Pain After TBI – A Round Table Discussion

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Pain is a Problem!

- 2.5 million TBI's per year in US
- Up to 81% of individuals with moderate to severe TBI reported pain (inclusive of headache)
- Headache is the most common pain symptom. Other pain types are often grouped together due to lower frequency:
  - Neuropathic/central pain
  - Pain related to spasticity
  - Heterotopic ossification
  - Musculoskeletal/soft tissue
  - Co-occurring spinal cord injury
  - Peripheral nerve injury
- Complexity of co-morbidities
  - Depression, anxiety, PTSD, cognitive, fatigue, sleep

Inspiration for this Roundtable
TBI Care Study

The Effectiveness of Collaborative Care versus Usual Care for Pain after Traumatic Brain Injury

> Objective is to improve the lives of individuals with TBI by reducing the impact of headache and other chronic pain in day-to-day life.
> Comparing usual vs. collaborative care
> Preliminary results indicate no decrease in pain scores, but a decrease in anxiety, depression, and pain interference.

TBI Care Study

Collaborative Care Model

- Patient: coordinates care
- Care Manager: acts as coach and facilitator
- Treatment: physician, physical therapist, occupational therapist
- Psychologist: provides pain education, cognitive-behavioral therapy
- Consultants: neurologist, psychiatrist, psychologist

Pain Neuroscience Education (PNE)

> There is strong evidence that “explaining to patients their pain experience from a biological and physiological perspective of how the nervous system/brain processes pain allows patients to move better, exercise better, think differently about pain, and push further into pain.”

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Expanding the conversation from the orthopedic/musculoskeletal world to the neurological population
PNE, aerobic exercise, sleep hygiene, and goal setting
Paired with active treatment interventions (sensory discrimination, graded motor imagery)

Discussion Question #1

Do you use a specific pain protocol or pathway to address pain?
How do you communicate with the rehab team about pain? Pain plan?
Do you provide any formal education or competencies to staff about pain assessment or management?

Pain Assessment Tools: Outpatient Rehab
Discussion Question #2

> Do you have a formal or informal way of introducing Pain Neuroscience Education?
> Who provides the education?
> Is it taught in a 1:1 or a group format?
> How is it taught? Verbal? Handout? Video? Visuals?

References