

Persistent Pain Management Service

Individual interventions with allied health staff

Information for medical professionals and allied health

Physiotherapist: The SCPPMS physiotherapist provides high level comprehensive musculoskeletal assessments utilising a biopsychosocial approach.

Therapy options utilised in the management of complex persistent pain patients are:

- biomechanical assessment and symptom modification strategies
- novel exercise prescription (individual and groups) utilising loading/strengthening strategies and Feldenkrais awareness through movement techniques
- hydrotherapy
- graded exposure/behavioural experiments in vivo for fear avoidance behaviours
- graded motor imagery therapies
- therapeutic neuroscience education/motivational interviewing
- acceptance and commitment therapy techniques.

Occupational therapist: within SCPPMS, OT operates within Occupational Performance and Person-Environment-Occupation frameworks, while utilising Acceptance and Commitment Therapy and Trauma Informed Care based interventions to provide best care for patients.

The tools of OT within the service include, but are not limited to, the following:

- pain education and motivational interviewing
- activity approaches – graded activity plans and pacing within the context of value derived goals
- activity modification considering task analysis, energy conservation, modification and equipment where necessary
- vocational planning where patients are not eligible for community services
- graded motor imagery and other novel techniques for functional movement re-activation
- sensory profiling and sensory modulation approaches
- individualised exploration of downregulating activities such as mindfulness and relaxation
- addressing sleep concerns within models noted above
- facilitating inter-service onward referrals where necessary to ensure comprehensive care.

Psychologist: Referral to a psychologist usually occurs when there are psychological factors interfering with a patient's ability to implement pain and/or medication management strategies.

These may include:

- mood disturbance
- personality issues
- difficulties managing stress
- interpersonal difficulties
- difficulties with problem-solving
- habit / dependence issues
- sleep disturbance
- trauma
- fear avoidance/catastrophisation/strong biomedical focus.

The role of the PPMS psychologist is also to enhance positive health behaviours and reduce harmful health behaviours which may impact on pain levels. Psychotherapy modalities offered may include Acceptance and Commitment Therapy (including mindfulness meditation), Cognitive Behaviour Therapy, hypnosis and EMDR. Depending on the severity and length of input required, patients may be better managed by the local Mental Health Service or a private psychologist or psychiatrist.

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Allied health assistant: The role of AHA includes case management of patients, facilitation of relaxation, tai chi and hydrotherapy groups, and pain education both individual and group. Case management includes contacting patients by phone at 6 and 12 monthly intervals to encourage their best use of the service and modify their Pain Management Plan accordingly. The AHA is also responsible for compilation of a portion of both individual and group questionnaire data.

Group programs offered at PPMS include PREP, MIND PACING and SLEEP. These begin at different times in the calendar year. Check the group timetable for information about each group, and then call (07) 5470 6785 to request enrolment in the group of your choice.

You have 12 months to use our service, after which time you will need a new referral from your G.P.

Contact details

Sunshine Coast Persistent Pain Management Service

Address: Ground Floor, Block 2,
Nambour General Hospital,
Hospital Road, Nambour

Free parking is available onsite.

Phone: (07) 5470 6785

Fax: (07) 5370 3587

Office hours: 8.30am to 4.30pm (Monday to Friday)

Email: SC-persistentpain@health.qld.gov.au

WWW: <https://www.health.qld.gov.au/sunshinecoast/services/ppms>

This patient publication was developed with input from consumers. The Sunshine Coast Hospital and Health Service is accredited by the Australian Council on Healthcare Standards, for more information see www.safetyandquality.gov.au or ask a member of staff.