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The Pain Practitioner

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integrated pain management

THE IMPORTANCE OF COLLABORATION

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Avoiding EMR Pitfalls • How to Help a Patient Who is Fearful of Movement, and more!

ASK THE EXPERT

How Can I Help a Patient in Pain Who is Fearful of Movement?

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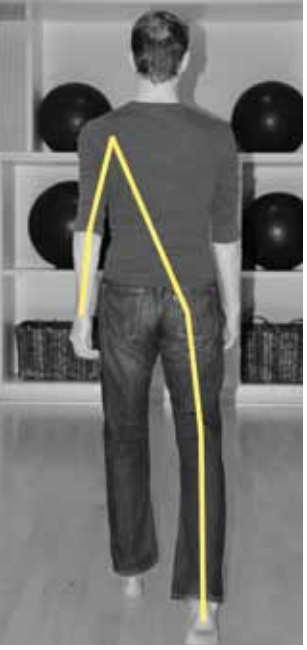
Function, energy level, sleep quality, mood, and many other quality of life measures are altered in the presence of pain and the resulting lack of movement. When a person is suffering from pain and fearful of movement there is an enormous barrier to achieving health. Among all therapeutic interventions, exercise stands out as the least invasive and most effective method to help patients in pain.

Q: How can I help a patient in pain who is fearful of movement?

Kinesiophobia is defined as the fear of movement. Movement is necessary for healing. If fear of movement dominates a person's life, then suffering and disability will increase.

When patients are fearful of movement they have likely seen many physicians and attempted multiple interventions, including physical therapy, injections, medications, and possibly surgery. With pain it is common to become depressed and decrease activity. And with inactivity every system (cardiovascular, musculoskeletal, immune) becomes weaker. As weakness increases, function and quality of life decrease.

Figure 1.



The deep-seated pathology within pain medicine is the lack of understanding of movement and its relationship to every system within the body. Modern diagnostics and therapeutics fail in addressing movement. The body is made to move. When the body moves force is absorbed and transferred along a kinetic chain that begins with the foot and extends through the torso to the opposite arm. Regardless of the location of pain, the restrictions within the kinetic chain must be addressed to understand the diagnosis. Physical pain is often the product of pathology within the kinetic chain. It is not simply pathology within a joint, ligament, nerve, or muscle. It is an alteration of shock absorption and energy transfer that causes pain and prevents healing. The health of the entire body and each system housed within it is dependent upon the health of the kinetic chain.

If a patient suffers from back, knee, or shoulder pain the entire kinetic chain must be addressed. This requires an evaluation of energy transfer and compensation from heel strike to arm swing. Each joint compensates in a predictable fashion to balance the talus, tibia, femur, pelvis, ribs, scapula, and humerus. The site of the pain is only one detail in the health of the body. The integrity of each link along the kinetic chain tells the complete story of the health of the system, and medicine must treat the body as one unit. See Figure 1.

Q: What is a movement diagnosis?

There are three categories of diagnosis in medicine: 1) chief complaint, 2) structural, 3) movement. For example, in the case of knee pain a *chief complaint diagnosis* would be "left knee pain." On this same patient it is possible to give a *structural diagnosis* of "left knee osteoarthritis." A common *movement diagnosis* that would accompany this injury would be "right kinetic chain restriction with anterior rotation of the right pelvis and limited hip mobility." The movement diagnosis contains details that encapsulate the complexity of health to help guide rational treatment. The movement diagnosis addresses the cause of pain.

If the right pelvis is restricted then the left kinetic chain must compensate. It is likely that the left shoe has a pattern of increased wear, as a person with right kinetic chain restriction will favor the right lower extremity and place a disproportionate amount of weight on the left lower extremity. If this patient has poor mechanics and muscular imbalances affecting the left knee joint, the increased pressure on the left knee will accelerate osteoarthritis. If this patient were sent to physical therapy for left knee osteoarthritis and the therapist only focused on the left knee, the problem would not be corrected. As a result the patient may become fearful of movement and develop a sense of hopelessness. For hope to conquer fear, medicine must address movement.

In summary, kinesiophobia is well known in pain medicine and can be addressed by the integration of personalized medicine with the science of movement. It is with this integration that the roots of pain may be found.

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