Reflections of Summer
Appreciation For Life’s Journey

Also...
The Stress Reaction
Name That Pain
Osteoarthritis
Live Conference
Revised Guidelines
Pain Journey
Tai Chi for Pain
Clinical Trials

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Emotional Connection to Pain
Pain affects the entire body and challenges the nervous system to cope. The majority of the medical system focuses on medication and physical symptoms. But there is also an emotional aspect connected to physical pain, generated deep within the central part of the brain called the limbic system. The limbic system generates emotions and memories that often enhance vigilance or even fear of the environment.

Threat to the Nervous System
When the nervous system identifies a threat, a stress reaction occurs. The body gears up for an emergency by increasing adrenaline and other stress chemicals. This becomes the fight-or-flight response.

Potential to Balance
The nervous system has the potential to balance the stress response with chemicals that relax the body. Yet the relaxation response requires techniques to maintain calmness and reinstate a sense of confidence and security. Thermal biofeedback is an effective way to restore balance.

Thermal Biofeedback

Goal: Warm your index finger to 96°F

1. Recline in a quiet spot. Listen to soothing, relaxing music.
2. Close your eyes and breathe slowly;
3. Expand abdomen outward as you breathe in through your nose; hold the breath for 4 seconds; exhale through your mouth and draw your abdomen in, to a count of 8.
4. As you breathe in, say to yourself, *My hand...*; as you exhale say, *...is warm.*
5. *My hand is heavy and warm.* Inventory each part of your body, until your entire body feels heavy and warm.
6. *My breathing is calm and regular.* *My forehead is cool.* *My lungs breathe themselves.*
7. Create a pleasant image in your mind. See yourself in a favorite place in nature. At the same time, allow yourself to let go and feel the calm, regular pulsations of your heartbeat carried to your fingers.
8. Clear your mind of interfering thoughts, worries, and concerns by imagining a relaxing scene. Permit your thoughts to get lost in the images or music.
9. Continue for 20-30 minutes.
10. Practice twice a day: once in the morning and again in the evening.
11. Few people have a natural finger temperature as high as 96 degrees F. Achieving this level of warmth is a sign that physiological relaxation has been reached by voluntarily directing the blood flow into the fingers.

Help Us Name That Pain!
By Scott Farmer, MBA

Speak For Your Feet Contest
Join our Speak For Your Feet Contest and help us better understand how patients describe diabetic nerve pain of their feet in their own terms.

We welcome all individuals impacted and aware of diabetic nerve pain of the feet, including patients, healthcare professionals (HCPs) and caregivers, to submit a 4-10 letter memory aid (mnemonic) where each letter can represent key symptoms, actionable next steps and/or potential solutions.

Get Creative With It!
To get those creative ideas bubbling, a diabetic nerve pain mnemonic could look like: “W.A.L.K”.

W – Walking on broken glass
A – Achiness and throbbing pain
L – Loss of feeling
K – Knowledge is power! Talk to your HCP

Winning Prize
To celebrate, the winner will receive a $1000 VISA gift card or two passes to the American Chronic Pain Association (ACPA)’s 2023 Pain Freedom Conference in Colorado, with up to $1,500 for associated travel and lodging expenses. In addition, three runners up will receive a $100 VISA gift card.

For a Great Cause
The winning entry will be used in educational resources and other materials to help people who have diabetes, or may have diabetes, better identify and seek care for symptoms of diabetic nerve pain of the feet.

Official Rules and Details
For Official Rules and entry details, please visit www.nervepainandme.com/contest. Entry is open today and must be received by October 1st, 2022. The winning entry and three runners up will be announced on or around November 1st, 2022. Must be 18 years of age or older to participate. Promotion is void where prohibited or restricted by law. No purchase is necessary to enter.
Finding a Better Path to Managing Osteoarthritis
By Lora O’Byrne, OT, CHT, COMT

Tips from a Hand Therapist
Osteoarthritis affects one in four Americans and is the leading cause of disability in the aging population. Osteoarthritis (OA) of the hand is common and leads to a significant loss of function. Many people with OA believe their only treatment option to manage pain is medication. More times than I can count in my career as a hand therapist, I have heard patients say, “I didn’t know there was anything I could do for my arthritis pain.”

However, hand therapists help patients with OA improve their chronic pain and daily function. Treatment emphasizes educating the patient on alternative forms of pain management, exercises to improve mobility, joint protection strategies, and the use of adaptive equipment.

While osteoarthritis pain is frequently managed with various over-the-counter and prescription medications, alternative treatments include paraffin wax and other heat therapies. Heat is effective in increasing blood flow to the stiff joints, and when coupled with movement, it encourages synovial fluid production to help lubricate the joint.

Several decades ago, when I began my career as a hand therapist, we frequently splinted the entire hand in resting splints to restrict mobility of the painful joints. This seems so silly now. Although temporary splinting has its benefits, moving the joints of the hand is essential to increase lubrication to the joints, which helps decrease pain and stiffness. Simple, non-load bearing exercises performed in a pain-free range have an impact on restoring motion and function.

Joint protection strategies also play an important role in managing chronic pain caused by OA. Joint protection is a self-management approach to adapt alternative methods that put less stress on the arthritic joints used for daily care and work activities. When possible, using a larger, stronger joint is preferred. Adapting strategies to reduce the effort and force required to perform a task will help manage OA pain. Examples of joint protection techniques include: carrying a grocery tote over the shoulder instead of grasping multiple grocery sacks in the hand, using your palm instead of fingers to lift or push, using two hands to carry objects, and sliding or pushing objects rather than carrying them.

Lastly, adaptive equipment has evolved over the past two decades. It is available for nearly any task and is easily accessible at large retailers or with a click of a button online. Adaptive equipment helps maintain an individual’s independence, reduces force required to complete a task and decreases pain. Examples of adaptive equipment include: devices that help with buttoning and zipping clothes, kitchen gadgets that simplify opening jars or aid with food preparation, and built-up handles on pens or eating utensils.

Osteoarthritis affects more than 30 million Americans. Those unfortunate to be living with chronic pain should be relieved to know that there are many methods to successfully manage their symptoms and live a more independent life. Following the tips identified in this article can truly change lives for the better.
YOU are invited to…

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The ACPA Pain Freedom Conference

June 25, 2022 · 8am – 4pm · Breakfast · Lunch · Exhibits · Prizes

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...and for those who treat pain!

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- Painful Diabetic Peripheral Neuropathy
- Retrain Your Brain and Sleep
- Pros and Cons of Cannabinoids
- Science Behind Hot and Cold
- Three Brains and Whole Body Health
- Telehealth and Pain
- Pain Management Pearls

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An Absolutely Amazing Lineup of Speakers!

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SATURDAY
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An Absolutely Inspired Amazing Agenda!

8:00 AM – 9:00 AM: Breakfast and Exhibits
9:00 AM – 9:15 AM: Opening Remarks and Giveaway
9:15 AM – 9:30 AM: Keynote Address
9:30 AM – 9:45 AM: Panel Intros and 2-Minute Speeches on the Pain Landscape of Today
9:45 AM – 10:05 AM: What is pain?

10:05 AM – 10:20 AM: Break and Giveaway in Exhibit Hall
10:20 AM – 11:00 AM: Migraine Treatments of Today
11:00 AM – 11:20 AM: We in Pain Are Not to Blame for the Opioid Crisis
11:20 AM – 11:40 AM: Tai Chi Demonstration for Pain Management
11:40 AM – 12:00 PM: Panel Discussion and Questions on All Topics

12:00 PM – 1:00 PM: Lunch and Giveaway in Exhibit Hall
1:00 PM – 1:20 PM: Telehealth in Pain Management and Access to Quality Care
1:20 PM – 1:40 PM: Back Pain and Osteoarthritis
1:40 PM – 2:00 PM: Painful Diabetic Peripheral Neuropathy (Symptoms and Goals)

2:00 PM – 2:15 PM: Break and Airline Ticket Giveaway in Exhibit Hall
2:15 PM – 2:30 PM: Inflammatory Bowel Disease and the Brain-Gut Connection
2:30 PM – 2:50 PM: The Relationship Between Pain and Sleep Disorders
2:50 PM – 3:10 PM: The Latest in Medical Cannabis for Pain Management
3:10 PM – 3:30 PM: Panel Discussion and Questions on All Topics
3:30 PM – 3:45 PM: Closing Take-Home Messages
3:45 PM – 4:00 PM: Grand Prize Electric Mountain Bike Giveaway

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Improvement… But Requires More

The draft update to the “CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016” is a substantial improvement over its predecessor. However, harm from the 2016 guideline will not be easily erased and will require more specific wording.

The guideline was never intended to set a standard of care in the treatment of pain, much less was it intended to serve as a means to criminally prosecute clinicians. There was never consensus regarding the guideline’s recommendations, illustrated by the call for major revisions from the American Medical Association (AMA), among other professional societies. Eventually, the CDC’s own authors issued cautions not to misapply the guideline recommendations to require specific dose or quantity restrictions. Nevertheless, the guideline and policies created to comport with it were weaponized to investigate, sanction and sometimes imprison clinicians for practicing non-concordant guideline medicine. These are gross errors that require immediate remedy.

The update clarifies that it is not to be applied as an inflexible standard of care across patients or patient populations by health systems, pharmacies, third-party payors, “governmental jurisdictions” or—in another location in the text—“government entities.” However, the terms, “governmental jurisdictions” and “government entities” are not specific enough.

The CDC must take an active societal role in reversing unapproved usage of the guideline. Poor medical practice should be regulated by the states by way of state medical boards. Criminal charges involving controlled substances require evidence of intent to breach the bounds of legitimate medicine. The guideline update should expressly state that law enforcement and policymakers should not use it to set a standard of care or to prosecute clinicians.

Prosecutorial Misuse of 2016 Guideline

Prosecutors and government expert witnesses have used guideline recommendations—including those of the CDC—around opioid dose, toxicology screening, prescription drug monitoring programs (PDMPs), failure or perceived failure to use nonopioid treatments, and more to impugn prescribing practices, portraying them as outside the bounds of legitimate medicine.
The Chronic Pain Journey: Opportunities for Action

Posted on Behalf of Penney Cowan (ACPA Founder) and the National Academy of Medicine

Journey Map
This Journey map visually describes the experiences of persons living with chronic, non-cancer pain and identifies key stages of the journey that have critical touchpoints with the health system. Each stage of the journey illustrates the patients’ roles and responsibilities, challenges that deviate from the path to good pain management and opportunities for action to support those with chronic pain. This map is available in an interactive version, which provides more insight into the chronic pain journey and links to tools and resources.

Interact with the Journey map at...

www.nam.edu
I have taught Korean Tai Chi to thousands of individuals over the past two decades. This ancient martial art has been used for more than 5,000 years to maintain a healthy mind and body as well as rejuvenate injury or illness. Some of my senior members come to our center after being diagnosed with osteopenia or osteoporosis that causes them pain and stiffness. My experience is consistent with many studies that indicate Tai Chi helps manage pain, and improves balance and stability among seniors.

In our practice, Tai Chi refers to the natural balance of life energy that emphasizes energy circulation, breathing and balance, along with mindfulness and concentration. Our members learn Tai Chi through slow gentle movements and physical postures, a meditative state of mind and controlled breathing. Tai Chi is suitable for all ages but may have unique benefits for managing and slowing the effects of aging.

In the United States, it’s estimated that 10 million people aged 50 years and older have osteoporosis. Approximately 44 million have low bone mass, putting them at increased risk for osteoporosis. Even though a majority of those people are women, men are also impacted.

Individuals with osteoporosis tend to be at greater risk of falling given their muscle weakness and impaired posture.

Systematic review and meta-analysis of the research suggest that practicing Tai Chi regularly can significantly reduce the risk of falling by up to 50% as it can help with core stability and spatial awareness. Further research has shown that not only balance was improved, but that seniors experienced a reduced fear of falling after practicing Tai Chi. Having more confidence in your body and physical abilities can have positive effects on your quality of life by encouraging you to participate in more physical and social activities.
For example, one of my members in March 2019, was diagnosed with osteoporosis. Two years later after attending Body & Brain Yoga/Tai Chi classes 4-5 times per week remotely during the Covid lockdown, this 74-year-old woman experienced a 6.1% improvement in her spine bone density which was good enough to improve her diagnosis from osteoporosis to osteopenia. This was good news because with osteopenia the bones aren’t as porous and additional measures can be taken to help prevent the recurrence of osteoporosis for my member.

Simple Tai Chi can be modified for seniors with a limited range of motion to avoid strained joints. Tai Chi exercises can be practiced while standing, seated or even while lying down. The low impact and gentle movements help the joints retain their range of motion without causing additional pain.

Since ancient times, people have been practicing Tai Chi for overall wellness but also to improve flexibility, balance, and agility. Throughout Asia, Tai Chi practitioners are often seen in parks practicing this healing martial art.

Over the past decade, several studies have concluded the Tai Chi can improve pain and stiffness in osteoporosis, and physiological and psychological health. These conclusions are consistent with my personal experience training thousands of individuals in Tai Chi.
Fishing for Pain Management
By Scott Farmer, MBA

Curt Merz
Curtis Merz, a.k.a “Uncle Dirt” was born in 1938 in Newark, New Jersey. Curt’s athletic prowess developed at Jonathon Dayton Regional High School where he was All State in football, track, and basketball. A football scholarship to the University of Iowa, not only bestowed a degree in geography, but also a banner 1958 year of recognition, when Curt was named, Sports Illustrated National Lineman of the Week, All American End by Football Writers of America, and winning the Big 10 Championship. The crowning honor was winning the 1959 Rose Bowl. After graduation, Curt played in the Canadian football league and in 1962, he was drafted by the Titans, who then traded him to the Dallas Texans. They won the 1962 AFL Championship. That team became the Kansas City Chiefs and #64, played offense and defense in the same game. During his NFL career as a Kansas City Chief, he contributed to the Chiefs winning the AFL Championship in 1966 and played in the first Super Bowl in 1967. Curt’s stellar football performance earned him induction years later into the Missouri Sports Hall of Fame.

Curt was literally a giant, but a gentle giant at that. His football career had taken its toll and after many surgeries chronic pain became a daily reality. When the time to retire from football came, he became a popular radio talk show personality in Kansas City. Eventually he moved to Springfield, Missouri where he settled down. The main draw was fishing.

Curt found that fishing offered some relief. Although it was a struggle to get in the boat, once seated Curt would fish for hours while enjoying the scenery and company of his fishing buddy. As the years rolled on, Curt used fishing as motivation. It offered him a way to not let pain prevent him from enjoying life. Although he was always in pain, fishing became a way to make it bearable.

Finding an enjoyable hobby is a great way to promote movement, exercise, and emotional wellness. Sharing a hobby with a friend or family member is even better. Although your hobby will be unique to your needs, it is never too late to start something new.
People with pain can play an important role in the development of new medications by taking part in clinical trials. Find a listing of IRB-approved clinical trials that might be of interest to you at www.theacpa.org/clinical-trials/

New trials are posted often, so check back regularly.
Anatomy, Physiology, Psychology

I designed a course to provide education about the anatomy, physiology, and psychology of pain, to empower persons who are coping with chronic pain, including pain sufferers and their family, and loved ones.

Addressing Negative Clinical Experiences and Dialogue

People in pain often report negative clinical experiences, particularly with respect to finding effective treatment methods. Many describe feeling ignored or placed in a one-size-fits-all management plan.

For example, some providers may have a bias towards giving psychological diagnoses, especially if the provider cannot find a physiological cause for pain. This educational course will discuss some of the limitations in current medical practices. Even though most clinical interactions with clinicians are motivated by pain in some way, traditional medicine places very little emphasis on the anatomy, physiology, or psychology of pain.

About the Author

Dr. Manning completed her dissertation in cognitive psychology at UNC-Chapel Hill, with a minor in neurobiology. Her research focused on pain management. She then returned to school to complete her MD at the Medical University of South Carolina, where she taught a similar course with a neurobiologist. Dr. Manning has created this course based on the IASP guidelines for medical student curricula.

This educational course will discuss, the anatomical mechanisms that lead to pain without clear pathological evidence, such as abnormal blood tests or imaging tests. This course is designed based on the International Association for the Study of Pain’s recommended curriculum for medical students. The educational design was used to implement interdisciplinary pain at the Medical University of South Carolina from 2004-2006. Stay tuned for details!
Endless Group Discussion
The question I here 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...

**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.

**Questions:**
- *What does this step mean to you?*
- *Have you accomplished this step?*
- *How did you accomplish this step?*
WHAT TO DISCUSS IN OUR PEER SUPPORT GROUPS
By Scott Farmer, MBA

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 Fun and Safe Summer!

Sincerely,

Kathy Sapp, CEO

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CENTREXION THERAPEUTICS
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!
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Happy Summer
ACPA Team

American Chronic Pain Association®