Understanding persistent pain

Why pain can carry on after the body has healed, and what that means for living with it.

Pain that lasts longer than three months is called persistent or chronic pain. It is real, whatever scans do or do not show. It also works differently from short-term pain, and understanding the difference opens up new ways to manage it.

Pain is a protector, not a damage meter

Pain is produced by the nervous system when it judges that the body needs protecting. With a new injury, that judgement is usually right. With persistent pain, the alarm system itself has become over-sensitive. It keeps sounding even after tissues have healed, or far more loudly than the state of the tissues warrants.

This is why hurt does not always mean harm.

What turns the volume up and down

Turns pain up

- Stress, worry and low mood
- Poor sleep
- Fear of movement
- Doing far too much, or far too little
- Focusing on the pain
- Feeling alone with it

Turns pain down

- Feeling safe and calm
- Good sleep
- Gentle, regular movement
- Pacing activity
- Absorbing, enjoyable things
- Support and understanding

None of this means the pain is "in your head". It means the brain and nerves are part of every pain, and they can be influenced.

What helps

1. Understanding pain, as you are doing now.
2. Gradually building activity, without boom and bust.
3. Better sleep and less stress.
4. Addressing fear and unhelpful beliefs about pain.
5. Getting back to what matters to you, with the pain if need be.

The aim

To get back to living well now and let the pain system calm down over time, without waiting for the pain to go first. Many people find that pain eases as they do more.

Always have new, changed or worrying symptoms checked by your GP.

Draws on the pain education work of Lorimer Moseley and David Butler.

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The persistent pain cycle

How pain, fear and doing less feed each other.



How each step feeds the next

- **Beliefs about damage** make ordinary movement feel dangerous.
- **Fear and tension** tighten muscles and turn the pain system up.
- **Resting and guarding** help with a new injury. Over months they lead to weakness and stiffness, so less activity causes more pain.
- **Life shrinks.** Fewer good things, more time to notice pain, lower mood.

Breaking the cycle

Where	What helps
Beliefs	Learning that hurt does not always mean harm. Asking your doctor or physio what is safe.
Fear and tension	Relaxation, breathing, addressing worries, graded return to feared movements.
Activity	Finding a steady baseline and building up slowly. Pacing.
Life	Getting back to valued activities and people, in adapted ways if needed.

Where am I in this cycle at the moment?

The link I could most easily work on

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Thoughts about pain

What you tell yourself about pain changes how much it hurts and how much you do.

Name _____ Date _____

Pain grabs attention and sets off alarming thoughts. Those thoughts raise fear and tension, which turn pain up. A calmer, more accurate thought does not remove pain. It stops fear being added to it.

Alarming thought	A steadier version
"This pain means I am doing damage."	"Hurt does not always mean harm. I have been told this movement is safe."
"I cannot stand this."	"It is very unpleasant, and I have got through it before. It will ease."
"It will only get worse."	"It goes up and down. I am learning what helps."
"I cannot do anything any more."	"There are things I do differently now, and things I can build back."
"I should push through."	"A steady amount works better than forcing it."

Situation	What I told myself	Fear or distress (0 to 10)	A steadier thought	Distress now

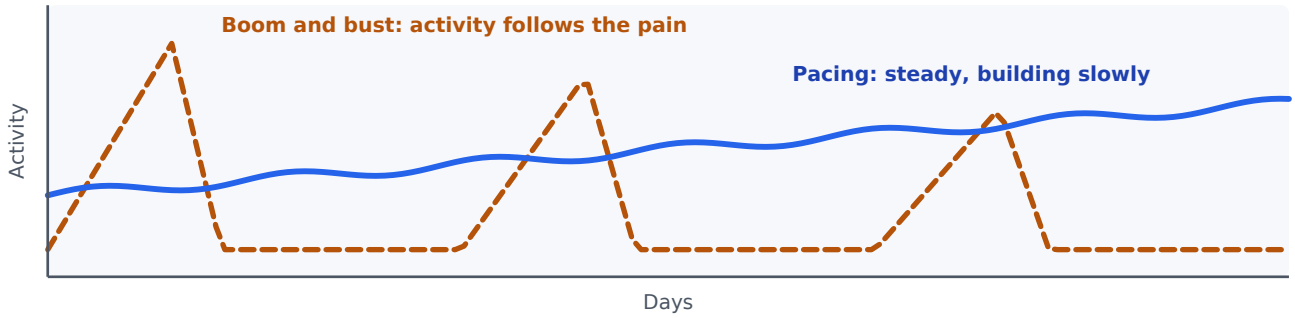
The thought about pain that affects me most

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Boom and bust

Why good days can lead to bad weeks, and what to do about it.

On a good day it is tempting to catch up on everything. The next day, or the day after, pain or exhaustion hits and you are forced to rest. Then, once you recover, you push again. Over time the good days get fewer and the crashes get longer.



Why it happens

- Activity is guided by how you feel, not by a plan.
- There is a backlog, and guilt about it.
- "I must make the most of feeling OK."
- Stopping only when pain or fatigue forces you to.

The alternative: pacing

Pacing means doing a planned amount, on good days and bad days alike, and stopping before you have to.

1. **Find your baseline.** How much of an activity can you do without a flare-up afterwards, even on a bad day? Start below that.
2. **Go by the clock or the count, not the pain.** "Ten minutes of weeding" or "walk to the second lamppost".
3. **Take breaks before you need them.** Short and frequent.
4. **Switch tasks and positions.** Sit, stand, move.
5. **Build up slowly.** A small increase every week or two, and only when the current level is comfortable.
6. **On good days, stick to the plan.** This is the hardest part and the one that matters most.

> **The result**
> You do a little less on good days and a lot more on bad days. Over a month, you get more done with fewer crashes.

An activity where I tend to boom and bust

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Finding my baseline

A week of timing what you can do before symptoms build.

Name _____ Date _____

Choose two or three everyday activities (sitting, standing, walking, housework, screen work). Each time you do one, note how long you managed before pain or fatigue started to rise noticeably. Do not push through. You are measuring, not testing yourself.

Day	Activity	How long before symptoms rose	Good day or bad day?	Any flare-up afterwards?

Activity	Shortest time this week	My baseline (use the shortest)

Using your bad-day figure means you can keep to the plan every day.

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My pacing plan

Set a baseline for each activity and build up from it slowly.

Name _____ Date _____

For each activity, work out how much you can manage on a bad day without a flare-up. That is your baseline. Start a little below it (about four fifths), and do that amount every time, good day or bad.

Activity	My baseline	Starting amount	How often	Rest afterwards
Walking	*10 minutes*	*8 minutes*	*Twice a day*	*5 minutes*

Building up

Increase by a small amount (around a tenth) only when you have managed the current level comfortably for a week or more.

Week	Activity and amount	How it went	Change for next week
1			
2			
3			
4			
5			
6			

What will tempt me to do more on a good day, and what I will tell myself

My plan for a bad day (do a reduced amount, not nothing)

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My flare-up plan

What you will do when symptoms flare up.

Name _____ Date _____

A flare-up is a temporary increase in symptoms. It does not usually mean new damage, and it will settle. The aim is to stay calm, ease off without stopping altogether, and return to your usual level step by step.

Early signs that a flare-up is starting

Things that tend to set one off

What I will cut back for a few days

What I will keep doing, at a lower level

- [ ] Gentle movement
- [ ] My routine
- [ ] Company

What eases it

- [ ] Heat
- [ ] Stretches
- [ ] Relaxation
- [ ] Distraction
- [ ] Medication as prescribed

Unhelpful thoughts that turn up, and what I will say back

Who I will tell, and what help I will ask for

How I will build back up afterwards

See your GP

if the pain is new or different, or comes with symptoms you have been told to watch for.

Afterwards: what I learned from this one

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Progressive muscle relaxation

Tensing and releasing each muscle group in turn, to learn what relaxed feels like.

Anxiety and stress leave muscles tight, often without us noticing. In this exercise you tense each muscle group on purpose, then let go, so you learn what release feels like and can find it again when you need it.

Allow about fifteen minutes. Sit or lie somewhere quiet. For each area, tense for about 5 seconds, then release for about 15 seconds and notice the difference. Tense firmly, not painfully. Skip any area that is injured or sore.

Area	How to tense it
Hands and forearms	Make tight fists.
Upper arms	Bend your elbows and tense your biceps.
Shoulders	Lift them up towards your ears.
Forehead and eyes	Raise your eyebrows high, then screw your eyes shut.
Jaw	Press your teeth together and pull the corners of your mouth back.
Neck	Gently press your head back against the chair or pillow.
Chest and back	Take a breath in and pull your shoulder blades together.
Stomach	Pull your belly in tight.
Thighs	Press your knees together or push your heels into the floor.
Lower legs	Point your toes up towards your face.
Feet	Curl your toes under.

To finish

Scan through your body from head to toe. If any tightness is left, let it go. Breathe slowly for a minute or two. Get up slowly.

Tension before

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

None Extreme

Tension after

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

None Extreme

With practice, most people can relax by scanning and releasing, without needing to tense first.

Progressive muscle relaxation was developed by Edmund Jacobson.

Notes

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Living well with a long-term condition

What the condition has changed, what it has not, and adapted ways to keep doing what matters.

Name _____ Date _____

A long-term health condition brings real losses and limits. It can also crowd out everything else. This sheet is about keeping the other parts of your life going.

What the condition has changed or taken away

What I feel about that (it is all right to be angry or sad)

What has not changed: things I still value, enjoy or am good at

Something that matters to me	How the condition gets in the way	An adapted way I could still do it
Being involved with my grandchildren	*I cannot run around after them*	*Reading, baking and board games at my house*

Who and what supports me

One thing I will do this week because it matters, not because I feel up to it

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