“When I exercise it makes my pain worse. It is best if I move as little as possible. I just don’t understand why my doctor insists I start exercising.”

These phrases are familiar to people with pain. Years of pain, therapies, and treatments have taken their toll.

We know that incorporating new movements into our daily routines can be painful. Who would want to create more pain?

With this attitude we convince ourselves that we simply cannot be active or even think about exercising. Yet, the less we do, the quicker our bodies get out of condition.

It is a known health risk to be inactive for long periods of time. Some of the problems that are created by inactivity are:

- Reduction in cardio-respiratory endurance and increased difficulty breathing
- Increased heart rate at rest and marked increases with exercise
- Loss of muscle strength, endurance, and muscle mass
- Reduced energy
- Depriving bones, joint cartilage, and connective tissue of the mechanical stress necessary to maintain tensile and compressive strength and elasticity.
- Compromise of motor control and balance

Years ago it was normal for a person with pain to have a long recovery period with little or no interaction. Things have changed. Now we know that people with pain have to take an active role in their recovery process. Even after major surgeries patients are told to get up and moving as soon as possible.

But those of us with chronic pain are often afraid that exercise will increase our pain level and we have had experiences that prove it. Well-meaning family and friends might add to your confusion by telling you to take it easy until you feel better. The old “if-it-hurts-don’t-do-it” thinking has to be overcome by a new understanding.

People with pain need to regain control of life—in spite of the pain. When you are on the road to recovery you are responsible for promoting that recovery and one of those responsibilities is to get exercise.

CONTINUED ON PAGE 13...
Exercise Puts You in Control
by Sally Price

When Kaitlyn Felciano began exercising, her pain was so great she couldn’t even set her foot down. Connie Baker says she felt like a “weak kitten” when she began her exercise program. And John Yeoman was in a wheelchair, in such pain that standing, much less walking, was extraordinarily difficult.

But now, these ACPA leaders know how the multiple benefits of exercise can help manage chronic pain. Kaitlyn, of Santa Rosa, California, says exercise has made her so much more limber that she was able to dance with her husband at a friend’s wedding.

Since starting to exercise regularly, Connie, who lives in the Cincinnati, Ohio area, is more active and doesn’t worry anymore about becoming an invalid. She can pay less attention to pain when she is involved in things she enjoys, like working as a reading specialist with children and teaching parenting skills to adults.

John, of Seattle, Washington, no longer needs his wheelchair. Exercise has given him some reduction in his chronic pain, as well as greater mobility, greater flexibility, and better sleep. When chronic pain makes all the activities of daily living seem overwhelming, exercise helps him remember that “pain itself is not the foe. Being overwhelmed with pain is.”

Exercise offers many benefits for pain, but Kaitlyn, Connie, and John all agree that earning those benefits can be a long, hard process.

Exercise Increases Flexibility
Kaitlyn discovered the benefits of exercise for pain while doing physical therapy. She was diagnosed with Reflex Sympathetic Dystrophy (also called Complex Regional Pain Syndrome), and her pain level was so high she could barely tolerate light massage. But she persevered, determined to improve her function so she could take care of her two young children.

“The thing that’s made the biggest difference for me is to push through the physical therapy even when the pain increased,” she says. Though hard, the exercises gave her hope that if she was consistent she could make gains.

She has less pain than before and when she has a flare-up of pain, she stretches her muscles instead of reaching for more pain medication. “One of the best benefits of exercise is trading a feeling of hopelessness to one of being in control,” Kaitlyn says. “When you just sit down and watch TV, you’re giving your power away.”

Kaitlyn does gentle, low-impact stretching exercises (and some aerobics) in warm water, along with Pilates for strengthening her core or trunk muscles. These exercises are so important that if she goes without them for more than several days, her pain “acts up” and her body gets “locked up.”

Start with Small Steps
Connie’s back pain and numbness came from a central nervous system dysfunction that occurred after an infection 15 years ago. She decided to try exercise after reading how important it is for a person with chronic pain to be physically fit. She now believes that doctors should push the benefits of exercise more for their chronic pain patients.

For John, his journey to recovery began mentally rather than physically. He had to rediscover who he was, find his strengths, and define himself in ways that didn’t focus on his pain.

John found help in reading “Anatomy of an Illness as Perceived by the Patient” by Norman Cousins and “The Day Room, A Memoir of Madness and Mending” by Kathleen Crowley.

John says, “After a year in the pain clinic, I felt confident and strong enough to return to school and get my degree.” (Eventually, he earned a master’s in mental health counseling.)

John’s back pain was caused by nerve damage from an injury in the Navy 18 years ago. It was at the Seattle VA Pain Clinic that John began taking back his life. “If you can feel good about a small accomplishment, the next time maybe you’ll make the goal a little bit bigger, more of a challenge,” he says.

For John, his exercise routine consists of a stretching and breathing Yoga program that his wife, a Yoga instructor, designed for him. He adds strengthening with weight lifting. John’s exercise routine consists of a stretching and breathing Yoga program that his wife, a Yoga instructor, designed for him. He adds strengthening with weight lifting. Yoga doctrine advises participants to breathe deeply and to “lead with your heart.”

Connie, who lives in the Cincinnati, Ohio area, is more active and doesn’t worry anymore about becoming an invalid. She can...
A s models of treating individuals with chronic pain continue to evolve, the role of professionals in the health care field must change as well. Today, the traditional passive approach to treatment is discouraged. Individuals with pain are encouraged to be actively involved and to play a role in determining their outcome. Physical therapists can be valuable partners to people with chronic pain as part of a multidisciplinary team, providing assistance in dealing with chronic pain issues.

Guideposts on the Journey

The American Chronic Pain Association (ACPA) lists ten steps in making the journey from patient to person. Physical therapists have the knowledge to aid in completing and transitioning between many of these steps. They can help people with pain better understand their problem pain, offering insight regarding specific physical conditions, symptoms, and associated functional impairments.

Physical therapists can help individuals set realistic goals and give advice on how to achieve these goals in an appropriate time frame. And, though therapists are trained to recognize and treat specific impairments, they also know how to focus on using an individual’s abilities in achieving functional gains. Just as important, because of their background and experience, a physical therapist may also be a rich resource for referrals to the most appropriate source of help, even when physical activity is not the answer.

Overcoming the Fear of Exercise

Many people may have concerns regarding the role of exercise in the chronic pain population. Exercise alone cannot eliminate discomfort. But an exercise program focused on retraining needs, cost, and the incompatibility of software and hardware. However, doctors who have made the switch to digital storage found that when signs and symptoms of a more acute nature are observed, Physical therapists know how to help those with chronic pain by drawing on these strategies, which are more often used for acute injuries.

It’s a Team Effort

Individuals are encouraged to play an active role in physical activity while a therapist provides guidance on the progression of the program. Together, they set initial goals and update them as necessary. Early in the therapy process, participants and their therapists develop a program of exercises that is effective and that can be performed independently at home. This helps to establish the habit of daily exercise while giving the individual with pain more autonomy from the beginning. In more complex cases, when a person is not responding well to this approach, they can consult a therapist that specializes in difficult chronic pain cases.

An Evolving Role

As current research continues to lend insight into the management of chronic pain, the role of various disciplines becomes increasingly important. Physical therapists can assist in understanding conditions that contribute to pain, provide guidance to effective management techniques, and help to prevent periods of symptom relapse. The most important service a physical therapist can offer may simply be to encourage an individual to play an active role in controlling his or her experience with pain.

For example, certain modalities (heat, massage, ultrasound, etc.) are often not considered part of routine treatment. But they can be helpful for relapse periods of increased symptoms, or when signs and symptoms of a more acute nature are observed. Physical therapists know how to help those with chronic pain by drawing on these strategies, which are more often used for acute injuries.

Cancer Prevention and Control Recognized

In May 2005, the 58th World Health Organization’s Assembly passed a resolution urging member states to take action to develop and reinforce comprehensive cancer control programs that would implement strategies for prevention, early detection, diagnosis, treatment, rehabilitation, and palliative care.

Many people with cancer incur long-term pain as a result of treatment. With the growing success in treating cancer, people are living longer with cancer and with pain. This means that pain control is a growing issue for people with cancer and not just at end-of-life. The resolution also emphasized the need to encourage scientific research particularly for prevention, early detection, and management strategies like palliative care and pain control.

Doctors Slow to Go Digital

While 10,000 Americans have created online personal health records, doctors are slower to turn to digital technology, according to a recent article in New York Newsday. Patients can create an electronic health record for free with iHealthRecord, from Medem, Inc. Details of treatment, medications, health insurance, and surgeries are password protected, easily updated, and available from anywhere.

For details on the iHealthRecord, go to www.ihealthrecord.org. For the entire article, go to www.nynewsday.com/news/health.

Older Patients do Well on Pain Medications

Patients over age 60 are often better candidates for morphine-based medications such as OxyContin and Percocet than younger patients. Older people report greater pain relief and they are much less likely than younger patients to need rapidly escalating dosages to control their pain, according to a new study from the University of California pain clinic.

Researchers found that on average, patients under 60 reported satisfaction twice as strong as that needed by patients over 60. After almost two years, the older patients reported they still got relief on the low doses, while the younger patients reported little pain relief even after their dosages were increased.

“Because of the continuing stigma associated with opioids among many older people, the group that stands to benefit the most from the pain relief they offer are getting the least,” lead author Pamela Palmer said. “Doctors are reluctant to prescribe the opioids and senior are reluctant to take them.”

One reason that older people avoid opioids, she said, is that they fear they will want higher and higher doses as they become “tolerant” of the drug and will become addicted. But the study showed that older patients develop tolerance very slowly and addiction is unlikely. (Summarized from the Washington Post, May 20, 2005.)

Caring Palliative Care Pathways

Creating Palliative Care Pathways is a Web-based panel discussion and conference call, on Thursday, Sept. 19, from 10:30 to 2:45 p.m. eastern time. It is sponsored by the Center to Advance Palliative Care (CAPC).

Health professionals can learn from an expert panel of hospice and palliative care leaders who will discuss hospital-hospice partnerships and strategies for designing and implementing palliative care programs. The cost for this call is $45 per line. Space is limited and available on a first-come, first-served basis. To register and more information on the panel, go to www.cape.org.

October 17

IS GLOBAL DAY AGAINST PAIN

www.ampainsoc.org

www.iasp-pain.org
About 30 percent of the U.S. population contracts shingles (also known as herpes zoster) each year. The condition is more prevalent in older adults; almost 50 percent of those who live to age 85 will get shingles.

Shingles is caused by the same virus that causes chicken pox (the varicella-zoster virus), and so people can’t develop shingles unless they have had chicken pox. After chicken pox ends, the virus is kept dormant in the nervous system, typically for many years, by the immune system. When the abilities of the immune system decrease, the virus reactivates and causes shingles.

Old age causes this decrease in the functioning of the immune system, so your chances of developing shingles increases as you age. Hodgkin’s disease, HIV infections, or medical treatments like bone marrow transplant also decrease the effectiveness of the immune system and increase the risk of developing shingles. Stress can also increase the risk factor, though this isn’t well studied and not as important as other factors like age and lowered immunity.

As the virus begins to reactivate, it causes pain as well as a particular kind of rash. This rash is one-sided, often on the chest, back, or face, and consists of small blisters. The pain can begin a few days before the rash appears. This “prodromal” pain, as well as the pain that accompanies the rash, is typically burning, sharp, or shooting and made worse by light touch. The shingles rash usually heals within two to four weeks and pain often disappears around the same time. But in about 20 percent of all people with shingles, the pain does not go away. It can last for months and years. This chronic pain condition is called postherpetic neuralgia (PHN), and it affects from 500,000 to one million Americans.

PHN Causes Acute Pain
People with PHN suffer from physical disability, reduced activity, and emotional distress. Their overall quality of life is often markedly reduced. As many as three-quarters of people with PHN have alldynia: This is pain in the area of the rash that is caused by the light touch of clothing or sheets or even the breeze of an air conditioner. For those with PHN, this unusual kind of pain can be so severe that it prevents them from wearing clothes and causes them to become home-bound.

Why do some people with shingles get PHN and some do not? The age of the shingles patient is one factor. Persisting pain is infrequent in people under age 40 who get shingles, but might be as high as 50 percent in those over the age 70. Newer studies show that people who have more severe pain during the time they have a shingles rash are also at greater risk for developing PHN. People with more severe or longer lasting rashes are also at greater risk of developing PHN. This is probably because they have greater damage to the nervous system. PHN might then be prevented by three antiviral drugs—acyclovir, famciclovir, and valacyclovir—that reduce the severity of shingles episodes and lessen nerve damage because they inhibit replication of the virus that causes it.

Treatment with one of these drugs should be started as soon as possible after the shingles rash appears and continued for seven days. When treatment begins promptly, these drugs speed the healing of the rash and reduce pain, also minimizing the likelihood of PHN. Unfortunately, despite treatment with one of these antiviral drugs, a substantial number of people with shingles will still develop PHN. For example, approximately 20 percent of people over 50 years of age treated with an antiviral drug continue to report pain six months after their shingles began.

Combining Medications
How then can the risk of PHN be further reduced? One strategy for preventing PHN is to use another medication in combination with an antiviral drug. It has been proposed that combining antiviral therapy with effective relief of shingles pain would further reduce the risk of PHN. Unfortunately, there have been no systematic studies conducted to identify which drugs are effective in relieving shingles pain.

Several drugs, however, have been proven effective for PHN, including gabapentin, lidocaine patch 5 percent, opioid analgesics, pregabalin, and tricyclic antidepressants. It is possible that these drugs may be effective in relieving shingles pain as well (except for the lidocaine patch 5 percent, which cannot be used in patients with shingles). Research is still needed to see if they actually do a better job of preventing PHN when combined with an antiviral drug than the antiviral drug does when it is given alone. Still, even if the combination did not reduce the chances of later developing PHN, effective relief of pain in shingles is clearly a very desirable treatment goal in itself.

A chicken pox vaccine became available in the United States in 1995 reducing the number of cases of chicken pox in this country to one-quarter of what it was before 1995. However, millions of adults remain at risk for shingles because they had chicken pox as children, and so a way of preventing shingles (and therefore PHN) remains very important.

Several years ago, a modification of the chicken pox vaccine was shown to cause a significant increase in the immune system response to the varicella-zoster virus in people over the age of 55. Because of this finding, the US Department of Veterans Affairs conducted a large study to see if this vaccine would prevent shingles in older adults. The results of this research, which involved approximately 39,000 people over 60 years of age in 22 cities in the US, were published in June of this year. The vaccine was effective only not in cutting the risk of shingles in half (compared to placebo), but also in reducing the risk of PHN by two-thirds.

If the Food and Drug Administration approves the vaccine and its use becomes widespread in people over the age of 60, it will prevent many cases of shingles and PHN. Fortunately, there is a great deal of research being conducted to identify better treatments for PHN and other chronic pain conditions caused by damage to the nervous system.

To learn more, read these articles:
People who have lived with chronic pain understand that it has an impact on almost every facet of their lives. This was confirmed by a recent survey of ACPA Web site users, conducted with the support of the Initiative on Methods, Measurement and Pain Assessment in Clinical Trials (IMMPACT).

We surveyed 999 adults with one or more chronic pain conditions; 72 percent were female and 92 percent were white. Only 34 percent worked full time outside the house and 38 percent had a college degree. The average respondent was 46 years old and had lived with a pain condition for an average of 43 years.

The most frequently reported pain conditions were low back pain (54%), neck or shoulder pain (46%), and neuropathic pain (37%). (This does not include pain resulting from diabetes.) Twenty-seven percent of respondents had two different pain conditions and 55 percent had three pain conditions.

People with chronic pain report that it affects almost every facet of life—from employment and family relationships to the ability to concentrate and sleep.

Ongoing fatigue—constantly feeling tired—was seen as having the biggest impact on the lives of people with pain. (In all, 82 percent of respondents rated it as very to extremely important to their daily lives at between 8 and 10 on a scale of one to 10. The next most important areas affected were enjoyment of life, emotional well-being, physical activities, sleep, and strength. All were rated above 8 by more than 70 percent of respondents. However all the health/lifestyle issues were rated as very important by more than half of those surveyed.

A Pain in the Wallet

Respondents confirmed that significant financial burdens are part of living with chronic pain, including costs usually associated with healthcare and other living expenses.

While 48 percent of those surveyed reported they had enough income for their everyday needs and 47 percent thought they had sufficient resources for their healthcare needs, only 23 percent thought that they had enough money to cover their future needs. A total of 44 percent felt they needed additional financial assistance and 43 percent have used some of their retirement savings to cover their current healthcare needs.

The financial impact of pain is an issue that we must continue to keep top of mind, particularly as the ACPA works with health care providers, government agencies, and insurance organizations.

Chronic pain clearly affects people’s health, quality of life, daily functioning, and well-being. These results will help doctors identify aspects of daily life which may be issues for people with pain. Doctors will be better able to measure the success of pain treatment in terms of restoring these simple daily pleasures.

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Summary of Importance Ratings for Health Issues

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Percent of respondents who gave a rating from 8 to 10*</th>
<th>Mean rating of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue, feeling tired</td>
<td>82.6 %</td>
<td>8.75</td>
</tr>
<tr>
<td>Enjoyment of life in general</td>
<td>82.5 %</td>
<td>8.81</td>
</tr>
<tr>
<td>Emotional well-being (feeling sad, depressed, less motivated)</td>
<td>78.3 %</td>
<td>8.54</td>
</tr>
<tr>
<td>Physical activities (walking, climbing stairs, bending, squatting, lifting)</td>
<td>77.4 %</td>
<td>8.41</td>
</tr>
<tr>
<td>Staying asleep at night</td>
<td>73.7 %</td>
<td>8.24</td>
</tr>
<tr>
<td>Weakness</td>
<td>73.3 %</td>
<td>8.25</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>69.4 %</td>
<td>7.94</td>
</tr>
<tr>
<td>Household activities (cleaning, cooking, running errands)</td>
<td>66.0 %</td>
<td>7.90</td>
</tr>
<tr>
<td>Falling asleep at night</td>
<td>65.9 %</td>
<td>7.77</td>
</tr>
<tr>
<td>Employment</td>
<td>65.8 %</td>
<td>7.57</td>
</tr>
<tr>
<td>Relations with family relatives or significant others</td>
<td>65.4 %</td>
<td>7.68</td>
</tr>
<tr>
<td>Difficulty remembering things</td>
<td>63.6 %</td>
<td>7.51</td>
</tr>
<tr>
<td>Participating in family events/activities</td>
<td>62.8 %</td>
<td>7.65</td>
</tr>
<tr>
<td>Participating in recreational and social activities</td>
<td>61.9 %</td>
<td>7.62</td>
</tr>
<tr>
<td>Taking care of family such as children, spouses, parents or other relatives</td>
<td>59.7 %</td>
<td>7.14</td>
</tr>
<tr>
<td>Relations with friends</td>
<td>54.5 %</td>
<td>7.17</td>
</tr>
<tr>
<td>Hobbies</td>
<td>54.5 %</td>
<td>7.10</td>
</tr>
<tr>
<td>Planning activities</td>
<td>52.1 %</td>
<td>7.01</td>
</tr>
<tr>
<td>Sex life</td>
<td>51.4 %</td>
<td>6.57</td>
</tr>
</tbody>
</table>

* This is the percent of respondents who rated the impact of pain on this issue as between 8 and 10 on a scale of one to 10—very to extremely important to their daily lives.
As I prepare this report, plans for the Partners for Understanding Pain visit to the Hill on September 14—in support of House Bill 1020, the National Pain Care Policy Act—are coming together nicely. The evening before the event, participants will gather for dinner and hear tips from attorney Jerold Koschwalb on making the most of your meeting with your representative.

The day of the 14th will begin with remarks and a progress report on the Capitol steps from Rep. Mike Rogers (Michigan). Following Rep. Rogers’s presentation, participants will disperse for appointments with their own representatives to explain why this bill means so much to all of us.

Finally, Partners and the National Institute for Arthritis, Musculoskeletal, and Skin Disease will hold a lunchtime briefing for congressional aides and other staff members to bring them up to speed on today’s pain issues. We will also present the economic, social, and personal importance of taking pain seriously.

Watch for a full report in the Fall issue of The Chronicle.

Taking Partners for Understanding Pain Global

Thanks to Welda Spaulding, we were able to distribute our awareness campaign’s Sound Pain Management Can Brighten Your World buttons to staff members of the United Nations Working Group on Indigenous Populations in Geneva, Switzerland in July. We have also sent more than 1,000 buttons (in Spanish) to Mexico to be distributed at the Global Day Against Pain events in Mexico City. Another 100 have been shipped to the United Kingdom for distribution at the Expert Patients Programme.

Pharmacists’ and Nurses’ Pain Awareness Kits

To help nurses and pharmacists make the most of Pain Awareness Month (September) in their workplaces, we have posted new versions of the Pharmacists’ and Nurses’ Pain Awareness Kits, updated for 2005, on our web site.

You don’t need to be a nurse or pharmacist to take advantage of the ideas and resources the Pain Awareness Kits offer. Download your own copy by visiting www.theacpa.org and click on the Partners logo on the home page. You can use the instructions to help your nurses or pharmacists to focus their attention to pain issues all year long. Let us know about your activities and events!

Pain in the Emergency Room

Have you visited an emergency department for pain in the past year? If so, please log on to our website, www.theacpa.org to complete our survey. Developed with board member Knox Todd, MD, MPH and Director of The Pain and Emergency Medicine Institute at Beth Israel Medical Center, the survey seeks to shed light on how pain and people with pain are perceived and treated when they must visit an emergency department for their pain. We hope to use the results (both positive and negative) to focus public and institutional attention on ways to improve pain management in ERs across the country.

Pain in the Workplace Campaign Update

Work continues on our multi-year campaign to raise awareness of pain in the workplace. The project will get a boost in the fall when we field a Roper survey of people who continue to work full time in spite of a pain problem. The study, underwritten by an unrestricted educational grant from Endo Pharmaceuticals, will assist in a media outreach campaign to highlight challenges faced by individuals who work with pain.

Consumer Guide Goes National

The Consumer Guide to Treatment Options for People with Pain, developed cooperative-ly by the ACPA, the American Pain

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

From her vantage point at Duquesne University, ACPA board member Hilde Berdine sees chronic pain differently from many of us. And its not because the university is perched on a bluff above Pittsburgh.

Berdine, PharmD, BCPS (board certified pharmacotherapy specialist) is assistant professor of pharmacy practice at Duquesne’s Mylan School of Pharmacy. She is in a position to make a difference in the way future pharmacists, and others in the health professions, view, treat, and manage pain.

“The challenge is to provide practical experience, experimental training to reflect the direction that pharmacy is headed,” she said. “We are eliminating the disconnect between the curriculum and how the profession is practiced in the mainstream.”

As a hospital pharmacist, she worked with professional staff to manage patients’ acute pain and optimize drug therapy. She also works as a consultant with Palliative Therapeutics, Steubenville, Ohio, to help hospice doctors and nurses.

As laboratory director for the school’s Center of Pharmacy Care, she encourages students’ interest in wellness, disease prevention, and health promotion. Along with basic pharmacotherapy (medication use) and psychiatric pharmacotherapy, she also teaches students how medication treatment can help manage pain.

“We are working to establish two pharmacy residencies specializing in pain management” she said.

Joining Duquesne in 1998, Berdine worked at the VA Hospital in Butler, Pa. as her clinical site. She served on the Pain Task Force and helped rewrite all the pain policies. New pain assessment tools let staff better evaluate patients and improve outcomes.

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Exercise Gives You Greater Well-Being

Approach exercise sensibly
There are ways to approach exercise and physical therapy sensibly when long-term chronic pain is involved. Start by getting up and moving. Nothing else will be able to tone your muscles and increase your circulation, strength, and endurance.

Several types of exercise can be explored safely. In addition to stretching exercises, Yoga and Tai Chi are now entering the mainstream of exercise programs at YMCAs and fitness centers.

Yoga is a spiritual breathing technique aimed at integrating mind, body, and spirit. It strives to achieve a state of enlightenment or oneness with the universe. Yoga is enjoyed for its ability to heal and bring peace of mind.

It also enhances strength, balance, and flexibility gently and without stress on muscles or undue exertion. Relaxation and meditation are part of every yoga session. Practitioners find that Yoga can:
- Reduce tension and lengthen the muscles
- Improve the health of the heart and other internal organs
- Lower blood pressure, concentrate focus, and regulate hormonal activity.

Tai Chi is a moving form of yoga and meditation. This gentle form of exercise can be performed by and will benefit even those with advanced chronic conditions. Tai Chi can help:
- Foster a calm and tranquil mind
- Improve balance, alignment, fine-scale motor control, and rhythm of movement

By working directly with your health care provider you can develop an exercise program that is tailored to your needs. Ask your doctor for a referral to a physical therapist or a sports-medicine specialist. They can work with you to incorporate exercise into your daily routine and help you to understand your limits as well as your abilities.

Here are some ways to help you overcome our most difficult obstacle—the fear of increased injury or pain:

- Match your program with your ability and increase it gradually.
- When you begin an exercise program, start in a warm-water pool or tub to reduce the initial soreness.
- Exercise doesn’t have to be painful to be useful; a simple movement such as opening and closing your hand is exercise.
- Don’t neglect good nutrition; this will provide energy.

Other important reminders
- Always get your doctor’s approval before starting any exercise program.
- Set a regular time each day to do your exercises.
- Ask family or friends to join you in your exercise routine.
- Don’t exercise after eating a large meal.
- Talk to a physical therapist about new exercises you can add to your program.

Remember that you, the person with pain, share in the responsibility for your wellness and recovery.

In the chapter on exercise in the ACPA manual, From Patient to Person: First Steps you will find an illustrated checklist to get you started on your exercise program. You can also learn more about the importance of exercise as a tool in pain management with the books listed below.

ISBN 0960025624.


The “I Hate to Exercise” Book for People with Diabetes, Charlotte Haynes, McClary Hill, Water Exercises, Martha White, Human Kinetics.

Let’s Do Yoga, Christine Chalmers.
The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain.

We also need to join together to make sure the ACPA continues to be there for us all with resources, materials, and that personal contact that can make such a difference.

Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain. Thanks for helping us help others.

I want to help the ACPA. Enclosed is my tax-deductible donation of $30.00

To Join The ACPA:

To Donate to The ACPA:

To Help The ACPA:

Method of Payment: Check Visa MasterCard

Credit Card Number Expiration Date

Signature

Please return the completed form to: The ACPA, P.O. Box 850, Rocklin, CA 95677

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I think this book would be of great help to anyone whose life is touched by chronic illness. It was funny and very informative. And I really recommend you check it out for yourself.

According to Haworth Medical Press, “You Don’t LOOK Sick! chronicles a patient’s journey through the three stages of chronic illness—Getting Sick, Being Sick, and Living Well. The authors address such practical aspects as hiring a doctor, managing chronic pain, coping with grief and much more. This warmhearted resource helps you focus on building a meaningful life that contains illness as opposed to a life of frustration and fear. Designed for patients in the beginning stages of chronic illness, this book will also be illuminating for caregivers and loved ones.”

The book begins with a short prayer: “Dear God, I want to thank you for being close to me so far this day. With your help, I haven’t been impatient, lost my temper, grumpy, judgmental, or envious of anyone. But I’ll be getting out of bed in a minute and I think I’ll really need your help then!”

What Selak states in her book is a helpful theme for many people with chronic pain. “I’ve learned that having a chronic illness is not a prison sentence. It does not mean I must spend the rest of my life feeling depressed and angry, locked away from the world inside my little sick box. It does not mean that I am useless and no longer have any gifts to share, but it may mean that I must develop some new ones.”


Growing Pains Coordinator Honored

Maggie Chesnut is the coordinator of Growing Pains, the ACPA-affiliated on-line support group for teenagers with chronic pain. She is also a 2005 Discover Card TH!NK Award Scholarship Winner, one of three New York State Gold Award winners. A Putnam Valley High School junior, Maggie will receive a $2,500 college scholarship.

Maggie was chosen for her special talents, music, art, filmmaking, and academics, as well as her leadership work with peer advisory groups and Growing Pains. Maggie is an active Honors student who plays in the Symphonic Band and Jazz Band. The daughter of Richard and Ann Chesnut of Lake Peekskill, N.Y. She is also the starting catcher for the PVHS varsity softball team. Congratulations to one busy young lady!