Spring Brings a Fresh Start

*Pollinating Self-Trust with Reasonable Goals*

Pain, Self-Trust, Personal Victories
LIVE ACPA Conference Invite
*When Emotions Go Awry*
Swimming Through Neuropathy
Back Pain Research & Education
The Promise of Tomorrow
Painful Diabetic Peripheral Neuropathy (PDPN):

Also...
You Don’t Look Sick
CDC & Opioids
Migraines of Michigan
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We welcome original essays, poetry, articles, art, and book reviews written by people with chronic pain or their families.

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In a recent ACPA Peer Support Group, a member communicated an incredible piece of advice. She said, *over my 30 years with pain, the most important thing I’ve learned is to trust myself.* The statement seemed so obvious, but then so frustrating. The more we discussed, the more it became apparent that one of the biggest challenges in managing pain is regaining self-trust. In that moment, many of us realized we indeed have lived too long time without self-trust.

Upon further discussion, we concluded that the loss of self-trust came from many factors. Two of these are being hurt… emotionally and physically, and the feeling of regret. In this issue, we will explore ways to regain self-trust, so we can confidently seek quality care while overcoming regret by building upon small personal victories.

**Pain, Self-Trust, and Personal Victories**
By Scott Farmer, MBA

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**Our Mission**
The ACPA Chronicle is our voice to help 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. The Chronicle is published to raise awareness among the health care community, policymakers, and the public at large about issues of living with chronic pain. *Opinions in the Chronicle are those of the Authors and do not necessarily reflect the opinions or viewpoints of the ACPA. Although some topics may seem controversial, it is important for the Chronicle to cover a variety of topics regarding pain. And as always, consult a healthcare professional on all healthcare decisions.*

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**Leaving the Island of Regret**
Our physical pain comes with a lot of weight. We strive to relieve or at least lessen our physical pain, however the emotional pain acts as an anchor, stranding us on what feels like a deserted island. The emotional pain forms a deep sense of regret and loneliness. Our regret causes a piercing pain on the mind, which involves grand assumptions and bad memories. Regret takes the form of reality… when in truth, it is merely a perception and distraction to our future and potential. The loss of self-trust is inevitable when we are anchored on a regretful and negative island. By cutting the anchor free however, we can move forward with hope. But the question remains… *how do we cut our anchor free?* See how on page 5.

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**Cutting Our Anchor FREE!**
See more on page 5
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www.theacpa.org/2022-acpa-live-conference/
When Emotions Go Awry
By Kathleen Cady, PsyD

Emotions Are Informers
Emotions are informers, communicating how well the body is functioning. Feeling energetic, hopeful, happy, and adventuresome are signals of well-being. When life becomes a burden, overwhelming, empty, and/or unsafe, anxiety or depression are signs that a change is required. But what can a person do? ...Listen.

Anxiety... the Objectless Fear
Anxiety, for example, is an objectless fear. Ask yourself, what am I afraid of? Be honest. Sometimes, it’s the anxiety itself. Or perhaps the underlying scare is, “Will my life revolve around being miserable?” Write a list of potential fears. Perhaps the fear is being unable to do what I used to find rewarding. Maybe ice skating puts too much stress on your body. Consider teaching yourself photography, capturing the essence of the sport and the reactions of the skaters. The ice skaters would appreciate you recording them in action and perhaps texting them a copy of the photo. In other words, release yourself from your habits and try something new.

Release yourself from your habits and try something new.

Heaviness in Mind and Body
Depression produces heaviness in mind and body, as if you’re in quicksand. Medication may help, combined with an understanding friend, counselor, or psychologist.

At times, depression is a result of deep-seated anger—often unrecognized. “Why has this happened to me? It’s unfair. I don’t deserve such punishment.”

Write down events that are upsetting and perhaps your outrage will surface, opening a channel to discuss and resolve negativity.

Another unconscious trigger for depression is feeling abandoned by a loved one. “How dare my spouse/mother/father/sibling/grandparent left me alone when I needed him/her so much.” Therapy can resolve this outrage once it has been identified.

Pain... A Heavy Burden to Carry
Pain is a heavy burden to carry. Negative emotions compound the problem. As a significant part of the neurological network of the body, emotions are treatable by redefining your feelings in terms of the need to change, especially your activities and interests.
SWIMMING THROUGH NEUROPATHY
By Michael Wright

It All Started with Twitching in 2015
My calf muscles were twitching, and I had pain in my feet. My internist wanted to blame it on depression, even though I swore to him that I was not depressed. When I asked to be referred to a neurologist, he told me that it was not necessary. Obviously, I switched doctors and finally found my way to a neurologist.

Finding Answers For My Pain
Following a neurological work up (EMG, Nerve Conduction Study, and many blood tests), I was diagnosed with idiopathic axonal sensorimotor polyneuropathy. After eight months of pain, suffering and becoming unraveled, I finally had some answers! To confirm my diagnosis, I went to one of the top medical centers in the country for a second opinion. Yes, they said, I indeed had idiopathic polyneuropathy. All of this was happening as I was retiring early from my thirty-year career as a sales manager. I had been accustomed to weekly air travel and hotel stays, and lots of social interaction. It was a such a robust and rewarding career, but it was time to retire and time to apply for disability. It took three months from start to finish in the application process for my disability approval. Never would I have imagined that I would be disabled in any way. I had always been in control and so energetic.

In my journey of trying to heal, I have seen two neurologists, two pain doctors, a physiatrist, two rheumatologists, two orthopedic foot and ankle surgeons, a podiatrist, and a neurosurgeon.

Not For a Lack of Trying
I have tried acupuncture, hypnosis, daily sessions of red laser light therapy, bi-weekly medical massages, steroid injections in my back and feet, and I started swimming. Still in pain, I had a spinal cord stimulator implant and have had multiple foot surgeries to correct some problems from painful arthritis. Thankfully, the spinal cord stimulator has relieved most of the calf twitching and swimming has helped me feel better. We had a large lap pool and hot tub built in our back yard and that is where I spend most of my time when the weather allows. Vacation time now equates to backyard time!

Many medications were prescribed to me, yet there was nothing that helped. Additionally, if I heard about a supplement that was purported to be beneficial for nerve health, I took it. At one point, our kitchen cabinet looked like a pharmacy! Today, after much trial and error, I take only one medication and stopped supplements. Simply put, there are no magic bullets. With that said, I do believe that everyone with this condition should go through their own trials and errors. It didn’t take long to realize I had to learn to accept my new plight in order to get on with my life.

I Needed to Connect With Others
Following my diagnosis, I needed to connect to others who were on a similar path. There was not a shortage of Facebook support groups for neuropathy, but unfortunately, the tone in some groups seemed depressing. Not much positivity was coming out of these groups.
SWIMMING THROUGH NEUROPATHY
By Michael Wright

Peripheral Neuropathy Success Stories Facebook Group
So, in June of 2018, I started a Facebook group on a whim, PERIPHERAL NEUROPATHY SUCCESS STORIES. As the name implies, the goal for this group is to inspire hope and positivity through focusing on all the things that our members are doing to lead productive and fun lives. Today, we have close to 19,000 members in over 100 countries! This group was quickly endorsed by the Foundation for Peripheral Neuropathy and has led to collaborations with the American Chronic Pain Association, MIT, Harvard, The University of Texas, The University of Minnesota, and many other organizations.

Other than staying positive, unique things about our support group include a daily success story feature, regular educational zoom sessions with phenomenal guest speakers, and a positive one on one mentoring program that we call "BUDDY UP". Sometimes, our members need to vent, need some extra support and perhaps a little push. That is what BUDDY UP provides and it has served hundreds of members!

Replacing Hobbies with New Ones
People often ask me how I manage my pain. People ask what I do now that I am not working, not traveling, and not doing all the things that were once so beloved to me. Indeed, I had to redefine my life and replace many of my former hobbies with new ones.

Stay Busy in a Productive Way
The trick is to stay distracted and busy. I have become a prolific reader. I use acrylic paints to create arts and crafts. I take online courses on a variety of subjects. Currently, I am doing a class on cell phone photography and another one on Spanish. I walk around our neighborhood as much as I can, sometimes four miles at a time. It’s not always easy, but I push through pain. I volunteer for The Foundation for Peripheral Neuropathy and serve on an advisory board. I also serve as a consumer reviewer for the Department of Defense. (The government branch that reviews proposals for neuropathy research and other disease states). My days are filled, and I never lack for things to do.

Big adventures, international trips, and vacations used to be my focus. Time was spent planning annual in-home holiday parties, with 100+ guests, bands, body painting, bartenders, and many surprises. Things have changed now, but I am lucky that I get to celebrate the ones I love every single day... in slower motion. Neuropathy, and its associated pain, has taught me to live in the present and to always be mindful. If there is a gift out of all this, that is it. Life goes on and we adapt as we are tossed curve balls. Each morning, we awaken and must decide if we are going to sink or swim for that day. Both literally and figuratively, I choose to swim!
Experiencing Back Pain?
Are you an individual 18-67 years old experiencing back pain more than three times per week for over three months? You may qualify for the Mind Body Study for Chronic Back Pain at Beth Israel Deaconess Medical Center in Boston.

Virtual Educational Intervention
This virtual, medication- and cost-free study is in the form of an educational intervention that is held on Zoom.

Required Time
The study consists of 12 to 16 two-hour sessions over the span of 12 weeks. Sessions are led by certified instructors who guide participants in breaking the symptom-causing cycle between the mind and the body.

How to Participate
Recruitment is ongoing and participants are accepted on a rolling basis. Please note that this study is being offered in most states.

If you are interested, please contact us at 617-754-2882 or mindbodystudy@bidmc.harvard.edu

To learn more please visit: https://www.mindbodystudy.net/

I’ve struggled with back pain for years. What has helped me the most is learning about my pain management options.
- Shelley, ACPA Member

ACPA and Stanford Resource Guide
Find a link on the homepage... theacpa.org
The Promise of Tomorrow
By Roger K. Cady, MD

Thrives on the Promise

Medicine thrives on the promise of new innovations and treatment. Almost everyone living with a chronic pain disease has had a healthcare provider tell them about a new long-awaited medication that will bring them relief. Yet, given the opportunity to “try” this new medication not infrequently, results in mixed results and disappointment. Hopes dashed; the haunting question becomes why wasn’t I that person in the advertisement with a miraculous response.

Drug development is a meticulous, arduous, expensive, and risky process. Getting a drug approved by the FDA culminates in providing statistical evidence that a new drug is both safe and more effective than a placebo. These studies, called randomized placebo-controlled clinical trials are conducted by multiple investigators on a population of carefully diagnosed patients with a specific disease utilizing a common study procedure or protocol under carefully controlled conditions. The results of these studies are considered the “gold standard” for advancing medical knowledge.

When a drug is approved, practicing clinicians learn how a specific population of people responded to a new treatment. There are of course many limitations to what is learned in a clinical trial.

These studies often exclude people with other medical conditions even when they are commonly associated with the disease being studied. Sometimes, people with a more severe form of a disease are also excluded. In addition, the population being studied may lack ethnic and racial diversity or exclude special populations such as children, women of childbearing potential or the elderly.

Limitations of Clinical Trials

Perhaps the biggest limitation of clinical trials is they do not predict how an individual patient will or will not respond to a particular treatment. Determination of individual response is left to the practicing clinician and their patient. Unfortunately, there is virtually no formal process to continue the scientific study of a new drug beyond a rather feeble reporting system of collecting adverse events. The FDA may mandate, or pharmaceutical companies may choose to conduct further studies after a drug is approved.
How to Determine What is Right
So how does a clinician and patient find out if a specific medication is right for them? One way is to advance the study of a drug or device through what is called an N of 1 experiment. This means the healthcare professional, and the patient design a study together from which they can learn how a treatment is or is not providing the desired benefit being sought.

Who Requires a Greater Response?
If one has more severe disease perhaps to regain meaningful improvement, one would need a greater treatment response.

Establishing Goals
Goals often include complex concerns. When establishing goals, one should address concerns of symptoms and overall health.

Examples of Goals
- Improve My Symptoms in this Timeframe
- Improve My Physical Health
- Improve My Emotional Well-Being

Further, much like choosing the route of a trip, there needs to be agreement as to how these goals will be measured over time.

Examples of Measurement Tools
- App Documentation, Tracking, or Diaries
- Documenting Pain Intensity Levels
- Documenting Impact on Life and Activities
- Quality of Sleep
- Impact of Diet
- Impact of Exercise

On What Schedule?
And finally, there needs to be a schedule for measuring success and likely altering course or advancing the goal setting process. The N of 1 process can have many facets and can be a rewarding and enjoyable approach to regaining health. It is worth looking into with your HCP.

Like Planning a Trip
Much like planning a trip with a friend, one most commonly needs to establish their destination, route, and a timeline. While there is no standard way of planning or conducting an N of 1 study, there are a few commonsense similarities to taking a trip. First is to establish an agreed upon goal(s) that is measurable, time bound, and meaningful to the patient and HCP. If for example, the research study found that 50% of people in the study improved by 50% within 3 months, you would need to ask is that degree of improvement sufficient for me?
NEW RESOURCES FOR PDPN NOW AVAILABLE

By Scott Farmer, MBA

Medical visits may have several roadblocks. As the ACPA strives to improve access to quality care, it is also our goal to prepare the person for medical visits by providing communication guides to discuss pain conditions. Common communication roadblocks include symptom dialogue, describing pain intensity, explaining life impact, and setting realistic goals.

We are extremely excited to launch three communication guides for Painful Diabetic Peripheral Neuropathy (PDPN). You can download the resources from the ACPA website at TheACPA.org under resources or use the QR Code above.
But You Don’t Look Sick
By Harlie Osberg

Movie Villain... I Am Not
Perhaps if I looked or behaved like a cheesy children’s movie villain, someone might see that I live in constant, chronic pain. Instead of Gargamel from *The Smurfs*, people see a girl with a bright smile who loves to laugh. I go to school, work, friends,’ and families’ houses, walk my dogs, clean my house, and go to the grocery store just like everyone else.

What They Don’t See
What they don’t see is how I struggle to get out of bed in the morning when the aching didn’t stop all night. On a good day, my heating pads, prescription medications, ice packs, extra pillows, and yoga mat are my best friends! On a bad day, they remind me that I am not like everyone else.

Those Who Don’t Understand
In January 2022 I started my final semester of college where I was given the opportunity and resources to conduct a research study on the topic of my choice. I reflected on the last four years and how I was expected to perform as if my body wasn’t attacking me while I slept. It was hard... It was very hard. I felt like I was fighting so much harder than those around me to stay afloat and no one even noticed. I asked myself what could possibly express the journey I have been on and who have I become... I realized the answer was you. I decided to pick you. The people who see me and not just my big smile. Those who understand that nothing is as easy as it appears when you are living with chronic pain. Regardless of that, we are so full of life anyways (on the good days!). I wanted to give my people, my community more research and awareness because there really is not enough of it! A chance for us to share this experience, even if it’s not the great big platform we deserve. A small step is better than no step at all.

My final project contains the experiences of many people who have struggled getting proper medical and social treatment. We need more research, education, and awareness about chronic pain. We deserve it. So, I will keep advocating because I see you too, and I am proud of the things you have accomplished in the last four years as well. I know that it wasn’t easy, but you did it and that is bigger than most people realize. (See Next Page for Study)

- Love... Your Lady Gargamel -
Pain Clinic at Stanford University Research Study

The Pain Clinic at Stanford University is looking for people with chronic pain lasting longer than three (3) months to take part in answering questions about how people make choices about pain treatments.

Choices About Pain Treatments

Many times, studies include a select, non-diverse group of people. Because of that, the findings of those studies are not helpful to the majority of people with chronic pain. We want to make sure that we can help as many people with chronic pain as possible. To achieve that goal, we want to interview a group of people with real life experiences from all walks of life to make sure we hear from all people with pain.

We are asking you to complete a brief survey that will take about 1-2 minutes. After completing this survey, you may be eligible to take part in the interview, and we will pay you $100 for your time. The interview will take one hour of your time.

If you are not eligible for this interview, you may be eligible for another study at Stanford.

Link to This Study

https://redcap.stanford.edu/surveys/?s=WKCDLYRJPDHRXY

The Harlie Osberg Study

By Harlie Osberg

Study Description

You are invited to participate in a research study conducted by Harlie Osberg, supervised by Dr. Justin Rudnick in the Department of Communication Studies at Minnesota State University, Mankato. The purpose of this study is to understand chronic pain diagnosis experiences.

What will happen if I take part in this research study?

If you agree to participate in this study, you will be asked to complete a survey (estimated time: 15 min.) at a time of your choosing. You will be asked a series of questions about your chronic pain experience.

Can I stop being in the study?

You have the option not to respond to any of the questions. You may stop taking the survey at any time by closing your web browser.

Are there benefits to me or others by taking part in the study?

Society might benefit by the increased understanding of chronic pain diagnosing. There are likely to be no personal benefits to you for participating in this study.

Link to the Study (Below)

https://mnsu.co1.qualtrics.com/jfe/form/SV_6olc5VAXykG2X8G
CDC DRAFT CLINICAL PRACTICE GUIDELINE FOR PRESCRIBING OPIOIDS OPEN FOR PUBLIC COMMENT

Draft For Public Comment
CDC’s National Center for Injury Prevention and Control is in the process of updating the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The draft updated Clinical Practice Guideline for Prescribing Opioids is available for public comment in the Federal Register. The public comment period will be open for 60 days, through April 11, 2022.

Patients and Caregivers
CDC encourages all patients, caregivers, providers, and others who care about safe, effective, and informed pain treatment options to submit their comments via the Federal Register docket (link below).

Our Voice Matters
It is important that we realize, as ACPA members, that our voice matters to the CDC and to those that make decisions that directly concern our health. As people in pain, we are the best voice to express what we need and what needs to change. As in the mountain wildflower picture below, there is power in numbers... it takes many flowers to make up a scene. When we voice our many perspectives and stories, the whole story can be pollinated. Together we can use our stories to paint a picture for what we require for our future and what solutions are needed for pain management.

www.cdc.gov/opioids/guideline-update/index.html

The CDC webpage details the process of updating the Guideline. Encourage people you know who have direct experience with the role of opioids in pain care and the importance of the patient/clinician relationship to visit the Federal Register, review the draft update to the Guideline, and add their perspectives to the Federal Register Notice.
Migraines of Michigan
Self-managed for years with little success, Hope noticed a strong connection with stress and headaches. As the stress increased, so did the headaches. The term Tension Headache became her favorite self-diagnosis. Ten years went by before she was diagnosed with migraine.

Life Change Impacts Health
Hope Farmer was a thriving high school student... active in many extracurricular activities. When she suddenly lost her father on her eighteenth birthday, her life changed drastically. Over a period of ten years, she went from having the occasional headache, to having severe headaches almost every day, accompanied by anxiety, depression, stomach issues, and sleep problems. Her quality of life diminished.

MigrainePro Communication
Desperate for answers, Hope found the American Chronic Pain Association. There she utilized a resource called MigrainePro that helps facilitate communication between the person with Migraine and the healthcare provider. She printed out a communication guide where she tracked her headaches for three months along with the other symptoms.

Preparation Makes the Difference
At Hope’s next visit she was prepared. Her healthcare provider asked her the following questions:
• How many days of headache do you have per month?
• Do your headaches tend to be on one side of your head?
• Do the headaches have a throbbing or pulsating feeling?
• Is the headache pain moderate to severe?
ACPA FEATURED IN A PATIENT ADVOCACY ISSUE IN A MAGAZINE CALLED BIOMATTERS (MIGRAINES OF MICHIGAN)

Preparation Continued
• Does physical activity make the headache pain worse?
• Do you experience sensitivity to light or noise?
• Do you get nauseous or vomit during your headaches?
• Lastly, do your headaches last 4 to 72 hours when not treated or treatment doesn’t work?

Dialogue Helps Confident Diagnosis
With Hope’s answers to these questions, her healthcare provider was able to confidently diagnose her with migraine. In fact, with over 15 headache days per month, Hope had Chronic Migraine. Utilizing the communication guide, Hope and her healthcare provider formed a complete migraine management plan.

A COMPLETE Migraine Management Plan
The plan included the following:
• Acute Medication (A treatment taken when a headache first comes on)
• Preventive Medication (A treatment taken on a regular basis to reduce migraine attacks)
• Behavioral Therapy (Deep breathing and relaxation techniques)
• Diet (reduce sugars), Sleep (regular 7-9 hours), and Exercise (Daily Walk)
• Life Balance (Minimizing negative factors and increasing positive factors)

Hope for Hope
Hope is now practically migraine free. However, when she fails to adhere to her migraine management plan, a migraine always follows.

Here is the moral of the story and the main components of migraine management:
• Don’t wait to seek care... self-management can lead to Chronic Migraine.
• Seek quality healthcare and make an appointment to discuss your headaches.
• It is difficult for a healthcare professional to make a diagnosis without solid evidence of the impact headaches are having... so print off a communication guide and be prepared.
• Advocate for yourself and ask for a COMPLETE MIGRAINE MANAGEMENT PLAN.

This story was first published in BioMatters. You can find a link below.

https://issuu.com/michbio/docs/winter_22_biomatters-e

MigrainePro can be found on the ACPA website under resources, or at the link below.

TheACPA.org/resources/migrainepro/
WHAT TO DISCUSS IN OUR PEER SUPPORT GROUPS

By Scott Farmer, MBA

Endless Group Discussion
The question I hear most often from other facilitators is *what do we discuss within the group?* My answer is the *Ten Steps From Patient to Person.* It provides endless topics to discuss. By following, discussing, and analyzing each step over several meetings, the steps act as goals for group members. Written by Penney Cowan (Founder of the ACPA), simply ask the questions, *what does this step mean to you? Have you accomplished this step? How?*

Step One: Accept the Pain
Learn all you can about your physical condition. Understand that there may be no current cure and accept that you will need to deal with the fact of pain in your life.

Facilitator:
I explain what this step means to me, and if I have accomplished this step. If I have, I explain how. If I am still trying to accomplish this step, I explain how I plan to accomplish it. Then I open these questions for group discussion...

Questions:
• *What does this step mean to you?*
• *Have you accomplished this step?*
• *How did you accomplish this step?*

Step Two: Get Involved
Take an active role in your own recovery. Follow your doctor’s advice and ask what you can do to move from a passive role into one of partnership in your health care.

Questions:
• *What does this step mean to you?*
• *Have you accomplished this step?*
• *How did you accomplish this step?*

Step Three: Learn to Set Priorities
Look beyond your pain to the things that are important in your life. List the things that you would like to do. Setting priorities can help you find a starting point to lead you back into a more active life.

Step Four: Set Realistic Goals
We all walk before we run. Set goals that are within your power to accomplish or break a larger goal down into manageable steps. And take time to enjoy your successes.
Step Five: Know Your Basic Rights
We all have basic rights. Among these are the right to be treated with respect, to say no without guilt, to do less than humanly possible, to make mistakes, and to not need to justify your decision—with words of pain.

Step Six: Recognize Your Emotion
Our bodies and minds are one. Emotions affect physical well-being. By acknowledging and dealing with your feelings, you can reduce stress and decrease the pain you feel.

Step Seven: Learn to Relax
Pain increases in times of stress. Relaxation exercises are one way of reclaiming control of your body. Deep breathing, visualization, and other relaxation techniques can help you to better manage the pain you live with.

Step Eight: Exercise
Most people with chronic pain fear exercise. However, unused muscles feel more pain than tones, flexible ones. With your doctor, identify a modest exercise program that you can do safely. As you build strength, your pain will decrease. You will feel better about yourself.

Step Nine: See the Total Picture
As you learn to set priorities, reach goals, assert your basic rights, deal with your feelings, relax, and regain control of your body, you will see that pain does not need to be the center of your life. You can choose to focus on your abilities, not your disabilities. You will grow stronger.

Step Ten: Reach Out
It is estimated that one person in three suffers with some form of chronic pain. Once you have begun to find ways to manage your chronic pain problem, reach out and share what you know. Living with chronic pain is an ongoing learning experience. We all support and learn from each other.

The Ten Steps From Patient to Person are a copyright of the © American Chronic Pain Association 1985-2022.
Dear Friends,

Since 1980, over 40 years, The American Chronic Pain Association has advocated for people living with pain and provided them with resources. Our efforts have reassured people with pain that they are not alone and offered support and the hope they deserve. The ACPA has shown millions of people in pain how to achieve reduced suffering and a better quality of life.

ACPA understands the battles you fight everyday. This is why we continue to advocate for your rights and provide pain management strategies and tools for you, your caregiver, and your healthcare team to better understand your condition. We believe resources are needed to provide empowerment for shared decision-making.

We are grateful for your partnership. When you support the ACPA, you help fight for people living with pain to be heard, respected, and treated equally. Your support makes the important work of the ACPA possible, so please make a generous gift today. Thank you for bringing hope to those living with pain and those who are newly diagnosed.

We at the American Chronic Pain Association wish you a Wonderful Spring Season.

Sincerely,
Kathy Sapp, CEO

HOW TO DONATE TO THE ACPA
Online: www.theacpa.org/donate/
By Mail:
American Chronic Pain Association
11936 W. 119th Street, Suite 216
Overland Park, KS 66213
A Significant Dream
A few times during my journey, I started to lose hope. My jaw issues had been going on for years, and the pain kept returning. But then something happened that changed my perspective.

Agonizing Jaw Pain
I remember it was still early in the new year of 2016. I was sitting on a maroon recliner in the family room with my two little dogs at my side. It was a cold Sunday morning, and my jaw pain was agonizing. I was so discouraged. I turned on Oprah’s Super Soul Sunday, and her guest was Jay Williams, a well-known basketball player. Williams played college ball at Duke University, then went on to play for the Chicago Bulls. Williams was recounting the story of how his life had spun out of control many years earlier. He described having a dream where he was lying on the ground looking up at a red fire hydrant. Years later, that dream came to pass when his motorcycle spun out of control, leaving him severely injured, lying on the pavement looking up at a red fire hydrant.

Healing a Broken Body
He’d spent many years healing his broken body and self. He made several attempts to return to the NBA, but his body no longer worked as it once had. After many years of healing, he found new hope as he began a career as an NBA analyst on ESPN.

Give Me a Sign of Help
I remember sitting there and praying intensely for God to give me a dream or sign that would help me through this difficult time. My jaw issues were beginning to wear me down. The pain, the inability to function like I once had … I was coming to a breaking point.

A Dream That Gave Me Hope
That night, my prayer was answered. I had a dream—a dream that gave me hope! In the dream, I was able to chew gum. This seemed extremely significant to me. Before I’d developed this jaw problem, I’d been able to eat whatever I wanted: carrot sticks, celery, apples, steaks—you name it. However, chewing gum was a different story. It sometimes made my jaw tired or caused headaches. A dream suggesting that I could chew gum again was huge! This was setting the bar for my mouth at its highest level. I wasn’t sure how I was going to get there, because at times it was painful to eat oatmeal, but I knew deep within me this was going to become a reality.

Pay Attention to Dreams
A dear friend of mine, Father Mike, taught me to pay attention to my dreams. He said, “Your dreams bare your soul.”

Two and a half years later, I was able to chew gum again.
Jill McGuire, the author of Jawbreaker and Backbreaker has captured her journey in a unique way sharing her triumph over two painful and challenging health issues. Catch a glimpse of her books by reading the excerpts below.

Adaptive Equipment
I continued to receive chiropractic care and could feel the benefits of the sessions, but I was far from better. One day, during a conversation with my chiropractor, he told me to give the process time.

Give it time? I thought. I was in a hurry to get better, to go back to work, to start living again.

In hindsight, though, I should have listened to what he was telling me.

At the time, it was difficult to put on socks, shoes, and pants because it was painful to bend over or lift my legs. So, I used adaptive equipment that allowed me to do these tasks independently without increasing my pain. The adaptive equipment I used for dressing included a reacher, a sock aid, and a long-handled shoehorn. I also used a foot scrubber in the shower. In addition, I used a WonderGel Roll-n-Go seat cushion, which provided significant comfort when I was sitting.
THE JAWBRAKER AND BACKBREAKER BOOKS
By Jill McGuire

Pain Strikes Twice
Jill shares her triumph over 2 difficult medical issues that occurred back-to-back. “Jawbreaker “tells of her triumph over an excruciating Jaw/TMJ issue. The sequel to her story, “Backbreaker” shares how she overcame debilitating back pain by going back to the basics. Her books offer hope and inspiration to NEVER GIVE UP and to KEEP SEARCHING until you FIND what you are LOOKING FOR.

ACPA Members
The books are concise and easy to read. Jill shares the information in an efficient and clever way. Jill will be able to offer These books will be available on Amazon as free kindle e-books on specific dates!
Mark Continues to Honor His Wife Holly

My wife Holly Harris passed away on March 16th, 2021. She had been in chronic pain and suffered serious depression for the last three years of her life. Holly was waiting on having four different surgeries and five replacement body parts. Both knees and both shoulders needed to be replaced. A few years back, before she could have scheduled one replacement surgery for her right knee, she broke her right femur. She had emergency surgery on the right knee, and it never healed, and it also needed to be replaced. The Orthopedic Surgeon was going to replace the right knee and right femur at the same time. Holly has also suffered from serious depression as well and had been on anti-depression medicine. She had been seeing a Pain Management Doctor, Psychiatrist, and Psychologist at the same time. They were not able to effectively treat her pain and depression.

About the Outing

Proceeds from the outing will go to the American Chronic Pain Association (www.theacpa.org). The ACPA is a 501c3 organization that provides resources for people living with chronic pain.

- Four-person scramble-shotgun start
- Golf package includes access to driving range, 18 holes of golf, three drink tickets; hot dog, chips and soft drink on the turn; and dinner.
- Prizes for lowest score, longest drive, closest to the pin, raffle prize, and 50/50.
- Location: Sycamore Hills
  48787 North Ave.
  Macomb, MI 48012
  - Date: Friday, July 29, 2022
  - Schedule: Registration starts at 12:30 AM
  - Golf starts at 1:30 AM
  - Dinner starts at 6:45 PM
  - For registration form, please email Mark Harris at mark@completecorp.com

Dear Mark...

We thank you for your support of the ACPA. With Our deepest condolences, we will proudly pursue research in memory of Holly!

- The ACPA Community-
OUR CORPORATE SPONSORS
By ACPA Staff
THE ACPA MISSION
By Scott Farmer, MBA

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 among the health care community, policymakers, and the public at large about issues of living with chronic pain.

Thank You for Reading!

VISIT OUR WEBSITE!
www.theACPA.org