Who Has Chronic Pain?

Worldwide, millions of people suffer from chronic pain every year. In America, 25.3 million people, or 11.2%, have reported to have conditions that cause chronic pain (NIH, 2015). Many cases of chronic pain are not able to be cured; symptoms can only be treated. One of the most common methods to manage symptoms is through medications. In Utah, approximately 20% of the adult population took opioid-based medications in a single year. Of those people, roughly one-third received a prescription for long-term use (Porucznik, et al., 2010). The dependence that can develop for chronic pain patients is often more difficult for addiction specialists to work with, because the medications are being used to improve daily function, not to become intoxicated. It is easy to feel that this is the only option for treatment. But there are several complementary approaches that have been proven to be quite effective. For example, exercise.

Why Exercise?

When a person is in pain, they naturally want to do whatever possible to reduce it. For many, that instinct tells them to rest and relax. However, when pain becomes chronic, there is such thing as too much rest. Muscles can atrophy, leading to less joint stability and poor posture, which can cause myriad additional problems. Regular physical activity combats muscular atrophy by strengthening the muscles and improving flexibility. In addition, it has been shown to reduce fatigue, which is a common limiting factor in many conditions that cause chronic pain. (Rall, et al., 2011). Exercise causes the release of chemical messengers that decrease chronic inflammation in the body, as is seen in many autoimmune diseases (Pedersen, BK, 2017).

While strict guidelines are lacking, the general consensus from evidence is that an active lifestyle is better than remaining sedentary (Ambrose, et al., 2015). There is great flexibility in tailoring exercise programs to fit individual needs and limitations. The goals of exercising with chronic pain are to: improve flexibility and strength, improve performance of endurance activities, reduce intensity of pain, and to reduce pain-related disabilities (fears, concerns, attitudes toward pain etc.).

SOURCES

Before You Begin

Supervision is crucial when beginning a treatment plan to minimize risk of injury or overexertion (Henchoz, et al., 2008). This is where you need to assemble your team. Talk to a healthcare provider before beginning any exercise program to determine the level of activity that is appropriate and safe. They may recommend beginning with a referral to a physical therapist to safely reestablish movement and flexibility. Seeking an exercise specialist who has experience with chronic pain clients may also be beneficial (Patti, et al., 2016). Many people employ a small team of these professionals to ensure the plan will yield maximum benefits.

Remember that attitude is important! Patients who take a positive approach and view their conditions as treatable are often able to function better and live happier (McCracken, et al., 2006).
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