, we don’t have enough high-quality research,” said Erin Alice Dannecker, PhD, ATC.

However, Dr. Dannecker said that research has shown that both resistance and aerobic exercise are capable of reducing some types of pain in some people. “If these findings are accurate, then people may have a wide variety of exercises from which to choose, depending on their individual circumstances,” she said.

The relationship between pain and exercise is scientifically complex and depends on the type and duration of the pain. The characteristics and environment of the person with pain also play a part. So, there is no one best exercise for everyone with every type of pain. Any quick and simple exercise advice you receive is probably not good exercise advice, she explained.

Her colleague, Dana Martin, PT, DSc, agrees. “In general, just getting up and moving is good. However, an exercise program should be developed by a professional. Physical therapists are movement experts and will be able to develop an exercise program tailored to meet your needs,” Dr. Martin said.

Choosing an Exercise Program

Start by asking your doctor to help you identify a modest exercise program that you can do safely. He or she may suggest you see a physical therapist who can assess your physical abilities and teach you the right exercises.

“Some professionals are trained in how to prescribe exercise for reducing acute, localized pain. Others know how to prescribe exercise for treating widespread pain, neuropathic pain, and chronic pain. So it is important for people with pain to make sure they are getting recommendations from an appropriate expert,” Dr. Dannecker said.

“For example, a person with excess mobility in their lumbar spine does not necessarily need to perform range of motion exercises or stretch that area if it is moving too much already,” Dr. Martin said. If pain is caused by a limited range of motion, then appropriate stretching could increase range of motion, which in turn might decrease pain.

“In general, people with severe pain should start with very light exercise. However there are many factors, like diagnosis, medical history, location, and type of pain that should be taken into account,” Dr. Martin said.

Dr. Martin added that research has generally shown that the longer you lay around, the weaker you become. Weakness may be a reason for pain. “Because pain can hamper your ability to move and function, movement and exercise can help those who need to restore flexibility, function, and range of motion,” she said. An exercise program with those goals might include core strengthening, to improve posture, alignment, breathing, and relieve back pain.

CONTINUED ON PAGE 3
Regular exercise can decrease depression, anxiety, and fear and increase self-confidence.

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**Researching the Effects of Exercise**

“Doctors and scientists also don’t agree on exactly how exercise reduces pain,” Dr. Dannecker said. “The endogenous opioid system, cardiovascular system, and cognitive distraction have all been suggested as potential mechanisms. Various experts in the field have suggested that multiple mechanisms may be important and may even be interacting with one another.”

Dr. Dannecker described new research from the universities of Iowa and Wisconsin, Marquette University, and Aalborg University, which used more complex research designs than have been used previously. “Some of this work has supported the idea that a previously identified mechanism called conditioned pain modulation is likely to be important for how exercise reduces pain,” she said. “Also, recent research has shown that regular physical activity prevents the development of exercise-related pain and chronic pain.”

“Although these mechanistic studies are fascinating, I am equally thrilled to see more studies comparing different forms of exercise for pain reduction. The number and quality of these comparison studies must increase in order for experts to synthesize across studies and develop evidence-based treatment recommendations,” Dr. Dannecker said.

**Tone up Your Mood**

Dr. Dannecker said that health professionals agree on the emotional benefits of exercise. Regular exercise can decrease depression, anxiety, and fear and increase self-confidence. Because negative psychological states may increase pain, exercise can lead to more a positive outlook and less pain.

Different forms of exercise have different advantages and disadvantages. According to Dr. Dannecker, healthcare providers generally recommend that people with joint disease try exercises that don’t apply high force loads onto the joints.

“Joint loads are affected not only by the type of exercises you do, but also the complex way that the exercise is completed. One type of swimming stroke might be beneficial while another type of swimming stroke might be harmful. In addition, some ‘low-impact’ exercises such as swimming are not exercises that everyone will do regularly. Appropriately trained professionals can collaborate with people who have chronic pain to develop the right program,” she said.

**Don’t Let Fear Take Over**

When beginning an exercise program, some people with chronic pain worry that it might make their pain worse, or create a different type of muscle pain. Of course, exercise can cause temporary pain for anyone, as unused muscles react to increased activity. Experts advise that a change in pain levels should be discussed with your healthcare providers.

“Communication is vital,” said Dr. Martin. “They should talk with their physical therapist or healthcare provider so that their exercise program can be modified if need be. Every person is different. Perhaps a different choice of exercise would be better.”

“I think it is very important for people to record how they feel during and immediately after different physical activities,” said Dr. Dannecker. “The changes across time are important to communicate to the exercise professionals with whom they are partnering.”

The ACPA offers tools through their website to record daily activity and changes in pain. You can download them at http://www.theacpa.org/Communication-Tools

Some people avoid exercise, fearing they could damage their muscles or cause an injury that could bring on more pain. While Dr. Martin admits this is possible, she said that “even healthy people may be injured during exercise or fall while jogging. Fear of a perceived source of pain can be protective. However, if a person is healthy enough for exercise, a physical therapist can create an exercise/movement program that is safe and specific to their needs.”

CONTINUED ON PAGE 4...
Committing to an Ongoing Plan

Of course, if you don’t want to exercise regularly, it is easy to find a reason not to. In many studies, “lack of time” comes out as a top reason to avoid exercise, according to Dr. Dannecker. Other reasons reported are, “no easy access to safe exercise areas,” and “a lack of supportive friends and family to serve as exercise companions.” “Exercise behavior is affected by a wide variety of individual, social, and environmental factors,” she said.

Is a little bit of movement every day better than a lot all at once? “We benefit by safely moving in a paced way as frequently as possible. For example, more studies are showing that just standing up frequently or moving your limbs around frequently is better than sitting all week, with bursts of more vigorous physical activity on the weekends,” Dr. Dannecker said.

Some people with pain exercise regularly, but stop on days when the pain flares up. “Though the research hasn’t covered this, I suspect it is better to safely move—even just a little—on bad pain days,” she said.

“Exercise should be viewed as one of many pain treatments,” said Dr. Dannecker. “The challenge is identifying the treatments that can work for a particular person and the methods of completing the treatments.”

Erin Alice Dannecker, PhD, ATC, is an Associate Professor in the Department of Physical Therapy at the University of Missouri. Prior to her current position, she was a National Institutes of Health (NIH) funded post-doctoral fellow in the Center for Pain Research and Behavioral Health at the University of Florida. She was one of 24 researchers from around the world invited to speak at the International Association for the Study of Pain Research Symposium on Musculoskeletal Pain and one of three new investigators invited to give an oral presentation at the first annual NIH Pain Consortium Symposium. Her primary area of research interest is the complex interactions between pain and physical activity and the effects of individual factors (e.g., sex, body weight, expectations, emotions) on those interactions. This line of research capitalizes upon her interdisciplinary training in exercise science, psychology, and pain.

Dana Martin, PT, DSc, is director of clinical education and teaching assistant professor in the Department of Physical Therapy at the University of Missouri School of Health Professions. Along with being a faculty member at the University of Missouri, Dana continues to practice primarily in the outpatient setting at Capital Region Medical Center in Jefferson City, MO.

New Publishing Schedule for the Chronicle

In 2015, ACPA’s newsletter, Chronicle, will be published three times a year instead of four. Look for your new issue in March, July and November.

We are making this shift because of cuts in the funding we receive for the newsletter. This is the best way to continue both an online and printed version and reduce our costs. Members have told us that they appreciate receiving the printed newsletter in the mail, so we wanted to find a way to continue both options.

Because the printed newsletter will be published less often, we may include some additional content in the online version. We’ll include a list of these features and remind you to check out these “Web Extras” through a link from our website, www.theacpa.org. And, as always, we look forward to your letters, comments, and submissions.
When looking for tools to help manage pain and improve their attitude, many people turn to exercise. People with pain find therapeutic value in stretching, strength training, and walking. Others hike up mountains, ride horses, or try Karate. These types of physical activities may minimize pain, restore flexibility, aid functioning, and improve attitude.

Some people with chronic pain fear exercise. But unused muscles feel more pain than toned, flexible ones do. As you build strength, your pain may decrease. You can also build a more active social life around exercise. It can lead to greater interaction with others and more time outside the house, create structure for your day, relieve depression and anxiety, and build confidence.

Exercise is also good for your heart, cholesterol, and blood pressure. It is a medical treatment that is available at little cost and with virtually no side effects.

Get Moving
In the past, doctors recommended bed rest for problems such as back pain. But those days are gone. Studies have found that people who exercise and stay flexible manage their pain much better than those who don’t. One reason is that those with chronic pain have a lower pain threshold. It takes less pain to make them feel more uncomfortable. Cardiovascular, strengthening, and flexibility exercises can improve that pain threshold.

According to the ACPA Consumer Guide to Pain Medications and Treatments (http://www.theacpa.org/Consumer-Guide) persons with chronic pain can become discouraged when their pain temporarily increases because of therapeutic exercise. They will sometimes stop before they’ve begun to feel the benefits.

A flare-up of pain with exercise should be expected even with safe exercise, but it may also be attributed to poor body mechanics, guarded or stiff movement, high levels of demand on an injured site, or movements that compensate for pain.

All these concerns should be discussed with your doctor or therapist so you can find a way to continue to exercise, build strength, and relieve pain.

Aquatic Therapy Eases Stress on Joints
Many people who cannot tolerate weight-bearing exercise because of pain or weakness can start with aquatic therapy or exercise. Buoyancy in water decreases the stress on your joints.

According to Garry Kushnir, DPT, aquatic therapy is an emerging form of physical therapy treatment that has been shown to provide effective relief of chronic pain. “People with reflex sympathetic dystrophy find that the warm water calms their sensitivity to touch. People with chronic lower back pain find relief due to the buoyancy force of water countering the effect of gravity on their spine.”

He also stated that those with fibromyalgia often ease lower back pain through the hydrostatic pressure force surrounding their legs. This force can “jam” pain signals by changing which stimuli are sent to the brain.

This relief of pain, however brief or lasting, allows people with chronic pain to perform health benefiting exercises in a pool that they would not be able to tolerate on land. Once the individual gains strength and flexibility in the water, they should try to switch to a land-based exercise program, Kushnir said.

Gentle Exercise with Mindfulness
Yoga and Tai Chi have become popular for people with pain because of the slow movements and minimal impact on joints. There is also an element of relaxation and mindfulness that helps emotional health, according to the Consumer Guide.

Tai Chi is an ancient Chinese system of meditative movements practiced as exercises to gain strength and flexibility. It is an effective treatment in improving physical functioning for those with arthritis, low back pain, or fibromyalgia. As a low-impact exercise, Tai Chi is great for people with joint problems because it actually helps build connective tissue and improve circulation. Additionally, this form of exercise improves balance and posture by emphasizing correct form with each movement.

Tai Chi is a series of soft, flowing movements choreographed into a slow routine. Exercisers tackle tension and stress while improving body awareness. Each specific movement corresponds with either the inhalation or exhalation of a deep, gentle breath.

Yoga helps to manage chronic pain by stretching, strengthening, and relaxing the body. It creates a greater sense of health and well-being by emphasizing mindful practice, breath awareness, and proper body alignment. There are many different styles and schools of yoga. People with chronic pain should begin with a gentle, slow-paced class. Benefits of yoga include improvements in sleep, better ability to handle stress, and feeling more relaxed throughout the day.
Movement—it’s what our bodies were designed for. Many studies have shown that making time for exercise can help improve both mental and physical health, relieve stress, improve mood, increase relaxation, and much more.

But some individuals living with chronic pain may not be able to imagine exercise as part of their lives. However, as these three women explain, altering one’s mindset about what the body can—and can’t—do has paid big dividends in helping to manage pain conditions.

A Life-changing Diagnosis
As a teacher, Claudia Welch, 51, of Torrence, California, was used to being organized and in control. And even in 2003, when she was diagnosed with multiple sclerosis (MS), she figured that she would continue living life as she had been—with slight modifications.

“I was completely in denial when I received my diagnosis,” Welch said, “to the point that right after I received the news, I sat in my hospital bed thinking that if I can’t teach school, then I can teach part time or use my health science background in some type of position. So I got out of bed and went down the hall to the hospital’s job board, wrote down positions of interest and then began updating my resumes. It never occurred to me that I was not going to be able to do what I loved anymore.”

Welch spent the first several years with MS in and out of the hospital every six to eight months. The condition was debilitating—both mentally and physically. She found herself confusing words that she previously knew, taking naps (which she previously believed were a waste of time), and going to bed early. And even though she exercised a lot and was physically strong, she could barely lift her right leg. And after each hospitalization, depression, isolation, and weight gain set in.

“It was important for me to start off small and not overdo it. I knew I couldn’t set my expectations too high or I would be disappointed and not as inclined to continue,” she said. “As a former teacher who was so very driven and busy all of the time, this was difficult for me to accept. But I knew that by resting and building up to a goal, I would eventually succeed in taking back my health.”

Creating a Fitness Program
Instead of joining a gym, Welch created her own fitness program using things around the neighborhood. She does triceps dips on a cinder block wall or park bench and pushups against palm trees. She enjoys interval walking: moving rapidly for a set period of time, slowing her pace for recovery, then moving rapidly again. She meets her friends for cardio-boosting weekend walks along the beach. And just recently, she and her husband Glen added bicycling to their routines.

To some living with chronic pain, those activities may seem overwhelming. But Welch said that breaking up activity throughout the day in small periods is just as successful as doing it all at once. She learned about this—spontaneous physical activity (SPA)—during an integrated pain management class held at Kaiser Permanente in Harbor City, where she is a facilitator for the ACPA.

“Every time I find myself having to wait in line or at an appointment, I am doing SPA,” she said. “This tool means not wasting moments. Wherever you are, integrate some physical activity, and have fun with it. Waiting in line at the drug store for your prescription? See how many leg lifts you can do in the time it takes for them to call your name. Riding in the car? Do butt crunches. It’s become a game for me, and provides me with opportunities to find ways around my pain, my fatigue, a particular challenge—you name it—whatever symptom was mentally preventing me from exercising.”

Welch is also aware of her nutritional levels and remembers to keep her food intake and calorie output balanced. As a result of this approach, Welch has maintained a stable weight for the last three years without dieting.
Just as physical activity is important in helping to manage chronic pain, so is mental exercise.

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“Being active was a mainstay in my family’s life—to the point that it defined me,” Libby said. “And I purposely put off doing anything surgery-wise until I was 20 so that I could play volleyball in college. By that time, I had opted to have spinal fusion surgery because of so much pain and deformity. I gave up my scholarship and had the surgery over Christmas break.” Post-surgery, Libby tried desperately to regain her fitness and athletic agility. “After years of trying to do what I’d been able to do before, I experienced a mental shift in that I finally understood that I had to change my thoughts about—and approach to—exercise and wellness,” she said. “I had to accept that this was the body I was given; that I still had life and that I can still live that life, even with limitations.”

Starting Small
Libby began to build her exercise program based on her physical therapy, which included massage therapy and yoga. This allowed her to take the “best of the best”—such as the yoga pose “downward-facing dog”—and modify them to suit her capabilities.

On any given day, Libby can be found riding her bike. She practices movements to tighten her core muscles and does squats while she’s washing the dishes or playing with her dog. And when she’s too busy to fit in dedicated cardio time? That’s when Libby will make time to stretch, no matter where she is. This is especially important during chilly weather, when her back and fusion hardware tend to stiffen.

“I’m very conscientious of those small things adding up in the health and wellness sense,” Libby said, “but I also let my body be my guide. Individuals living with chronic pain have to be very adaptable because things can change quickly. In 2012, I had the lower area of my spine fused under my existing fusion. After nine months, I was on a roll with physical therapy, riding a bike farther than I ever had and more. I was doing more with much less pain, and I was so excited—and ready to do even more. But a month later, the hardware in the lowest area of my fusion broke, which set me back. However, I wasn’t going to let my ego and pride get in the way of continuing with my activity. The experience forced me to adapt and pay more attention to my body. Trying to hold on to something that isn’t working or doesn’t work anymore isn’t helpful.”

Feeding the Mind While Helping Others
Mental wellness is also important to Libby. Year-round, she is active with advocacy work with several nonprofit organizations, including the State Pain Policy Advocacy Network, the U.S. Pain Foundation, and the California Pain Initiatives. She focuses on improving pain care legislation and policies for accessible healthcare and pain treatments. Because of her interest in these activities, she is also pursuing a master’s degree in public policy and administration.

“Being able to help others truly puts me in a can-do mindset, and that translates to long-lasting physical effects,” Libby said. “I’m helping increase awareness and support of chronic pain—within the general population, the medical community, and policy makers. There are so many resources out there that can be shared and collaborated on so that we can deliver better services to individuals with chronic pain.”
A Positive Mindset Can Pay Dividends
Libby’s 12-year-old daughter, Ginger, was recently diagnosed with scoliosis. Similar to Libby and her husband John, Ginger is a talented athlete who must now balance activity with physical wellness.

“It’s heartbreaking—seeing my daughter having to experience the very same life that I did,” Libby said. “But I try to maintain a positive attitude and not make excuses for what I can’t do anymore, because I want to be a positive role model for her. I want to support her throughout her treatments and help her stay as balanced and as healthy as she can be.”

So what advice does she offer about adding physical activity as a pain management tool?

“Start small and establish a routine. Recognize that by undertaking any activity—no matter how large or small—that you are doing the best you can at a given time. Wellness takes commitment, and there’s no sense in beating yourself up if you’ve walked away from exercise for a while, or can’t do as many repetitions. Draw on your resiliency and mental strength and let your body follow. When people integrate exercise into their daily lives, the mindset shifts and benefits continue to emerge.”

A Long Journey
In the 1980s, Nancy Lee Kelley was a young mom and a full-time working professional who was always on the go. Free time was spent being just as active as her three young children were.

But in 1989, after experiencing severe joint pains in both legs, knees, and fingers, as well as feeling tired most of the day, she knew something wasn’t right. After being misdiagnosed by doctor after doctor, she was finally diagnosed with systemic lupus erythematosus (SLE) lupus, an autoimmune disease that can affect the skin, joints, kidneys, brain, and other organs.

“It took nearly seven and a half years of going from hospital to hospital to figure out what was wrong with me,” said Kelley, 66, of Old Orchard Beach, Maine. “Doctors concluded that the combination of medications were both exacerbating my lupus and affecting my mind. Finally in 1995, I had lupus testing in Boston. And with a low dose of prednisone, and two medications for blood pressure and a kidney disorder, I’ve been much better and I feel like myself once again.”

Feeding the Body and Soul
Despite the rotating hospital visits, Kelley never lost her appetite for being active. In fact, she walked with individuals at the hospitals and participated in patient discussion and support groups. And post-hospitalization, touched by the care she received from visiting nurses, Kelley began hospice training so that she could “give love to people who didn’t have a family member near their time of death.” She never realized at that time how important this work would become for her.

Because of drugs, inactivity, and hospitalizations, Kelley’s weight ballooned from 115 to nearly 195. So she started an exercise program at home. Each day, she would walk around the house, eventually progressing outside through the neighborhood. Finally, after another two years, Kelley’s weight began to regulate itself and she was able to be more active—as she had been prior to her lupus diagnosis.

A Life-changing Experience
In 2004, her oldest son Christopher, was killed in combat while serving in Iraq. The physical and emotional toll was immeasurable.

“Losing a child is something no parent should ever have to experience,” Kelley said. “Although I talked to Chris every day, I hadn’t seen him in several years because he was in North Carolina training, plus he had a young family and worked full time as an exercise physiologist. My grieving is the most tragic loss process I have ever experienced, and it continues every day. Faith and love helps me, and lots and lots of prayer.”

CONTINUED ON PAGE 10...
Forging a New Path
In 2011, Kelley started re-incorporating physical activity into her days. She and her husband Bob tried several fitness centers before finding one they could work with.

“The folks there said my exercise was at my own pace,” she said. “They recommended I start out on the treadmill and slowly increase my stamina. So I go four to five times a week and walk on the treadmill for 40 minutes, with a 10-minute cool down. Then I move onto eight weightlifting machines that are set for what I can physically do. My husband goes at the same time and we love it. When I come home, I have energy. I may not feel like I did when I was a youngster, but I’m doing something good for my pain, my piece of mind, and my body.”

Kelley maintains her exercise program year-round, even though humidity and cold weather tend to aggravate her lupus symptoms. But, she said, there are plenty of options for maintaining an exercise program. Early-morning public television programs offer yoga, quiet meditation on the beach, chair exercises, and more. She also discovered that the Arthritis Foundation has exercise videos for people living with chronic pain.

Outside of staying physically active, Kelley is very involved in the community. She’s a Rotary member; attends church; volunteers at the local college baseball games; and is the Chaplain of the Gold Star Mothers of Maine, which is a national organization of mothers who have lost a son or a daughter in service to our country and in combat. In June 2005, she organized a memorial race day to both honor her son and award outstanding students from his alma mater. This year, on the 10th anniversary of Chris’ passing, 500 people registered for the race.

Focusing on the Positive
Although her life may be different than she imagined, Kelley approaches each day with a positive attitude—something very much needed for a life with chronic pain.

“I like to say that lupus lives with me, not that I live with lupus,” Kelley said. “I think one of the ways that we can most help ourselves is finding a good pain support group. Also, if you can—exercise. There are so many options out there for us—and inexpensive ones too, especially if you are a senior citizen. I’m on Medicare and my gym membership is covered.

“There are many good days and there are still the bad days. However, I have learned—and I share this with others—that individuals living with chronic pain should not let it take over their lives. I encourage them to be active; to do things that are worthwhile and challenge the mind. I like to say that even on my worst days, I still apply lipstick and my favorite blush and go about my day with a smile.”

Sources:
2 http://runforcash.org/captain-christopher-scott-cash/

Exercise...Oh, No. Oh, Yes!
CONTINUED FROM PAGE 1...

Listen to Your Body... and Your Doctor
People with pain have good days and bad. On days when the pain is not as intense we are apt to make up for lost time, doing as much as we can. Too often we don’t listen to our bodies. When we feel the first ouch tugging at us, we ignore it, as well as the second and third ouch. Our bodies must scream at us to make us stop. Of course we pay for it in the coming days and often convince ourselves that we will never be able to be the person we once were.

It’s important to talk with your health care professional about an exercise program that fits with your abilities and is reasonable for you. Exercise can be an important component of pain management.

A Gentle Beginning
I would suggest starting out with one small exercise each day for a week, gently stretching and reviving your muscles. The next week add another exercise. In small doses, many people find that the exercise doesn’t add to the pain. Soon they have established a routine, feel better, and may even reduce their pain levels.

Exercise can also help you regain some of your old self and provide a positive self-image. Even the small steps are steps forward. Today’s accomplishment was walking around the block. Tomorrow, it might be two blocks.

In this issue of The Chronicle, you will read about how people with pain have restored exercise to their lives. You will also learn about forms of movement that you can try and the many benefits that exercise can provide.
Walking for Exercise and More

by Alison J. Conte, Editor, The Chronicle

The best exercise is the one you keep doing. For many people, that means walking. I like walking because you can fit it in anytime, and you don’t need special skills, equipment, or clothing. You can walk:

- Indoors or outdoors, all year round
- At different locations and times of day
- At the speed and duration that you like
- With friends, alone, or with a dog
- With headphones to add music

Walking keeps me flexible and gives me a chance to work out stress, particularly if I walk away from stressful situations. My lunchtime walks provide a break in the middle of a work day to socialize, get outdoors, enjoy a beautiful natural setting, or the excitement of city streets.

For people with chronic pain, walking is an easy exercise that doesn’t overstress painful joints. It can also relieve arthritis and back pain.

But for anyone, walking is a great exercise. Walking a mile a day burns 100 calories. So you could lose 10 pounds in a year by adding walking to your day—without changing your eating habits.

If you are just starting out, increase your walking time gradually. As you move up to longer distances, be sure to drink plenty of water before, during, and after walking. Incorporate stretches, as well as a warm up and cool down period, into your workout. In colder weather, dress in layers, as you will warm up during your walk.

As an exercise, walking builds muscles, improves balance, and activates leg muscles, joints, and your heart. It increases metabolism and burns calories. Walking is a weight-bearing activity that helps increase bone mass and is good exercise for your feet as well.

Here are some benefits of walking daily:

- Reduces the risks of heart disease
- Lowers blood pressure
- Decreases the risk of stroke
- Reduces total cholesterol and increases “good” cholesterol
- Decreases the risk of breast cancer and colon cancer
- Lowers the risk of diabetes
- Reduces the risk of glaucoma
- Reduces the risk of osteoporosis

Because of all these benefits, if you walk three or more times a week for a half hour or more, you could be saving $330 a year in health care costs (according to a survey published in the October 2000 issue of The Physician and Sports Medicine.) On average, experts say, every minute of walking can extend your life by 1.5 to 2 minutes. That’s about a two for one trade-off.

So go on, take a walk!


As an exercise, walking builds muscles, improves balance, and activates leg muscles, joints, and your heart. It increases metabolism and burns calories.
ACPA Updates

Combined Federal Campaign
The American Chronic Pain Association has been accepted by the U.S. Office of Personnel Management for inclusion in the Combined Federal Campaign as a member of Health & Medical Research Charities of America. If you work for the federal government and would like to designate the ACPA for a contribution, please use CFC number 10549. This is only valid for CFC members.

Awareness of Acetaminophen Safe Use Increasing
When it comes to treating pain, more consumers know how to safely use medicines containing acetaminophen to avoid accidental overdose and liver damage. This news is from a national survey showing that safe use knowledge has increased over a three-year period.

The American Chronic Pain Association is part of the Acetaminophen Awareness Coalition, which has conducted the Know Your Dose consumer education campaign. The survey shows that this joint educational effort is influencing consumers.

* Label reading: More consumers agree that it is “important to check the label to find out the maximum daily dose” of medicines (increased to 98% in 2013 from 93% in 2010).
* Following dosing instructions: More consumers agree it is “important not to exceed the dosing directions on the label” of pain relievers (increased to 96% in 2013 from 90% in 2010).
* Awareness of risk: More consumers understand that “exceeding the recommended daily dose of acetaminophen may lead to liver damage” (increased to 87% in 2013 from 78% in 2010).


ACPA Facilitator Responds to Media Reports about Pain
Sandy Rozelman, wellness coach and author of the soon to be released book, *Chronic Pain Doesn’t Have to Hurt: Shift your Perception of Pain*, responded to an article in the Boston Globe about biases in pain management strategies. She posted her comments on CNN’s online ireport.

“Pain is in the mind,” Rozelman stated, “but we’re so used to thinking it’s in the body. I believe that it’s not a matter of black/white rich/poor experiencing pain differently but more about people in general perceiving pain differently.”


Rozelman has been an ACPA support group facilitator for three years, and has published articles in the ACPA *Chronicle* and in the Pain Action Newsletter online. She has been a guest speaker at senior centers and nursing homes and on radio programs.

*Chronic Pain Doesn’t Have to Hurt, Shift your Perception of Pain* is a self-healing guide detailing her personal experiences living with chronic pain. Humor has been a huge part of her healing and she has published four books in her You’re Gonna Laugh series. Her essays can be found on her website, [www.breakingthecycleofpain.com](http://www.breakingthecycleofpain.com).

Welcome to our new groups and facilitators.

Nikki West
Little Rock, AR

Alma and Franklin Perry
Little Rock, AR

Carlotta Horrace
Prescott, AZ

Charlee Long
Kingman, AZ

Merrill Roberts
Golden Valley, AZ

Ron Carey
Augusta, GA

La Shawn Humes
Farmington, MI

Bonnie Brown-Ford,
Newark, NJ

Candy Ramsey
Akron, OH

Rebekah Rodriguez
Ashland, OH

Christine Klinect
West Salem, OH

William Boysen
Trophy City, TX

Kate Lewis
Alexandria, VA

For contact information for any support group facilitator, please call 800-533-3231.
Book Review

The Miracle of the Breath; Mastering Fear, Healing Illness, and Experiencing the Divine
written by Andy Caponigro

Review by Tara White, RN

Pursuing meditation is a very helpful technique for reducing stress and chronic pain. This book is a good tool for readers interested in an easily readable meditation guide. It discusses the importance of breathing properly in order to master fear, heal illness, and experience the divine, and gives all the corresponding physical positions for meditation.

The author describes how the spiritual life force that dwells in our breath goes beyond the mere physical process of breathing. By mastering the forces that dwell in our breath we can gain some unique and remarkable powers for healing ourselves in mind, body, and spirit. Some of the techniques help us feel calm and solid. Others help us feel more refreshed and energized. Still others help reduce pain and fear and lessen symptoms of illness.

Various cultures have used this life force in their teachings and beliefs. For example, the Romans coined the word respiro, which means “to breathe,” from the prefix re- (return) and the root spiritus (spirit). This remarkable word literally describes how the spirit of life leaves our body and then returns with every cycle of breath. To illustrate this, Caponigro quotes from the writings of the ancient Taoist masters:

“The breath is the mother of the soul.
Soul and breath follow each other just as form and shadow do.”

“When the breath is smooth and calm,
one can look internally at the spiritual palaces.”

Our mind and body are so closely linked that it is impossible to tense up or relax in one without doing it in the other. In fact, once you discover that the meditative state of consciousness is closely related to the sleeping state, much of the mystery disappears.

“When the divine joy comes, immediately,
I am lifted into the Spirit. I feel the bliss of
a thousand sleeps rolled into one, and yet
I don’t lose my ordinary consciousness.”

The Miracle of the Breath; Mastering Fear, Healing Illness, and Experiencing the Divine; author, Andy Caponigro; New World Library; 316 pages, $15.95; http://www.newworldlibrary.com/BooksProducts/ProductDetails/tabid/64/SKU/14786/Default.aspx#
Thank You!

Since 1980, the American Chronic Pain Association has provided people who must live with daily pain a means to help themselves to a richer, fuller life. We are grateful to have the support of these corporate sponsors for our mission:

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

Tributes

In Memory of
Gary Campbell
Given by
Bryant Reiff
Christine Berens
Alyssa Crittenden
Dan and Alyssa Benyshek,
Rogene and Joe Patterson

In Memory of
David Brand
Given by
Steve and Sarah Eraker

In Memory of
Robert Scott "Bobby" Drogus
Given by
Joseph Baim

In Honor of
Othelia Rabsatt
Given by
Akita Rabsatt

In Honor of
Emma Williams
Given by
Greg Gould

In Honor of
Captain (Shawn) and Mrs. Susan McGee
Given by
Robin and Charlie Maxim
Katie Flaspohler

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

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The ACPA Mission

To facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain.

To raise awareness about issues of living with chronic pain among the health care community, policy makers, and the public at large.