



CANADIAN PAIN COALITION NEWSLETTER

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The President's Letter



Dear Members,

Spring has finally arrived and with it the next edition of the CPC newsletter. We know that you will be pleased with the wealth of helpful information provided by our regular columnists. Our feature article, written by Board Member, Diane Lewis, highlights the art and challenges of pacing as a valuable tool in pain management.

Spring is an exciting time of year for CPC with conference attendance, hosting our Annual General Meeting and presenting awards (my favourite thing). In the CPC Updates, I have included the text from two awards presentations and pictures too so that you may be inspired, as I am, by the stories of two individuals who use their skills and talents to help others in pain while living with persistent pain themselves.

The CPC Updates highlight two important upcoming events for CPC. The first is the Canadian Pain Summit scheduled for April 24, 2012. The second is the *Pennies for Pain Walk to End Pain* on October 16 this year. Sandra Gartz, walk co-chair and I have begun training for our events. Luci, the dog, is helping with my training. Think about how you can get involved. Your support is painfully important!

Sincerely,

Lynn Cooper
President

**NATIONAL
PAIN
AWARENESS
WEEK:**

NOVEMBER 6-12, 2011



Submitted by Lynn Cooper BES, President

CPC Leadership for Changes to Pain Care in Canada

National Pain Strategy and Canadian Pain Summit

The Canadian Pain Coalition (CPC) and the Canadian Pain Society (CPS) are hosting the Canadian Pain Summit "Rise Up Against Pain" on April 24, 2012 in Ottawa where the National Pain Strategy will be unveiled. During the next several months, the final draft of the National Pain Strategy is in the process of being reviewed by Canadian Stakeholders. The four key areas that we have identified that must be included in our National Pain Strategy are:

1. Access: Increase access to appropriate care for pain
2. Education: Improve education about pain assessment and management amongst health care professionals
3. Research: Support research into the causes of pain, as well as new and innovative approaches to prevent and manage pain
4. Ongoing Monitoring: Develop information systems to provide ongoing assessment of the impact of improvements to patient and health care system outcomes in pain

During the months to come, please visit www.canadianpainsummit2012.ca for updates about the Canadian Pain Summit and ways that you can become involved online. CPC will also keep you up to date with emails as the steps toward the Summit occur.

Education and Outreach

Conference Attendance

It is important for CPC to strategically attend conferences to promote awareness about CPC resources, like the **Pain Resource Centre** located at www.canadianpaincoalition.ca, to health professionals who can pass along the information to their clients. Please read on to learn about CPC's conference activities.

Canadian Pain Society, Education Special Interest Group Refresher Course, Ottawa

CPC took part in the tradeshow at the CPS Education SIG Chronic Pain Refresher Course held in Ottawa on February 25 – 27, 2011. As in previous years, interest in the CPC was strong from local clinicians. Numerous requests for free CPC educational materials, including the "Conquering Pain for Canadians" booklet, have been filled by the office.

Canadian Pain Society Annual Conference, Niagara Falls

The CPC Board of Directors attended the Canadian Pain Society (CPS) Annual conference in Niagara Falls from April 13 – April 16, 2011. Board members were active on your behalf throughout the conference hosting the display booth during the trade show, gaining knowledge about new research at presentations and workshops, making connections for CPC and networking at conference functions. Special thanks go to Sandra Gartz, CPC Secretary, and Laura Williams from the office for coordinating the display booth. Lynn Cooper represented CPC at several CPS meetings including the Media Advisory Committee and the Board of Directors Meeting. A meeting of the Canadian Pain Summit steering committee also took place.

During the Awards dinner, held on Friday, April 15, Lynn Cooper presented the **CPS/CPC Pain Awareness Award** to Cathryn Morgan for her children's book *Grrrrouch Pain is like a grouchy bear*.



Cathryn Morgan (centre) receives her award from Dr. Mary Lynch (left) and Lynn Cooper

The text of the presentation is seen below.

"GrrrrOUCH! Pain is like a grouchy bear is a brilliant book about pain written for children ages six to ten by Cathryn Morgan. Cat was inspired to write this book because of her own challenges and courageous adaptation to living with persistent pain. Her pain developed from injuries sustained in a car accident six years ago. Cat has told me that based on her struggles, she considered how difficult it must be for children with chronic pain to express their emotions, describe their pain, and follow coping strategies and she wanted to help.

Cat drew on her expertise as a primary teacher in Ottawa to write the whimsical rhyming verse and to direct the illustrations by artist Crystal Beshara that are designed to echo emotions, trigger discussion and promote learning.

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If you have read Cat's book, and I hope you have obtained a copy at the conference, you might like to know that two of the people illustrated in the book who provided inspiration and support for Cat are here in the audience tonight – They are Cat's mother Ki and her niece Jessyca.

Cat's book is quickly being recognized as a valuable tool for parents, health care providers and educators as they support children living with pain and other chronic illness. The book is proving to be useful for adults experiencing pain to share with little ones in their lives to help them understand what the adult is going through.

The book also resonates with the child in all of us who is struggling to coming to terms with living in long term pain and to deal with the emotions and fear associated with this challenging disease. I think that a quote from Cat's book, **"Pain is like a grouchy bear, sitting in your favourite chair."** is a poignant description of persistent pain! It is now my pleasure to the present the CPS/CPC Pain Awareness Award to Cathryn Morgan."

Joint British Pain Society/Canadian Pain Society Meeting, Edinburgh June 21 – 24, 2011

On June 23, 2011, The Canadian Pain Coalition is co-hosting a workshop with the British Pain Society's Patient Liaison Committee entitled, "Let me have a say in how my pain is treated: how can we achieve genuine involvement in their care for the person with pain?" CPC representative Lynn Cooper will present at the workshop. CPC will also co-host a display booth at the conference trade show.

Canadian Association of Occupational Therapists Conference, Saskatoon

On June 16, 2011, CPC Advisor, Dr. Anita Chakravarti, will combine her person with pain and health professional experiences as a workshop panelist discussing the involvement of Occupational Therapists in pain management in Canada.

March 7, 2011 Public Education Forum

On Monday, March 7, 2011 in Hamilton, Ontario, the Canadian Pain Coalition and The Arthritis Society co-hosted a free public pain forum entitled, "Overcome Pain – Live Well Again". Over 100 people with pain attended the forum that featured guest speaker, Neil Pearson, physiotherapist and regular CPC newsletter columnist. Local fibromyalgia, pain and injured workers organizations participated as exhibitors. The event was a successful collaboration for CPC and one of its member organizations, a trend that we expect to continue.

Upcoming Public Education Forums

Upcoming forums include a public education event scheduled for June 13, 2011 in London with Janice Sumpton, pharmacist and CPC Board Member as the lead on that project. CPC's Ontario Fall Pain Series and two addition public forums for western Canada are being developed. Please visit www.canadianpaincoalition.ca for details as they unfold.

NOUGG National Faculty Patient/Public Education Working Group

CPC Board members Janice Sumpton and Lynn Cooper are working group members. The group's plan includes promoting links on public health sites to the National Guidelines for the Safe and Effective Use of Opioids in Chronic Non Cancer Pain, developing a decision making tool for people with pain related to the use of prescribed opioids and providing general information about the safe use of opioids. Much of the information will appear on the Pain Resource Centre. To access the guidelines visit <http://nationalpaincentre.mcmaster.ca/opioid>

CPC Board Meeting and Annual General Meeting April 13-14, 2011

It is CPC's practice to hold an in person Board Meeting and its yearly meeting of the members during the Canadian Pain Society Annual Conference schedule. CPC's volunteer Board of Directors live across Canada and communicate, for the most part, via technology. The in person Board Meeting held on April 14 in Niagara Falls gave our members the opportunity to work face to face on CPC business and develop cohesive working relationships.

CPC held its AGM on Wednesday, April 13 at the Scotiabank Convention Centre in Niagara Falls. The agenda included the election of Lynn Cooper as president and the appointment of Marc White as vice-president. Reports were given by the president, membership chair and treasurer.

Your 2011-2012 Board of Directors is:

Lynn Cooper, President

Dr. Marc White, Vice-President

Sandra Gartz, Secretary

Louise Carbonneau-Vermeiren, Treasurer

Dr. Celeste Johnston, International Relations

Dr. Ann Gamsa, Education and Research Committee

Diane Lewis, Nursing Special Interest Group Liaison

Janice Sumpton, Pain Resource Centre Review Panel

James Brophay, Fundraising Chair

Wady Dyson-Neirschauss, Membership Chair

Dr. Judy Watt-Watson, Canadian Pain Society Representative

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Presentation of the Helen Tupper Award for Exemplary Volunteerism in CPC

During the AGM, Lynn Cooper presented the annual Helen Tupper Award to Janice Sumpton, pharmacist and CPC Board Member. The text of the awards presentation and Janice Sumpton's acceptance appear below.



Lynn Cooper (right) presenting the Helen Tupper Award to Janice Sumpton (left) Photo by Diane Lewis

Presentation by Lynn Cooper:

"The Canadian Pain Coalition is pleased to give the Helen Tupper Award to Janice Sumpton for volunteerism in pain education and awareness and to celebrate her dedicated work for this organization.

Janice has served as a busy Board Member since March 2009. During this time, Janice has represented CPC well on many occasions as a spokesperson in the media and at health professional and public events relating to pain. She articulates stunningly her own challenges with pain while continuing her career as a pediatric pharmacist at London Health Sciences. Janice writes a regular "Ask a pharmacist" column for the CPC newsletter and in her spare time will pen a review about a book that she thinks our members must know about. Thanks to Janice's excellent connections we now have a new newsletter editor – husband David.

In her capacity as a pharmacist, Janice has been a valuable advisor to CPC. Last year she provided much needed information to get an access to medication project off the ground. Since May 2010, Janice has served on the Patient/Public Education Working Group of the National Faculty of the National Opioid Use Guideline Group. Her efforts on this committee will result in the production of a decision tool and information about opioid use tailored for people with pain that will appear on the Pain Resource Centre. Current, she is the CPC lead on a public education event scheduled for June 13 in London. Janice is a Fibromyalgia expert providing

professional course materials and making time to run a Fibromyalgia Support Group in London.

Janice, this award is given to a person who has demonstrated exemplary volunteerism and leadership for CPC in the tradition of its name sake. On behalf of the CPC membership I present you with the Helen Tupper Award."

Acceptance by Janice Sumpton:

"I am truly honoured to accept this award. Since becoming a member of the Board of the Canadian Pain Coalition 2 years ago I have been surrounded by great support and enthusiasm by you, the CPC, to work together to increase awareness and advocate for Canadians living with pain.

Under Lynn's incredible leadership we have gained strength and momentum in having a strong voice for persons with pain. Many exciting and important changes are happening in the pain field today and it is more crucial than ever to have a patient voice represented.

As a person living with chronic pain I decreased my hours at the hospital to 4 days a week, allowing Wednesday as a day of rest. This has evolved into rest and volunteering for pain advocacy and awareness. I have strived to utilize my unique perspective as a pharmacist with chronic pain to its full advantage.

During this International Year of Acute Pain I would like to share with you 2 stories from my last 16 days in Morocco.

Children in Canada and North Africa are very interested in my multicoloured canes. They are drawn to them by staring and reaching out to touch them. In the busy alleyways of Meknes a brother and sister of about 7 and 5 yrs of age were walking past me and my colourful cane. The little girl turned backwards to stare at my cane. I smiled at her and said "Bonjour". She continued to walk backwards on the very uneven surface and she stumbled backwards over a boulder. I yelled out "be careful". She did not understand English. Her brother prevented her from falling, and they had a little conversation together. She turned back around to me curtsied, and said "Merci".

The second Moroccan occurrence began in Marrakech. One of the group developed severe back and leg pain that limited her ability to walk and sleep. A house call from the doctor resulted in 4 prescriptions. I helped ask questions during the consultation and talk about the patient's morphine allergy in the context of the codeine prescription. I verbally reviewed the prescription with the doctor.

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I then went to the pharmacy to get them filled. No labels were printed/written, on the boxes of drugs (in Arabic and French). There are limited drugs available in Morocco and in different dosage forms than we have in Canada. The pharmacist scrawled very limited directions on the medication boxes and handed me back the prescription. Questioning the pharmacist, they keep no records in the pharmacy even for opioids.

I was glad I could help my friend to ensure that she took the prescriptions correctly and what to do to minimize side effects. She borrowed my cane and I suggested wheelchair assistance at the airports to prevent additional pain.

Both of these events spoke to me of two things which are not new, but bear repeating. They reinforce that pain is international in nature, and affects all ages. Also, it illustrates the importance of acute (and chronic) pain receiving timely assessment and management to prevent chronic pain.

Again, thank you very much for this incredible honour of receiving the Helen Tupper Award. I look forward to many more years of increasing awareness and advocacy of pain. Thank you."

Fund Development and CPC Grants

Pennies for Pain Walk To End Pain

Please mark **Sunday, October 16, 2011** as an important day for pain awareness in Canada. It is also your opportunity to participate in various ways in CPC's third annual ***Pennies for Pain Walk to End Pain***. With the assistance of the Canadian Pain Foundation, the Canadian Pain Coalition has once again registered as a Charity Challenge Member of the Scotiabank Toronto Waterfront Marathon. You can participate by walking or running in the 5K, half or full marathon or asking someone to do this on your behalf, volunteering as a cheer team member or pledging a walker or runner by giving what you can – **Every penny counts!**

This year our goal is to raise **\$80,000** for CPC education/awareness programs and to have 100+runners/walkers and cheer team members in the event wearing ***Pennies for Pain*** t-shirts to heighten awareness of pain issues.

For more information about how you can get involved visit CPC's Charity Challenge Home Page at <http://www.torontowaterfrontmarathon.com/en/charity/cpc.htm>

JOIN TEAM CPC IN THE SCOTIABANK TORONTO WATERFRONT MARATHON
Sunday, Oct 16, 2011 | 5K, Half or Full Marathon

6 MILLION CANADIANS LIVE DAILY WITH PAIN THAT IS MISUNDERSTOOD AND UNDERTREATED.

HELP YOURSELF AND OTHERS BY GIVING WHAT YOU CAN TO SUPPORT THE CANADIAN PAIN COALITION'S PAIN EDUCATION AND AWARENESS PROJECTS.

WHAT CAN YOU DO TO HELP?

- A) WALK OR RUN WITH TEAM CPC
- B) SPONSOR A WALKER OR RUNNER
- C) VOLUNTEER AS A SUPPORT PERSON THE DAY OF THE MARATHON.
- D) BECOME A CORPORATE SPONSOR
 - NICKEL LEVEL - \$5,000 IN SUPPORT
 - DIME LEVEL - \$10,000 IN SUPPORT
 - QUARTER LEVEL - \$25,000 IN SUPPORT

TO REGISTER OR DONATE

WWW.TORONTOWATERFRONTMARATHON.COM/EN/CHARITY/CPC.HTM
 TO JOIN CPC'S CHEER TEAM OR FOR MORE INFORMATION, CONTACT THE CPC OFFICE (OFFICE@CANADIANPAINCOALITION.CA) OR WWW.CANADIANPAINCOALITION.CA



CPC Educational Grants

The first quarter \$5,000 educational grant was awarded to the Comox Valley Nursing Centre for their project entitled *Community Based Chronic Pain Programmes - Collaboration Between Acute Care (Emergency Room Services), Residential Mental Health Services and Primary Care.*

Upcoming grant deadlines for 2011 are June 30, September 30 and December 30. For more information about available grants and procedures please visit: www.canadianpaincoalition.ca.



By Diane Lewis, BScN, CPC Board Member

Pacing In Pain Management

I am writing this article as a nurse who is no longer able to work due to living with chronic pain. In my practice I encouraged my patients to pace their activities, but it was a big surprise to me to find how hard this can be. But don't give up as with a little practice you will get to know your body at a deeper level, and will find the ways to best pace your life.

In researching this article I have discovered that there is not a clear definition of what the term pacing means amongst health care practitioners and researchers.

For the purpose of this article, I am defining "pacing" as the balance between activity and rest which helps you to control your pain more successfully. For me personally this has been critical to managing my pain. To my surprise this was harder than it sounds.

I think one of the first steps in pacing is to educate yourself about your medical problem and the difference between acute pain and chronic pain. You may find help with this through your health care practitioners, and also through information on the Canadian Pain Coalition website and newsletters.

With some medical conditions, pacing must be very very slow, as there is more likelihood of flaring up your pain.

For some of you, it will be understanding that the type of pain that you have means that although you begin to increase your activity level and perhaps experience short term increases in pain, that this activity is NOT causing more damage. Not increasing your activity level will mean that you become more and more deconditioned. Deconditioning will effect your physical and mental health.

People living with chronic pain often approach their activities by "boom or bust" meaning people throw themselves into their daily activities when they feel well, and end up having a big flare up following. At the other end of the continuum people who are afraid to increase their activity for fear that they might cause more damage or increased pain. Pacing creates the balance between these 2 sides.



Diane Lewis

For me that balance has been challenging, even though I was very familiar with the idea. I fall into the boom or bust group, and as soon as I feel well I try and get everything done that I have not been able to because of my pain. But I have realized that I pay for it for up to a week after. If I had just paced and built in rest breaks, I would have actually accomplished more.

Some of my challenges with pacing occur for many reasons including episodic flare-ups of pain, stress, and demands in my life. People who are fearful of becoming more active for fear of increased pain or damage may face similar challenges.

I have found that rather than pushing myself to the point that I am feeling tired, and then take several days to have everything settle down again, I schedule in rest breaks through the day. I have found that I had to experiment with how long I can be at a task, and how much rest I need at my scheduled rest breaks. I also find for myself, that knowing my body, I can tell that some days are good days and I can get away with doing a little more and not paying for it. Other days I know right away if I do too much I will pay for it tomorrow.

Keeping a diary or notes on a calendar can be really useful to gauge progress, and make changes as necessary. Sometimes the changes are small enough that it may feel like you are making no headway, but being able to look back at your diary can help you see your progress or make changes in you activity.

Good luck with your own pacing. Remember that this is a wonderful way to take back your power in controlling your own pain.



By Janice Sumpton RPh, BScPhm, **CPC Board Member**

Duloxetine Facts

Name: Duloxetine (dull-OX-eh-teen), Cymbalta™

*Self medication is not recommended.
Always discuss medication changes with your
physician and pharmacist.*

Uses:

Duloxetine is officially approved in Canada for the management of nerve pain associated with diabetes, management of pain associated with fibromyalgia, management of chronic low back pain and symptom relief of depression and anxiety.

How duloxetine works:

Duloxetine works by increasing chemicals in the brain (norepinephrine and serotonin). Balancing of these chemicals in the brain helps to decrease pain perception by “dampening” or “turning down” the feelings of pain.

Precautions:

Before using duloxetine talk to your physician about other medical conditions you have including liver disease or severe kidney disease. These conditions may determine if duloxetine is the right medication for you. Talk to your physician and pharmacist about other prescribed medications, non-prescription medications including natural products you are taking to make sure there are no interactions with duloxetine.

Duloxetine may cause dizziness or drowsiness so do not drive until you know how it affects you. Avoidance of alcohol is recommended.

Dosing:

Take duloxetine with or without food, once or twice daily as ordered.

If you forget to take a dose, take it as soon as you remember. If it is close to your next dose then skip the missed dose (do NOT take double the dose). Swallow the capsule whole, do not crush or chew it. This preserves the delayed-release formulation to prevent the drug from

Doses of duloxetine are usually started at a low dose (30mg once daily) and increased slowly to allow your body to get used to the medication. The usual daily dose is 60mg once daily. Some patients may be increased up to 60mg twice daily. A week or two is needed to begin to notice an improvement in pain, and four weeks to feel the full benefits.

If stopping duloxetine do not stop suddenly to avoid withdrawal reactions. **Always discuss this with your physician.**

Side Effects:

All medications that have positive effects (usefulness) also have negative effects (side effects). A balance between the two is necessary. Starting at a low dose and increasing the dose gradually decreases the chance of side effects.

Most common side effects with duloxetine are nausea, sedation, dizziness, and dry mouth. Nausea is decreased by taking with food. Dizziness is decreased if you move slowly when changing from lying down or sitting, to a standing position.

Summary:

Duloxetine works on increasing two chemicals in the brain that help reduce pain. It helps balance brain neurotransmitters known to be important in fibromyalgia and nerve pain. It does not repair nerve damage. It may be used with other analgesics that work by a different pain relief method.

Always discuss medication with your physician and pharmacist to see if this medication is appropriate for you.



Janice Sumpton



By Ann Gamsa, Ph.D., pain specialist, MUHC Pain Centre, CPC Board Member

Question: “People tell me so many different things about my pain, leaving me very confused. How is “acute” pain different from “chronic”? Why do we have to have pain, anyway? Is it normal to be depressed, or is there just something wrong with me?” Gerald

Pain is considered to be chronic when it exceeds the expected time for an injury or wound to heal, usually 3-6 months. Some chronic pains may start spontaneously, as part of a medical condition. For example, people with diabetes sometimes develop a painful peripheral neuropathy, with a burning feeling or unpleasant tingling in the feet and hands. People with multiple sclerosis may develop unpleasant tingling body sensations and sometimes cramping. Other persistent pains may come from within our body; for example: headaches, migraines, or abdominal and back pains. Pains may also be caused by “circuits” gone wrong in the brain; for example, after a stroke or limb amputation when the brain no longer gets its normal feedback from the limb.

There is important distinction between “acute” and “chronic” pain. Acute pain is the body’s normal healing signal, warning us, for example, to take our hand off a hot burner, to get off the soccer field after an injury, to go to the dentist to have a tooth checked, or to encourage rest and care of an injured body part so it can heal. In most cases, the body’s natural healing system (together with the care of a doctor, dentist, or other health-care provider), takes over and within a reasonable time the wound heals and the pain goes away. We would not want to be without this life-saving signal system.

Very rarely people are born without the capacity to feel pain. As a result, they end up doing considerable damage to themselves without knowing they are doing so, and they tend to die young.

Unlike acute pain—essential for our survival—chronic pain creates suffering with little useful survival value or purpose, as far as we know. Furthermore, the suffering that chronic pain creates is not limited to pain on or in the body, but also results in emotional suffering due to new limitations and losses the person must face. In most cases, activity becomes limited, sometimes affecting work

and many other aspects of a person’s life. Often, these limitations and losses can lead a person to become depressed or anxious, even to the point of feeling their very identity is threatened and sense of purpose lost.

Because chronic pain can lead to a cascade of suffering, it is best treated by a multidisciplinary approach, including physicians, psychologists, nurses, and physiotherapists. Of course, some people cope very well with ongoing pain, and adapt without problem to whatever changes they must make. Most find it more difficult. Treatment may include medications (or sometimes elimination of medications under a doctor’s supervision), injections, infusions, exercise supervised by a physiotherapist, counseling by a nurse, psychotherapy to improve coping and mood, acupuncture, and other complementary and alternative therapies. Multidisciplinary pain clinics are well equipped with diverse pain specialists who provide many of these interventions. There is no “one-size-fits-all” treatment; rather different people are best helped by a combination of treatments that addresses their specific problems.

How successful is treatment for chronic pain? Do people ever get better?

Very rarely, a person may become pain free as a result of treatment or because pain eventually resolves on its own. This is a happy exception.

At the same time, many can obtain considerable relief from their pain and also learn coping skills to enhance their enjoyment of life even though pain may continue to impose some limits. This is not achieved in a day, but requires a gradual process of adaptation. While there may be many things a person did in the past that they can no longer do, the challenge is to look beyond “what I used to do” and explore the many options available now and in the future. New possibilities the person never thought of before or had no time for in the past may open up.

In one case, a 55-year old woman who used to be a CEO in the fashion industry, flying to all parts of the world for her work, was no longer able to do this job because of a back injury. After a period during which she felt lost, depressed, and anxious, she decided to take a course in jewellery making, and soon started a successful business selling the jewellery she created online. This alternative came to mind when she asked herself how she might

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Ask a Psychologist (cont'd)



embark on a new activity in line with her love of fashion, but less problematic for her back. The challenge was to move from “I *used to*,” to “Now I *can*.”

Unfortunately there is no quick or magic fix for a pain that has reached the chronic stage. Often it is necessary to try several treatment regimens over a period of time before the best solution is found. Although pain specialists do

their best, the process is still one of trial and error, requiring patience and collaboration between the person with pain and the health-care provider. Someone with persistent pain does not have to live a *painful life*. The best outcome occurs when a person participates actively in their own pain management.

Ask a Lawyer

By Neil P. Wheeler, Lerners LLP

WHAT IS AN OCCUPIERS' LIABILITY CLAIM?

Overview

A motor vehicle claim is one type of “tort” (i.e. fault based) claim you may need to consider as a result of your disability. The “nuts and bolts” of motor vehicle claims have been discussed in a prior article in this newsletter. There are, however, other kinds of tort claims you may need to consider depending on how your disability arose. A common example is an “occupiers’ liability” claim, which is discussed below.

Components Of An Occupiers’ Liability Claim

An “occupier” of property can be an owner, landlord, tenant or anyone who has possession, responsibility for or control over the condition of a property, the activities carried on at the property or the persons allowed to enter the property. There can be more than one occupier of a property.

The law requires that an occupier take reasonable steps to keep a property safe for persons entering it. The standard is not one of perfection but rather one of reasonableness.

By way of example, if you slip and fall on the wet floor of a shopping mall and are injured, you may have an occupiers’ liability claim.

To succeed with such a claim the main items you will have to prove are the following:

- a) That the occupier failed to take reasonable steps to keep the property safe. You will need information about inspection, construction, cleaning standards and efforts made to prevent injuries such as yours.
- b) That the occupier’s negligence caused your injuries. The occupier might have been negligent in failing to mop up or cordon off a certain part of the interior of the mall that was wet, for example. However, if you fell before reaching that part of the mall because you tripped on your shoelace then the occupier’s negligence did not cause your injury.
- c) That you suffered “damages” as a result of the occupier’s negligence. It will be necessary for you to produce medical evidence of the injuries you sustained. It will be necessary for you to demonstrate that the injury caused restrictions in your social or occupational functioning. You can also advance a claim for out-of-pocket expenses, lost income, and medical and rehabilitation needs.

Many occupiers’ liability claims arise from injuries suffered at shopping malls, bars, restaurants and other businesses that have large numbers of patrons or customers. However, occupiers’ liability claims also arise from injuries suffered at private residences. In almost all occupiers’ liability cases, the occupier will have insurance that will respond to the claim on his or her behalf.

In an occupiers’ liability claim, or any type of tort claim for that matter, the defence may argue that you are “contributorily

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negligent". In other words that you are partially responsible for your injuries. If the Court agrees, there will be an "apportionment" of liability. If you are found 20% contributorily negligent, for example, the Court will reduce the damages you would otherwise receive by 20%.

The purpose of an occupiers' liability claim, as with tort claims generally, is to compensate you for your losses and to return you, to the extent possible, to your pre-injury level of functioning. This assumes of course that the occupier is at fault.

Summary

In the unfortunate event you are injured while attending someone else's business or property, it is important to remember that the principles of occupiers' liability may apply to provide you with compensation for your injuries and losses to the extent the occupier was negligent and caused your injuries and losses.

Neil Wheeler is a partner at the law firm of Lerner LLP in Toronto. He is also the Practice Group Leader for the Personal Injury Group at Lerner LLP. He acts for injured and disabled persons in litigation matters throughout Ontario. He has conducted trials that have changed the law for the better for injured and disabled persons.

If you wish to contact Neil with an idea for a column or with a legal question, you may reach him at (416) 601-2384 or nwheeler@lerner.ca.

By Neil Pearson, MSc, BScPT, BA-BPHE, CYT

I am a 58 year old woman, and I injured my back just over a year ago while lifting one of my grandchildren out of my son's car. No one agrees on what is wrong with my back, even though they agree I don't need surgery and that I should be more active. I have tried many treatments, always getting a little relief. Every time I try to get more active or do the exercises recommended by health care people my pain gets worse. Now my doctor tells me that there is a gentle yoga class nearby that I should try. I am sceptical that this would help. Do you think this is just grasping at straws? Do physical therapists recommend yoga too now? And can you tell me how yoga could help me with my chronic back pain?

Amy

Dear Amy,

Thank you for the questions. More and more people are asking about yoga and back pain. This is not grasping at straws. It is more about our a growing understanding that chronic pain affects our body and our mind, and that yoga is one of the ways you can work on both together.

Many physical therapists are recommending yoga now as one way to help out with chronic pain. However like MDs, we will be concerned that you find the right yoga for your problems.

We know from recent research that some styles of yoga can be very beneficial for people with chronic pain conditions, including low back pain and fibromyalgia. There is also research evidence that yoga has benefits for people with depression and with anxiety - two problems impacting many people with chronic pain.

Ask a Physiotherapist (cont'd)



It might help to consider the following description of potential benefits of yoga for people living in pain.

Practising yoga has been shown to decrease pain and improve perceived abilities.

- Yoga classes typically include breathing exercises. These have been shown to decrease pain, help people cope with flare-ups, and calm the nervous systems. Some breathing exercises even promote the production and release of endorphins and serotonin, chemicals known to decrease pain.
- Gentle yoga postures and the movements in a yoga class will help release protective muscle spasms, help re-engage muscles that have been weakened by the pain, improve your posture, and improve your tolerance to movements and stretching.
- Feeling successful with the breathing and movements in yoga can help you regain confidence, and a sense of self-control.
- Joining a yoga class can help reconnect you with other people, and feel a sense of community.
- Practising yoga can improve body awareness, concentration and focus – all problems faced by many people living in pain.
- With enough practice, the benefits will start to spill over into your daily activities and life.

As helpful as yoga can be, it is not going to be the answer for everyone. My personal belief is that many people can get similar benefits from other mindful exercise practices such as Tai Chi and Qi Gong. Even exercising at a gym can be successful when we approach the exercises with calm breath, calm body and a calm mind.

Here's what most people with chronic low back pain look for in a yoga class:

- A teacher who has some advanced knowledge, training or experience working with people with chronic pain. Sometimes this is a person who is a certified yoga therapist, but this is not a requirement.
- A class focusing on gentle yoga postures, breathing techniques and body awareness.
- A teacher who will work with you one-on-one prior to bringing you into a small class.

Yoga can help people decrease their pain, increase their movement and even help improve quality of life. Yet there are many styles of yoga. Some might not be helpful for everyone. Generally gentle classes are a great way to start. That said, in the past week two people have told me that Astanga yoga, an energetic practice sometimes called power yoga, was the answer for their pain, and in one case the answer for their fibromyalgia.

The best success will come from you being a diligent consumer. Interview the teacher to ensure they can offer what you need. Encouraging the yoga teacher to correspond with your MD, or physical therapist is also a good idea.

When you give yoga a try, find a way to approach it with determination and wisdom. Pushing too hard will make things worse. On the other hand, avoiding any movement that increases the pain even a little bit will not allow you body or your nervous systems to adapt. Your best success will be to focus the most on keeping your body tension low (that includes your jaw, face and tongue) and keeping your breath long and smooth. Rather than focusing on 'getting the yoga postures right', start with calm breath and calm body. When you get some mastery of this – say in 3-4 weeks - then it might be time to challenge your body a little more.

One of my students recently told me that what worked for her was to find a way to be fearless when she practiced yoga. She clarified by saying that she was not being mindless, and ignoring her body or the pain. She was approaching the yoga postures with acceptance of what she could do today, pushing herself to the spot where she knew she was safe, and being determined to put the effort forward that would lead to changes that would grow and grow over time. She knew that fear was a barrier to success, and realized that her improvement relied on "not practising being afraid" while she practised yoga.

Give it a try. Work with the teacher and find the approach that works best for you. Remember that like any other long term self-management endeavour, most changes happen slowly, with practice, patience and persistence.

Neil Pearson, MSc, BScPT, BA-BPHE, CYT, is a physiotherapist, certified yoga therapist, and Clinical Assistant Professor at The University of British Columbia. He is the founding chair of the Pain Science Division of the Canadian Physiotherapy Association and an active member of Pain BC Society.

Neil travels extensively teaching pain science and pain management to health care professionals, yoga teachers, and people in pain.

His clinical work, in Penticton British Columbia, is exclusively with people with complex pain problems.

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Ask an Occupational Therapist



By Lisa Klinger, Cary Brown, Bonnie Klassen

Question: “My family doctor has referred me to an occupational therapist for my chronic pain. I didn’t know occupational therapists had a role in chronic pain? What would the occupational therapist do?”

Occupational therapists (OTs) are health professionals who receive their training in accredited university programs. They are concerned about what people “do”. The “occupation” in our name refers to the old-fashioned idea of being occupied. So when OTs talk about occupations, they’re not talking just about jobs, but they mean all the activities that can occupy time during a day. OTs address the issues that get in the way of being able to do the things that are important, including the activities that allow you to independently take care of yourself and your family, and those activities that give you satisfaction and a sense of purpose in life. Chronic pain takes a major toll on your ability to engage in the activities that you need to do, want to do, or are expected to do in the course of a day. So if you have a question about how to do those things, an OT might be the best person to talk to.

Some activities can actually stimulate pain, especially if they require more effort or range of motion than you have available or if they are very repetitive. OTs can help to find strategies to change the activity so it is not so taxing, or find ways to modify the way the environment around the activity is built or organized to make the activity more doable. Sometimes it’s a question of breaking down the activity into manageable bits, with rest breaks in between, that will allow the activity to be accomplished; OTs are good at such “activity analysis” and their ideas can be very helpful. OTs are usually also very familiar with all kinds of adaptive devices, and so they may be able to suggest a device that will make the job easier.

Some activities may actually be harmful, as they may be placing too great a strain on joints that are damaged by disease or under stress due to an inflammatory response. In these cases, an OTs input can help identify potentially dangerous ways of carrying out an activity and provide suggestions for a safer way. This might involve using more ergonomically correct tools or ways to set-up equipment or might involve ways of carrying, lifting, or handling that are biomechanically better. Sometimes it’s a question of problem-solving how jobs and tasks are organized (either the order in which tasks are done, or the way that the environment within which the tasks take place is set up), and OTs generally have a lot of knowledge and experience to help guide you to do activities in ways that prevent injury.

When you have chronic pain, you often experience a great deal of fatigue, related either to constantly dealing with the pain, side effects of medication, or difficulty sleeping. OTs can suggest

ways of structuring your day to reduce the effects of fatigue. Alternatively, they may be able to suggest sleeping positions that will allow you to get a better night’s rest. An OT may also be able to help you select an exercise program in your community that meets your needs to overcome fatigue and feel more refreshed. Helping you find the right activities in your community is also a great way to make sure your family and friends can participate along with you.

OTs pride themselves in working in a client-centered fashion. This means that we work collaboratively with our clients, sharing ideas and problem-solving together. After all, every person is unique, and no one solution is going to fit everyone. OTs therefore have to be good listeners, and often take on more of a coaching or consulting role. Sometimes our best ideas come from what we’ve learned from all the other clients we’ve worked with!

Living with chronic pain takes a heavy toll emotionally. OTs have training in counseling skills as well as in some aspects of cognitive behavioural therapy. They may be able to suggest and teach strategies that will make it easier to cope with the feelings of loss, anger and other emotional challenges of dealing with pain every day.

Finally, we have to recognize that there is a lot of stigma associated with having chronic pain. It’s an invisible disability and, as such, the general public, as well as many health professionals (sadly) have difficulty understanding and empathizing. OTs pride themselves on their role as advocates. As such, OTs usually have a good knowledge of community resources as well as an intimate knowledge of the way that the health and public systems work. An OT may be able to help you navigate the system or find the just-right resource.

How do you find an OT? OTs are often employed in hospitals, working with both in- and out-patients. In such cases, a physician referral to an OT is usually required, so the best way to connect with an OT would be through your doctor or medical specialist. OTs also work in client’s homes, either through provincial home care providers or through special needs providers like the Arthritis Society and in these situations, a self-referral or referral by a family member may be all that is required. Some OTs are referred through and paid by insurers like Long Term Disability carriers or auto insurers. For more information about finding an OT in your community check the Canadian Association of Occupational Therapists website <http://www.caot.ca/default.asp?pageid=3622>.



Osteoporosis Canada and the Canadian Osteoporosis Patient Network (COPN) would like to invite you to join and register for an upcoming virtual education forum: *Osteoporosis Medications and You*. This virtual education forum will offer valuable up-to-date information about medications and osteoporosis. Register for this event and have your questions answered in real-time.

What is a Virtual Education Forum? A virtual education forum is essentially an informative presentation targeted to patients, broadcasted over the internet: an interactive webcast. Virtual forums allow people across Canada online

access to professionally led educational presentations about how to live well with osteoporosis.

This presentation will take place on **Wednesday, June 29, 2011 (1:00 p.m. to 2:30 p.m. ET)** led by Dr. Rowena Ridout, MD FRCPC. The virtual education forum can be viewed in the comfort of your own home/office. Do you have the system requirements? Test your system by clicking on: <http://www.rocket9broadcasting.com/systemtest/resolve/> Please see the attached flyer or visit our website at www.osteoporosis.ca for more information.

Pain Inspires Art

Reflection by Cathryn Morgan, author of *GrrrOUCH! Pain is like a grouchy bear*, Winner of the Pain Awareness Award 2011

I developed chronic pain after sustaining injuries in a car accident six years ago. Since then, I have had to learn and apply a myriad of coping strategies to deal with the physical and psychological implications of living with a chronic pain disability. I've learned to accept the reality of having chronic pain, and adapt, pace and modify my activities each and every day. My various treatments, exercise routine, and pain management program have become my fulltime job. It is not just about finding a new set of tools, it's about recognizing the need for serious change, and about discovering the courage to move forward after grieving the loss of your active life.

I lost my career, financial security, and sense of identity. I have had to give up most of my hobbies, much of my social life, and passion for travel. Living with chronic pain has compromised the ability to be spontaneous, to plan ahead, and to multitask. I struggle with difficulty sleeping, loss of energy and a sense of isolation. I am fortunate to have family and friends to provide physical and emotional support. Maintaining a sense of humour has been key, especially when dealing with a mind trying to do one thing and a body that demands something else. I have a whole new understanding of and appreciation for "living in the present moment". Letting go of what I can no longer do, and appreciating just being who I am, are significant milestones. Rebuilding my life is challenging, but choosing to reach out and make it fulfilling is still within my grasp.

My health professionals have taught me about research on the physiology of pain, and that how you understand pain and what you think about pain, affects your pain as well as your life. After sharing my pain journal reflections with my psychologist,

she told me I should write a book. I replied that if I ever wrote a book about pain I would want to write it for children because I missed working with them. She challenged me to "just go do that", and I did!

I considered how difficult it must be for children with chronic pain to express their emotions, describe their pain, and follow coping strategies. In five days I had the core ideas that would take over two years working several hours a week to become, *GrrrOUCH! Pain is like a grouchy bear*. Drawing on my teaching experience I utilized familiar symbols of childhood to create potent visual imagery that connects with children and validates their pain experiences.

GrrrOUCH! Pain is like a grouchy bear is a non-fiction picture book written in rhyming verse. This whimsical book is suitable for children ages six to ten, although adults have told me that they benefit from reading it too. The book's message is also helpful in learning to understand the pain or illness of a friend or family member. Thanks to the CPS/CPC Pain Awareness Award 2011 *GrrrOUCH! Pain is like a grouchy bear* will reach a larger audience. It is available from my website at www.cathrynmorgan.com or from General Store Publishing House at www.gsph.com.



Cathryn Morgan



**The Canadian Pain Coalition:
Present for Canadians Living
with Pain Since 2002**

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The Canadian Pain Coalition is:

a Partnership of patient pain groups, health professionals who care for people in pain, and scientists studying better ways of treating pain.

Mission Statement

The Canadian Pain Coalition is *THE National Voice of People with Pain* representing them at national government levels, partnering with patient and professional groups, and providing education about pain and pain management.

CPC Goals

- Increase recognition by the public and professionals that chronic pain is a disease.
- Promote Best Practice guidelines for the treatment of pain.
- Reduce new cases of chronic pain through better treatment of acute pain.
- Increase the number of specialized facilities to treat chronic pain adequately.
- Increase research activities into novel treatments of intractable pain.

Become a Member!

- You will have a voice in letting health care providers and government know your pain.
- Your voice will add weight in targeting pain as a health care priority.
- Your voice will be counted when conveying to government the number of people living with pain.
- Regular updates will keep you informed.
- Access to the website will keep you informed of CPC's progress and new initiatives.

Join online or download the membership application from the website at www.canadianpaincoalition.ca, complete the information and fax the application to (905) 404-3727 or send it by mail. Call our office, write, or email us to receive a membership form by mail. Donations are welcome.

Disclaimer

The intent of the CPC newsletter is to provide pertinent and helpful information relating to pain and pain issues. The CPC does not endorse, support or recommend any treatment, product, theory or person for our readers.

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Contributions from all members to our newsletter are more than welcome: tips, articles, art, or other can be sent by mail or by email to our office.



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