



## Report of the Professional Issues Forum on **Pain Management and Occupational Therapy** Saskatoon, SK CAOT Conference 2011

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### **Introduction**

The CAOT Professional Issue Forum: Pain Management and Occupational Therapy was held June 16, 2011 at the CAOT National conference in Saskatoon. There were 47 participants in attendance, including the speakers and invited representatives of CAOT constituent and stakeholder groups, and attendees of the CAOT conference.

### **Background**

At the 2010 Canadian Pain Society Scientific Meeting there was a keynote presentation on how to assess and intervene in functional problems experienced by persons with chronic pain. The presenters were a pharmacist and a general practitioner. Both prefaced their comments with a statement about how under developed this area is and recommended it as a priority research area. Unfortunately occupational therapy was not mentioned, demonstrating how poorly occupational therapists and their specialized skills in occupational engagement are integrated within the pain community.

Pain is one of the most frequent reasons people seek healthcare for themselves and their children (LaChapelle, 2004) and occupational therapists regardless of the client's condition or age group will be working with people who have pain. For example, childhood pain is estimated to be present in 24-80% of some chronic conditions. Children can have pain because of musculoskeletal problems (like juvenile idiopathic arthritis), chronic diseases (for example inflammatory bowel disease and cancer), and a range of neurological and sensory processing conditions (such as Cerebral Palsy, Autistic Spectrum Disorders, and Fetal Alcohol Syndrome Disorder) ( International Association for the Study of Pain (IASP), 2004; Finley, Franck, Gronau & von Baeyer, 2005). Persons who are aging, and particularly those with dementias experience a high prevalence of pain that can lead to significant cognitive and physical functioning deficits, premature institutionalization, isolation and depression (IASP, 2007; Shega et al, 2007). Chronic pain in the working age adult population in Canada is estimated at 29% (Moulin et al., 2007).

Although clients with pain are encountered on a daily basis by occupational therapists, the therapists often work in isolation and their role is often not understood by other team members, especially outside traditional healthcare locations (for example in school settings). Therapists themselves are not always aware of the prevalence of pain experienced by their clients and as such miss opportunities for effective assessment and intervention and for education of team members about the role occupational therapy can play in pain management. Typically people recognize the role of occupational therapy in cancer pain or in an injured workers' clinic but not in the emerging areas of primary care and other, less medicalized

settings, such as mental health where, for example, therapists working with asylum seekers can expect that a significant number of clients will have chronic pain subsequent to torture (Amris & Williams, 2007).

Occupational therapists are poorly represented (in comparison to physiotherapists and psychologists for example) in the membership of the Canadian Pain Society and the International Society for the Study of Pain. As these two organizations set directions for pain research, education and management in Canada a lack of occupational therapy representation continues to hinder progress towards the best functional outcomes for people with pain.

### **There are three main issues:**

1. Significant opportunity to develop and advance occupational therapy practices in pain management to promote health and wellbeing of clients of all ages
2. Lack of awareness amongst occupational therapists regarding their role in pain management thus leading to lost opportunities for advocacy and establishment of occupational therapy within treatment teams.
3. Lack of clear, concise descriptions of the role of occupational therapy in pain management across the scope of health conditions and across the lifespan of Canadians. Without these statements it is difficult for occupational therapists to articulate to policy makers and other stakeholders the potential of their unique contribution.

### **Forum**

Occupational therapy experts and members of national pain associations and pain coalitions participated in a forum to explore the potential role of occupational therapists in pain management, to highlight the unique contribution of occupational therapy within an interdisciplinary care team and to identify the competencies required to work in this area. Members of the public were invited but did not attend.

**Lorian Kennedy** facilitated a discussion with panelists **Dr. Anita Chakavarti**, a member of the Canadian Pain Coalition, a physician, and an individual who lives with chronic pain; and three occupational therapists, **Cary Brown**, BMR (OT), PhD, Associate Professor, University of Alberta, and a pain researcher; **Anshu Gupta**, OT Reg. (SK), who works at a chronic pain center; and **Bonnie Klassen**, M. Sc. (OT), who works in community based care and rural pain clinics. See Appendix I for facilitator and panelist biographies. Visuals of the presentations are available online at [www.caot.ca](http://www.caot.ca) (occupational therapists/professional practice/PIF reports).

Presentations were followed by roundtable discussions and a large group discussion about the current and potential role of occupational therapy and next steps.

### **Key Issues raised by Panelists**

In her presentation (<http://www.caot.ca/pdfs/PIF/PIF%20P1.pdf>) **Dr. Anita Chakravarti** shared her personal experience of chronic pain. She stressed the importance of “knowing the client”:

recognizing them without judgment, believing them and understanding the varied factors related to their pain. She reviewed the definition of pain, now considered a separate disease entity, which is a “silent” dimension of the top ten global diseases listed by the World Health Organization and covers the spectrum from acute to chronic and leads to decreased quality in all areas of life. She outlined the multidimensionality of the pain experience and emphasized the importance of primary prevention and early intervention at a lower acuity level as the best treatment for chronic pain. A Canadian National Pain Study in 2002 found: a prevalence in 22-39% of adults with arthritis being the most common cause; pain increases with age with moderate (6/10) intensity, lasting at least ten years; and in 64% of patients was “not effectively treated”. In addition pain has a significant effect on the Canadian workforce with job loss (33%), fear of job loss (25%), reduced job responsibilities (47%), reduced income (47%), anxiety and/or depression (38.45%), and use of prescription medicine (55%). When a Canadian with moderate or severe pain lost income, they lost, on average, \$12,558 dollars in income over a one year period because of their pain. Pain has an impact on many personal as well as social aspects of life.

The right to adequate pain relief is emerging as the ideal standard of practice and is more than good clinical and ethical practice. However there is a balance between this and legal expectations- the right to pain relief does not necessarily mean the right to a pain free life.

Dr. Chakravarti introduced the audience to the Canadian Pain Coalition ([www.canadianpaincoalition.ca](http://www.canadianpaincoalition.ca)) : a partnership of pain consumer groups, health professionals who care for people in pain, and scientists studying better ways of treating pain who have stated that, “Pain is poorly managed in Canada. This includes acute pain caused by ongoing tissue damage, trauma or surgery, chronic pain and pain related to illness. Reasons for this include under-recognition of the problem, lack of education in pain assessment and treatment in graduating health care professionals, and grossly inadequate funding for research regarding pain. Although we have the knowledge and technology, Canadians cannot be sure they will receive adequate or appropriate treatment for pain along the entire continuum of care from community health professionals to specialists in tertiary health care institutions.” (Wilson & Lavis, 2011)

**Cary Brown** highlighted the prevalence of pain across the lifespan and domains of practice and thus its importance to all occupational therapists <http://www.caot.ca/pdfs/PIF/PIF%20P2.pdf>. Many of our clients (for example the very young or very old) may not be able to express their pain. Direct and indirect pain costs \$37 billion per year (Lynch, 2011) and uncontrolled pain continues to be the single most common cause of disability among working age adults in Canada (Statistics Canada, 2001).

She described the cumulative effect of pain, that pain patterns developed as children continue through adulthood, that pain is under diagnosed particularly in children and clients with dementia, and that those least able to communicate will experience the greatest pain. Because of its biopsychosocial nature, pain impacts all levels of occupation and being.

She emphasized that occupational therapists have a place in pain management but our current evidence base is weak and our awareness of pain related issues is low. Despite the fact that occupational therapy theory is well aligned with approaches to chronic pain management, only 1% of Canadian occupational therapists identify chronic pain management as their primary care setting. We are uniquely positioned by training and professional culture to avoid the trap of “looking for the cure” and instead can focus on function rather than debating the veracity of the client. The International Association for the Study of Pain developed an Outline Curriculum on Pain for schools of occupational therapy and physical therapy, but pain is not well represented in our education. We often do not assess pain and may deny its presence or importance. She identified a range of relevant occupational therapy tools, such as creative media, group work, self-management /lifestyle programs, cognitive-behavioral interventions, narrative therapy, pain and sleep diaries, ergonomic/workplace modification, assistive technology, family interventions, activity groups, anger management, and communication skills.

She urged occupational therapists to become active members of the Canadian Pain Society, the Canadian Pain Coalition and the Alberta OT Pain Network and to respond to the Canadian Pain Strategy. (See Appendix II: Resource list at the end of this document for details.)

In her presentation <http://www.caot.ca/pdfs/PIF/PIF%20P3.pdf>, **Anshu Gupta** provided a description and case example of the role of an occupational therapist in an interdisciplinary team at the Chronic Pain Centre in Saskatoon, Saskatchewan. The team of health care providers (RN coordinator, psychologist, physical therapist, occupational therapist and physician) employs a biopsychosocial model and a cognitive-behavioral approach and works collaboratively with the client. The focus is to improve function, ensure proper use of medication, decrease secondary effects of pain, improve self-efficacy (self-management) and reduce healthcare utilization rather than to “cure” pain. Clients attend half days over a six-week period (in week five they practice strategies and skills at home), with a three month follow up. Assessment by the OT includes life roles, living situation, childhood and family history. The pain assessment includes: pain area, pain rating, triggers, impact of pain on occupational performance and coping strategies.

The Canadian Occupational Performance Measure is used to assist the client in setting measurable and realistic goals with a shift from pain relief to pain management. Clients then work individually and in groups. Education is an important aspect of the occupational therapy role, helping clients to identify pain behaviors, distinguish between maladaptive and adaptive pain management, learn about pain control modalities and how to integrate them into their lives. Clients are encouraged to take responsibility for their own health, to manage their day-to-day tasks and pain in different settings. Education can include muscle relaxation, pacing (with a shift in focus from pain to function), graded activities, development of routines, sleep hygiene, management of flare-ups, training in body mechanics, activity analysis, activity adaptation, injury prevention and addressing equipment needs.

In her presentation <http://www.caot.ca/pdfs/PIF/PIF%20P4.pdf>, “The OT Role in Pain Management: Going Beyond the Pain Clinic”, **Bonnie Klassen** emphasized that because of our

focus on occupational performance, occupational therapists bring a unique perspective that is innovative yet evidence based. Our role in pain management goes well beyond specialized pain clinics in urban settings. She reminded us that pain may be present in all clienteles and settings and that it is important to assess this, as not all clients can or do speak up about their pain. The occupational therapist's role includes prevention, rehabilitation, self-management, managing factors or barriers that intensify pain (stress, sleep disturbance, activities and pacing, and difficulties with communication) and can also include specialized interventions (such as acupuncture, yoga therapy, and mindfulness meditation.) She illustrated this with a case example. In the case an adult man with amputation related pain was treated with multidisciplinary interventions at a pain clinic. In addition she invited us to consider the OT role in decreasing previously unresolved home stressors which contributed to his pain. She also highlighted the years of pain related to a diabetic wound prior to the amputation and a history of back pain. She emphasized the OT role in prevention which could have helped minimized later problems. She also speculated that he could have been affected by pain as a child. Such pain sets up the individual for increased sensitivity to pain later in life so must be taken seriously. OT's have opportunities for early interventions, which could help prevent future pain and disability, yet few people including health professionals have a clear awareness that OT's have many skills which could be helpful. She urged occupational therapists to endorse the statement that access to pain management is a fundamental human right (IASP, 2010).

### Roundtable Discussion Comments

Powerpoint presentation: <http://www.caot.ca/pdfs/PIF/pain%20pif%20closing.pdf>

Following a short break three groups, joined by the panelists, were formed to discuss the following four questions:

1. What did you learn/what surprised you from the panelists' presentations?
2. What is the role of occupational therapists working in pain management at this time? (the reality)
3. What is/could be the unique contribution of occupational therapy in the provision of pain management services? (the ideal?)
4. What are the next steps to advance occupational therapy pain management practice? What can individual therapists, CAOT and other stakeholders (e.g. universities, regulators, others) do to promote occupational therapists' role?

Comments were collected in note form from each group and reported back to the whole group at the end. These are the comments, grouped where possible by similarity or issue.

#### **1. What did you learn /what surprised you from the panelists' presentations.**

- We all need to see pain measurement as a core element of OT practice; at least that it is acknowledged as an important element of the person/assessment of person and their holistic self; acknowledgement that pain needs to be addressed in all our patient interactions; core element of OT practice (not just diagnosis of pain); should be part of an assessment
- I was surprised, even disappointed, to hear the same information that was available when I was on the pain management program back in 1990 (except for statistics)
- All patients could be (pain) clients
- Youngsters with pain (lead to) adults with pain; role of prevention
- Access to pain curriculum; pain curriculum IASP
- Concept of pacing was discussed
- Use of pain diaries may not always be needed
- A good general overview; no surprises; good acknowledgement of breadth of pain management across the lifespan
- Not surprised, but very motivated to go back to my team to improve our contribution when working with our clients.
- Thanks & kudos to OT for having a PIF on Pain issues; important Professional Forum; I'm surprised that there weren't more people here!

## **2. What is the role of occupational therapists working in pain management at this time? (the reality)**

- Therapeutic relationships key to dealing with pain issues
- A lot of focus on physical modalities -new grads feeling more confident in this area, physical modality
- Focus on function important, not removal of pain; focus on functions, understanding needs, health; our unique role is around function
- 3rd party programming -adversarial from the start
- Working with teams important – physicians do not have all the answers; stay connected to other OT's- sharing info and resources
- I think we know what the role is. We need to gather evidence that it is working, that will attract the interest from others, that is part of being political that was raised
- "Teaching them to fish" - problem solve, strategies
- OT's involved in groups i.e. cooking – see clients in an everyday situation
- Not a unified /coordinated approach
- Know, need widens
- Group education
- Enabling clients to improve their occupational performance through active treatment.
- Developing our role within the interdisciplinary team

## **3. What is/could be the unique contribution of occupational therapy in the provision of pain management services? (the ideal?)**

- FUNCTION makes us unique; The functional aspects helping people getting control on their pain to gain control on their engagement and participation in society; functional component, explicit; Addressing the activity and participation levels (as per ICF); Focus on function – so many medical practitioners focus on medical management, pharmacology and impairment level; Solutions; Activity and participation; Facilitating active engagement
- Education of public re stigma around pain (policy development happening in Ontario); advising patients /clients re web-sites where information is evidence based (Canadian Pain Coalition); Education of the client; Education provision that will enable clients to improve their occupational performance; Pain stigma, public education
- Empowering patients; Empowering client with education
- Allowing patients to take risks; Risk
- Our holistic approach; Need to focus on the person & spirituality & culturally & what meaning they ascribe to it; Cognitive, affective...; COPM= satisfaction component; Listen to story, what gets you up in the morning?; COPM; Meaning of pain-“tell less, ask more”; “Facilitate change”
- We do strategies that manage pain but we need to articulate more to clients and other stakeholders what the intension is of our strategies (the goal)
- More evidence is required to “sell” coverage of OT services by insurers
- Connect OTs, share resources
- Policy development

**4. What are the next steps to advance occupational therapy pain management practice? What can individual therapists, CAOT and other stakeholders (e.g. universities, regulators, others) do to promote occupational therapists’ role?**

- How do we have OT’s involved early enough – not just when they get to a Pain Clinic (lack of availability of resources for OT services in Community, LTC, earlier on in the patient’s journey.); OT’s need to be on Primary Health Care Teams; develop role of OT within interdisciplinary teams in tertiary centers, and private; OT need to be involved before pain clinics; Develop role at tertiary ...clinic
- Physicians need to be educated to involve teams; Family docs need to know what OT can do
- Public need education re healthy lifestyle (guidelines); Public guidelines on healthy living, pain management
- Incorporate pain education into the OT curriculum and make placements where pain is addressed at every level; Increase pain education information in post secondary education; Curriculum in the university setting
- campaign (CAOT?) re pain awareness is enhanced across the country.
- Position paper?
- Lobby insurance companies
- CAOT – interest group for sharing resources

- Publish this, conduct research to demonstrate our value to have this role recognized more widely to all stakeholders, get the evidence to promote, evidence based; Increase research; Develop outcome measures
- We need to demonstrate the cost effectiveness of these interventions if we want to be really promoting the role of OT
- Focusing on reintegration of return to activities, return to work, decrease cost on health system? that will enable us to stop preaching to the converted but to convert!!
- Know the clients i.e. would they be susceptible to adapted equipment or not
- A more formal strategy for a generalist OT to know how to approach /assess/treat a client who present with pain (?? 3 tier model as per driving)
- Need to help therapists feel more comfortable addressing the psycho-social and emotional impacts of pain; tell less, ask more
- CAOT: interest group, pain campaign, lobby insurance
- Ensure the OTs know their role within pain management; More placements, assessments

### **Roundtable Summary and Large Group Discussion of Next Steps**

In an overview of the forum information and discussions participants identified several issues and directions for action:

#### *Canadian Association of Occupational Therapist*

- Educate OT's on their role in pain management
- Address pain management along the continuum of acute to chronic (including cancer pain), and the importance of pain prevention at earlier stages
- Use OT Now to highlight pain management
- Provide in service training
- Provide skill building opportunities (for example in communication, transference) – this could be done at conferences
- Foster inter-professional collaboration, send representatives to pain coalitions, groups

#### *Universities*

- Ensure pain management is included in curriculum
- Encourage events that focus on pain (U of T has a pain week)
- IPL – ensure inter-professional representation in pain related groups

#### *All*

- Create/participate in National Pain week

- Become active in Canadian Pain Coalition, Canadian Academy of Pain, Canadian Pain Society
- Use “Ask an OT” to address pain management
- Shift the current state of OT by socializing, telling stories that relate to this issue
- Respond to documents

#### o Join teams

- Develop accreditation guidelines

### **Further suggestions and feedback from forum evaluations**

What can CAOT do to advance occupational therapy practice in pain management?

- Continue the advocacy. Ensure that OT is represented in the different pain advocacy organizations.
- Support research effort in pain.
- Education-especially education to OTs. We have to start there.
- Share pain management strategies
- Support OTs working in pain across the settings
- Interprofessional efforts
- Curriculum development
- Encourage participation in political arena such as chronic pain advocacy organizations
- Position statement including prevention and all areas (acute management, chronic management)
- Increase curriculum involvement in universities
- Pain campaign
- Increase fieldwork opportunities for students
- Offer more info sessions
- More pain information in university curriculum (classes, modules)
- Start in the universities so new grads are more aware
- Provide more detail regarding intervention methodology and when it is appropriate to apply each intervention

### **Additional Comments**

- Thank you (x2)
- This is a great start (x2). Let’s keep the discussion open and ongoing.
- I enjoyed the different backgrounds of the panelists.
- Very informative, good information, very beneficial as I am a new grad
- Nine participants provided names and email information so that they could continue their involvement.

## Summary

The Professional Issue Forum on Pain Management and Occupational Therapy was well attended. It provided important background information to participants and stimulated thoughtful and helpful discussions. Although one participant felt the information was not new, there were many indications that at least some information on pain is not widely known by occupational therapists.

Participants emphasized the unique contribution of occupational therapists in focusing on function (occupational engagement), dealing with the stigma of pain, empowering clients with education, allowing them to take risks, and working with the whole person and what is meaningful to them. They wanted to see occupational therapists being involved at earlier stages.

The three main issues that were identified in the initial planning stages of the forum were reflected in the discussions and comments of the participants:

- There is significant room for occupational therapy practices in pain management to be developed to advance health and wellbeing of clients of all ages.
- Occupational therapists lack awareness of the importance of the prevention of pain throughout the lifespan, and have not been aware of the impact their intervention could play in pain management at the time and later. They do not always include pain assessment routinely as part of initial assessments. This lack of awareness leads to lost opportunities for advocacy and establishment of occupational therapy within treatment teams.
- Occupational therapists would like to have a clear, concise description of the role of occupational therapy in pain management across the scope of health conditions and across the lifespan of Canadians. This would help them to understand their own role as well as articulate their unique contribution to policy makers and other stakeholders.

## Summary of Recommendations

### Recommendations for the CAOT Board

- Develop a position statement on the role of occupational therapy in pain management across the scope of health conditions. This is a key step in helping occupational therapists understand and articulate their role.
- Foster knowledge transfer and skill development amongst occupational therapists through workshops, webinars, articles on pain management or pain management research in OT Now and CJOT, by identifying and linking communities of practice in this area and by hosting or providing links to resource materials related to pain management.
- Advocate for the role of occupational therapy by ensuring and encouraging occupational therapy representation in pain associations and networks such as the Canadian Pain

Society, the Canadian Pain Coalition, the International Association for the Study of Pain, and the Alberta OT Pain Network.

- Increase the understanding of the occupational therapist's role in pain management in health care inter-professional settings.
- Encourage research to determine best practices in the occupational therapist's role in pain management including appropriate assessments and interventions and the benefits (including costs). For example, set up a special call for papers/posters on OT and Pain Management for the CAOT Conference.
- Highlight the role of OT in pain management through special recognition in CAOT Awards.

### **Recommendations for Educational institutions**

- Ensure that pain management is sufficiently addressed in the occupational therapy entry to practice curriculum.
- Encourage research to determine best practices in the occupational therapist's role in pain management including appropriate assessments and interventions and the benefits (including costs)
- Raise the profile of the issue of pain (pain weeks, etc)
- Provide pain management modules to help practitioners upgrade and maintain currency in this area
  
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- Contribute to resource materials related to pain management
- Seek fieldwork placements in pain settings
- Recommendations for Healthcare Settings and Occupational Therapists
- Ensure assessment and management of pain is part of the occupational therapy process
- Provide inservice training on pain and the occupational therapist's role
- Advocate for the occupational therapist's role in pain management in inter-professional teams, primary health, etc.
- Participate in National Pain Week, and pain associations and networks such as the Canadian Pain Society, the Canadian Pain Coalition, the International Association for the Study of Pain, and the Alberta OT Pain Network.
- Contribute to resource information

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## **Appendix I**

### **Facilitators**

**Lorian Kennedy**, M.Sc.O.T, has worked in a variety of occupational therapy settings as a front line clinician as well as a consultant and manager in Edmonton, AB. She was a founding member of a multidisciplinary homecare therapy company (Independent Therapists Limited) and she has operated independently as a medical-legal consultant since 1995. She has had a long-time interest in the area of pain management, as poorly managed chronic pain is a major issue for her clients. She is a past member of the International Association for the Study of Pain and is a current member of an Alberta Pain Interest Group. She has had a lengthy involvement with CAOT as a column editor for OT Now, a member of the Committee of OT Practices and membership on the National Panel of Consultants in two categories: Environmental Accessibility and Community and Private Practice.

**Janet Craik**, MSc., OT (C) holds a Bachelor of Science degree in occupational therapy from Queen's University and a Master's degree in Rehabilitation Science from the University of Toronto. Janet has many years of experience in occupational therapy as a front line clinician, educator and manager. Her knowledge and expertise in project management and her research interests in knowledge translation and professional practice issues help her in her current role as the Director of Professional Practice for the Canadian Association of Occupational Therapists. Janet is responsible to advance excellence in the practice of occupational therapy in Canada and is the primary contact regarding occupational therapy practice for the membership, relevant consumer groups, governments and other organizations.

### **Panelists**

**Dr. Cary Brown** is an Associate Professor in the Department of Occupational Therapy at the University of Alberta. She gained her PhD in Medical Sociology/Primary Care from the University of Liverpool, UK and has worked as a clinician and academic in Canada, the United Kingdom and Saudi Arabia. Her research areas are chronic pain and non-pharmacological sleep interventions. Cary has published a number of papers in these areas and presented at national and international conferences. She and her research team have also developed websites with sleep information - one for issues related to dementia ([www.sleep-dementia-resources.ualberta.ca](http://www.sleep-dementia-resources.ualberta.ca)) and one for children ([www.OThealthliteracy.ualberta.ca](http://www.OThealthliteracy.ualberta.ca)). Her most recent research project (funded by a Collaborative Research Grant from Alberta Health Services and Alberta Seniors and Community Supports) is a review of healthcare providers use of non-drug based sleep interventions.

**Dr. Anita Chakravarti** was born in India, moved to Wisconsin in the early 60's and has lived in Saskatoon for 45 years. She graduated with her M.D. from the University of Saskatchewan in 1982, completed her Anesthesiology in Alberta and has been a member of the Department of Anesthesiology and a professor at the College of Medicine since 1987. Following a horse riding accident in 1998 and her own challenges with chronic pain, she became interested and involved in Pain and Integrative Medicine. She has completed training in several evidenced based allopathic and complementary therapies in pain management including Acupuncture from the University of Alberta and Mindfulness Based Stress Reduction from University of Massachusetts. She was the first Medical Director of the Chronic Pain Center and also worked

at the Chronic Pain Clinic. She continues to be a voice for those in pain and embraces her role as a pain patient advocate. Anita currently works in the area of health care provider wellness recognizing that primary prevention and earlier intervention at a lower acuity can help those with pain and that healthier providers relate to healthier patients and healthier communities.

**Anshu Gupta** graduated from Delhi, India in 1990 and moved to Singapore in 1992 and worked there as an Occupational Therapist in Geriatric Rehabilitation (inpatient, outpatient and long-term care) for 10 years. She moved to Saskatoon, Canada in 2002, She is now a senior Occupational Therapist, working part time at Chronic pain centre, Saskatoon(SK). She has worked there since 2007 and is proud to be a part of a team that is dedicated and motivated in providing best practice care to clients suffering from chronic pain. Beside clinical work she is also involved with policy and program development at her work place. She is a member of Saskatchewan Society of Occupational therapist (SSOT), CAOT, Canadian pain society.

**Bonnie Klassen**, MSc(OT) has 14 years of experience as an occupational therapist with adults and older adults in a variety of settings, facility and community based, urban and rural. She has a special interest in chronic and complex conditions and assisting individuals to become skilled at managing their own health and daily activities, including return to work. She works for Alberta Health Services in 2 chronic pain clinics in Camrose and Vermilion, as well as the community rehabilitation program in Camrose. She has a part time private OT practice in Edmonton, Klassen Rehabilitation Consulting. She has completed a thesis-based Master of Science in Occupational Therapy from University of Alberta (2004) and Certificate Program in Medical Acupuncture (2010). Her master's research was related to implementing best practice in pain management in a geriatrics program. She is a past president of the Alberta College of Occupational Therapists (ACOT) and an active volunteer committee member and mentor with the Society of Alberta Occupational Therapists (SAOT). She has published articles in Physical & Occupational Therapy in Geriatrics, OT Now, and World Federation of Occupational Therapy Bulletin.

## Appendix II - Occupational Therapy Pain Resources

Where can I go for more resources?

- Canadian Pain Society <http://www.canadianpainsociety.ca/en/>
- Canadian Pain Coalition <http://www.canadianpaincoalition.ca/> a partnership of pain consumer groups, health professionals who care for people in pain, and scientists studying better ways of treating pain. The Pain Resource Centre from the Canadian Pain Coalition is designed to be a centralized resource about pain and pain management for Canadians. The PRC is a place on the web where people can obtain reliable information about pain so that they can help themselves, their clients, their family members, friends, and co-workers. <http://prc.canadianpaincoalition.ca/en/>
- The Alberta Occupational Therapy Pain Network ( group of therapists who share resources and support) email [cary.brown@ualberta.ca](mailto:cary.brown@ualberta.ca) to join- there is no membership fee and we have members across Canada and from other countries as well.

- Understanding Pain and Dementia – an online workshop and resource source for healthcare providers, families and persons with dementia <http://www.painanddementia.ualberta.ca/> developed by occupational therapy researchers at the University of Alberta.
- Occupational Therapy pain and sleep health literacy resources- brochures for parents, children and healthcare providers <http://www.OThealthliteracy.ualberta.ca> developed by occupational therapy researchers at the University of Alberta
- The International Association for the Study of Pain: (lists chapters around the world) [www.iasp-pain.org](http://www.iasp-pain.org) Particularly you should check out all the fact sheets and resources on the IASP webpage for the “Global Year Against Pain” <http://www.iasp-pain.org/Content/NavigationMenu/GlobalYearAgainstPain/GlobalYearAgainstAcutePain/default.htm>
- Special IASP Interest Group for Childhood Pain <http://childpain.org/>
- British Pain Society A range of excellent policy and guideline documents [http://www.britishpainsociety.org/pub\\_home.htm](http://www.britishpainsociety.org/pub_home.htm)
- Pediatric Pain Letter <http://childpain.org/ppl/index.html>
- Centre for Pediatric Pain Research- Dalhousie University <http://pediatric-pain.ca/content/HealthProfessionals>
- The mission of Pain Treatment Topics is to provide access to news, information, research, and education relating to the causes and effective management of pain. Along with that, we are dedicated to offering contents that are evidence-based, unbiased, non-commercial, and comply with the highest standards and principles of accrediting and other oversight organizations. <http://pain-topics.org/>
- University Centre for Research on Pain and Disability <http://www.pdp-pgap.com/homepage.html>
- Neuro Orthopedic Institute (NOI). Educational resources for health care professionals and clients <http://www.noigroup.com/en/Category/BT>
- City of Hope & Palliative Care Resource Centre has an extensive collection of resources – their index of resources is over 100 pages long and includes HIV, pediatric, adult and palliative care material <http://prc.coh.org/>

Where can I send my patients for more information?

- The Pain Resource Centre from the Canadian Pain Coalition <http://prc.canadianpaincoalition.ca/en/>
- Action Ontario - For People with Neuropathic Pain
- Action Atlantic - Volunteer advocacy group dedicated to helping people in pain [www.headache-help.org](http://www.headache-help.org)
- Help For Headaches
- Pediatric Pain storybooks and other resources <http://pediatric-pain.ca/content/Families>
- British Pain Society – a range of patient information booklets to download [http://www.britishpainsociety.org/patient\\_publications.htm](http://www.britishpainsociety.org/patient_publications.htm)
- Pain Action: <http://www.painaction.com/>

- Pain Action brochure for clients:  
[http://www.painaction.com/uploadedFiles/PA\\_Pro\\_Flyer\\_for\\_web.pdf](http://www.painaction.com/uploadedFiles/PA_Pro_Flyer_for_web.pdf)
- Pain Treatment Topics - [http://pain-topics.org/patient\\_resources/](http://pain-topics.org/patient_resources/)
- American Occupational Therapy Association- Tips for managing chronic pain  
<http://www.aota.org/Consumers/consumers/Health-and-Wellness/Pain/35137.aspx>

Where can I find assessment tools?

- City of Hope & Palliative Care Resource Centre [http://prc.coh.org/pain\\_assessment.asp](http://prc.coh.org/pain_assessment.asp)
- Australian Therapy Outcome Measures (AusTOMs for OT)  
[http://www.latrobe.edu.au/austoms/OT\\_sc.htm](http://www.latrobe.edu.au/austoms/OT_sc.htm)
- Canadian Occupational Performance Measure (COPM)  
<http://www.caot.ca/copm/index.htm>
- FACES Pain Scale <http://www.usask.ca/childpain/fpsr/>
- Pediatric Pain Assessment Tools-Dalhousie <http://www.pediatric-pain.ca/content/Measures>
- Pediatric Pain Profile <http://www.ppprofile.org.uk/>
- Registered Nursing Association of Ontario – PDF publication with downloadable tools for a range of age groups- (look in the appendices)  
[http://www.rnao.org/bestpractices/PDF/BPG\\_Assessment\\_of\\_Pain.pdf](http://www.rnao.org/bestpractices/PDF/BPG_Assessment_of_Pain.pdf)
- An extensive list for assessments across the life span and various health conditions- Pain Treatment Topics [http://pain-topics.org/clinical\\_concepts/assess.php](http://pain-topics.org/clinical_concepts/assess.php)
- Purdue Pharma has some good resources for pain assessment, including the numeric rating scale in multiple languages.  
<http://www.partnersagainstpain.com/printouts/Pain%20Management%20Quick%20Kit.pdf>
- Occupational Therapy Specific Resources
- Canadian Association of Occupational Therapists – Ask and OT about managing pain  
<http://www.caot.ca/default.asp?pageid=3624>
- Bronwyn Thompson’s Healthskills blog for health providers who want to read about research related to self managing chronic pain. A wonderful way to network and share resources with OTs around the world <http://healthskills.wordpress.com/>
- Strong, Unruh, Wright & Baxter Pain: a textbook for therapists.  
<http://books.google.ca/books?id=fQkH93iYUxMC&dq=Strong+J+pain&sitesec=reviews>.  
London: Elsevier Health Sciences, 2002
- Rogers, R. Managing Persistent Pain in Adolescents: A Handbook for Therapists. New York: Radcliffe Publishing 2008 - a textbook written by an occupational therapist with a particular focus on how to educate adolescents and their parents about pain and using contextual cognitive behavioral approaches, mindfulness and relaxation. There are accompanying patient worksheets and handouts from the textbook anyone can access at <http://plus.mcmaster.ca/rehab/Default.aspx>
- AOTA (2002) Managing Chronic Pain  
<http://www.aota.org/Consumers/consumers/Health-and-Wellness/Pain/35137.aspx>

Prepared by the Alberta Occupational Therapy Pain Network March 2011 for the Canadian Association of Occupational Therapists' Professional Issue Forum entitled, "Occupational therapy and pain management". Please email [cary.brown@ualberta.ca](mailto:cary.brown@ualberta.ca) to join the network and/or to recommend additional resources

**(Nos excuses. Les ressources ne sont pas disponibles présentement pour traduction.)**