

# 5 THINGS TRAINERS SHOULD KNOW ABOUT CHRONIC PAIN

How to stop worrying and start  
influencing your clients



# INTRODUCTION

The landscape of working with clients in pain has changed greatly in recent years. Acknowledging that pain is not as straightforward as we would prefer is the first step towards a journey of humility, wonderment, and mastery.

What follows are the 5 things every personal trainer and movement therapist should know about chronic pain.

Before moving forward, we'd first like to recognize and pay due respect to many of the researchers and practitioners who are leading the way in the field of chronic pain. There are so many to list, but in particular Dr. Lorimer Moseley and Dr. David Butler. Much of our foundational understanding of chronic pain has come from these two gentlemen. We highly recommend their respective websites:

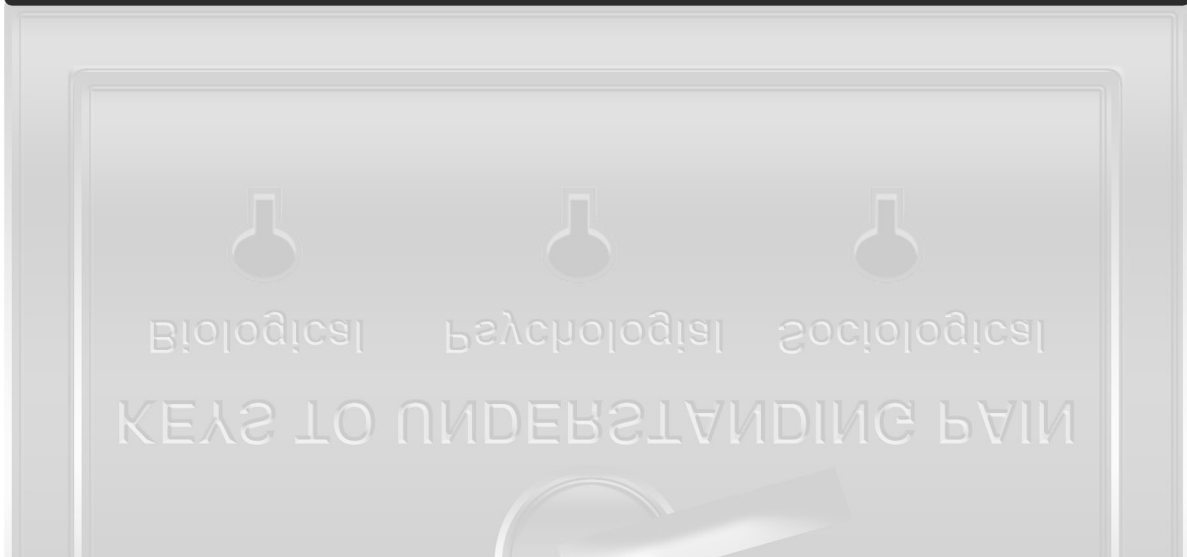
<http://www.bodyinmind.org> and <http://noijam.com/> and their *Explain Pain* book.

Of course, if you would like to acquire additional education & insight – we welcome you to be one of the few that DO and join our flagship educational platform – The Pain-Free Movement Specialist.

We would love to help you and your business.

1

# THE BIO-PSYCHO-SOCIAL MODEL



# THE BIO-PSYCHO-SOCIAL MODEL

Pain is complex. There is no argument there...

But how do trainers go about trying to understand pain? Is there a master blueprint that can act as a guide?

Highly specific areas of the brain (the primary and secondary sensory cortex, the amygdala, thalamus, among others) make up what has been referred to as the “pain matrix.”

Recently, the pain matrix has slowly given way to a more novel concept – the “salience matrix.”

According to Dr. Moseley, a pre-eminent neuroscientist, it is suggested that there is perhaps a more accurate description than the classical 'pain matrix' known as "the salience matrix." Simply put... this matrix is a “*what’s important right now matrix.*”

He elaborates further by stating “*the salience matrix is important because it captures the concept of regulating & protecting the body, and its environment.*” Think of this matrix as a network of neuro-tags (brain cells) that are buddies, working in unison with the same objective of protecting the body and keeping it away from actual, **or even perceived danger.**

The salience matrix fits into a larger framework known as the ‘bio-psycho-social model.’ Pain is a very personal event. It’s a space no one else can access that is 100% unique to the individual – nobody can ever fully understand someone else’s pain.

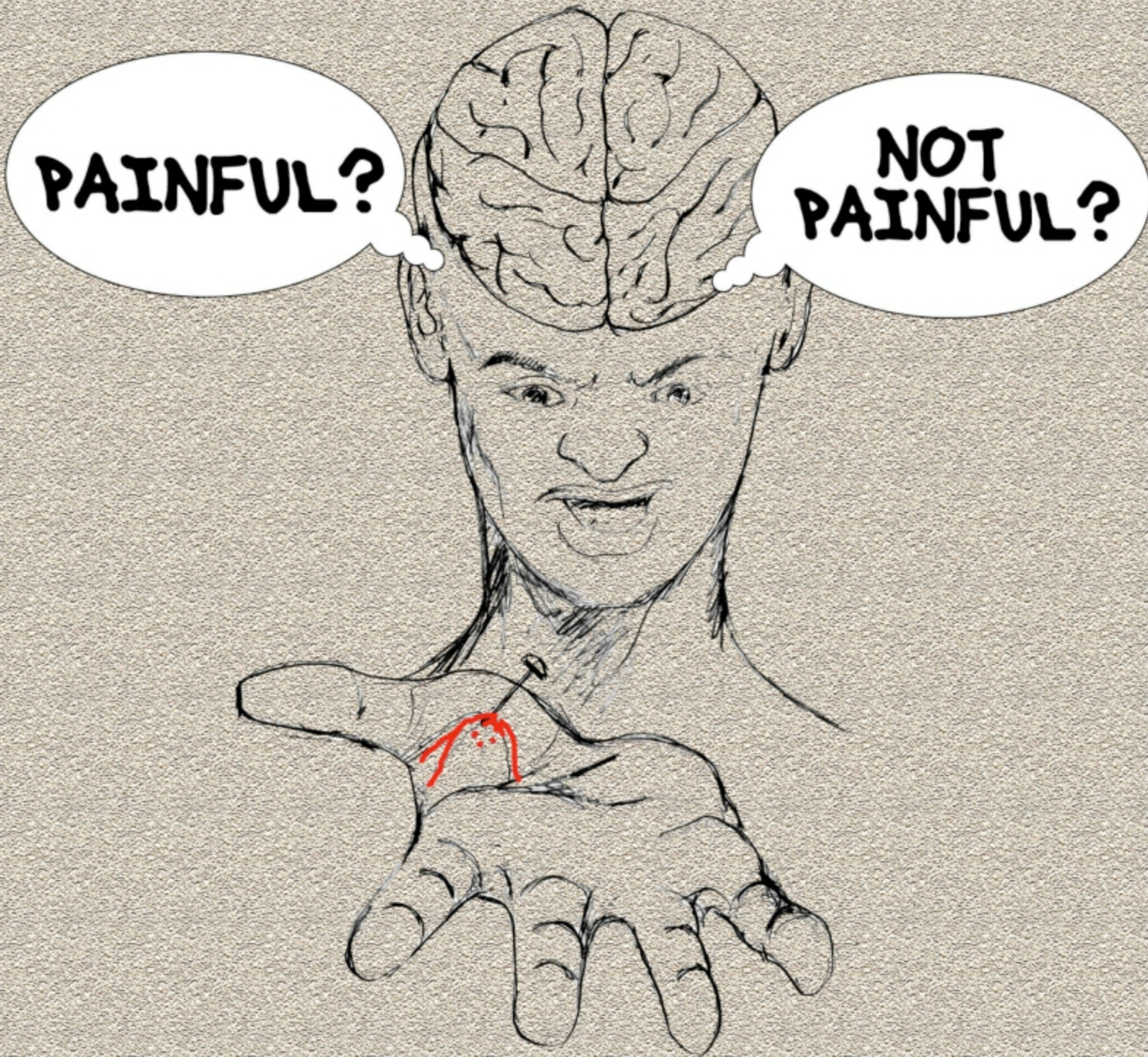
Pain relies on context, and the brain is constantly evaluating its environment. The brain is on a continuous exploration of all the available information, and has specific filters it looks through... a biological filter, a psychological filter, and a social filter.

Therein lies the astonishing complexities based around working with the client in pain. Not all clients interpret situations and events the same way. What could be interpreted as dangerous to one person may be humorous or exciting to another.

The **bio-psycho-social model** provides the trainer a 21<sup>st</sup> century lens that better explains pain. It can help eliminate much of the ambiguity and guesswork associated with the chronic pain demographic. Lastly, this model provides a platform where creating lasting change and movement autonomy is made possible by the clients’ feeling of safety, empowerment, perception of control - all of which are essential ingredients towards pain-free transformations.

**2**

# **PAIN IS AN OUTPUT FROM THE BRAIN**



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Pain is an output of the brain – 100% of the time.

That means if your client is experiencing low back pain, the brain's interpretation of their body in its current state/environment is enough to send off warning bells.

Do you recall those neurotags discussed previously? Well, when an individual experiences pain - those 'neurotags' (in this case – a network of brain cells sending warning bells) have a primary purpose of grabbing the individual's attention, and request that change take place. Whether the change is biological, psychological or social – pain provides an output that is impossible to ignore. And it's a good thing too...

Pain warns us that there is potentially something dangerous or unsafe happening. Left ignored, just like hitting the snooze button on the alarm, those warning bells will inevitably return.

It's the responsibility of movement professionals to avoid jumping to immediate conclusions as to the "why" behind pain. It's a cop-out to say a client's pain is solely due to a tight muscle, or active "trigger point" (whatever those are), or weak muscles. Pain is undoubtedly much more complex.

Nothing has the element of pain. Not a hammer, not a knife, not even that coffee table you seem to consistently stub your toe on. **Nothing has the element of pain except that which the brain perceives as being painful.**

Think about this... If you are a boxer, and your brain perceives that every time you get punched, the outcome will be painful - do you think that's an advantageous situation for a boxer to be in?

Of course not!

To quote Shelley Watts, an amateur boxer and Australia's first ever women's Gold medal winner at the 2014 Commonwealth Games... *"I've only ever felt two punches in my entire career."*

Of the surely thousands of punches sustained in her career, to have only felt two punches is of remarkable advantage... IF - you're a boxer that is.

Contrast a punch to the face to a teeny, tiny little paper cut that can be shockingly painful. The challenging, and darn right tricky element to working with people in pain is deciphering **WHY** the brain has identified an actual (or perceived) threat.

3

# TISSUE DAMAGE DOES NOT GUARANTEE PAIN

WHERE  
DID THIS COME  
FROM?



# TISSUE DAMAGE DOES NOT GUARANTEE PAIN

Have you ever woken up after a night on the town, sat down for your Sunday morning coffee or toast, only to have your spouse or roommate say: “What happened to your arm?”

A bit confused, and curious – you look at your arm and notice a massive bruise. At this point, several more questions are thrown your way:

- How did that happen?
- Who did that to you?
- Don't you remember that happening?
- Isn't it painful?

Obviously tissue damage has occurred. That much is clear... And yet pain is absent!!! This scenario teaches us a critical element towards understanding pain - while simultaneously opposing traditional thoughts and beliefs' regarding pain....

## TISSUE DAMAGE $\neq$ PAIN

Pain is a very personal, subjective experience - an intangible space that cannot be shared. It is 100% unique to the individual.

Further affirmation supporting the above equation are surfers – who have described feeling nothing more than “*a bump*” at the moment a shark has bitten off their leg. This example clearly illustrates that tissue damage has occurred, and yet pain (at least for the moment) was absent.

Additional examples are war veterans who, after sustaining traumatic and serious injuries (and even amputations) describe feeling just a “*bump*” or a “*thump*”. It's clear the amount of tissue damage sustained does not automatically equate to an individual experiencing pain.

Simply stated – if an individual is not experiencing pain, it means their brain is not receiving or perceiving any input (biological, psychological, social) warning them of immediate threat or danger. Therefore the output is no pain.

Keep this principle in mind the next time your client inquires about the “why” behind their pain.



# 4

## CHANGING PERSPECTIVES REGARDING FATHER TIME



# Changing Perspectives Regarding Father Time

The fourth *Should Know About Chronic Pain* goes up against decades of social influence and cultural conditioning.

My business partner, friend, and mentor Anthony Carey often articulates an amusing, yet accurate, demonstration of a common occurrence many runners encounter.

An avid runner (let's call her Alice) is experiencing left knee pain and has finally given in. The alarm bells are not going away.

Alice decides to seek advice, albeit begrudgingly, from her medical professional – let's call him John. After a personal analysis of why her knee is sore, Alice asks John for his educated, highly qualified opinion.

After a review of her health history, and a series of questions (the amount of running she has done throughout the years, her current age, symptoms, etc) – he suggests arthritis may be the culprit and that “father time” has finally caught up with her.

Alice is incredibly concerned, and emotional... She can't imagine life without being able to run. Running is her safe zone, where she connects with herself and nature. She is absolutely “devastated”.

Can you relate to this story? Does it sound familiar?

This is where Anthony comes back into the picture... And at this point, Anthony suggests that Alice stop, and ask herself this critical question:

*“Alice, in all those years of running, did you forget your right knee at home?”*

Words such as degeneration, rupture, bulging, herniated, tearing, dysfunctional, abnormal (the list goes on & on) can leave the individual feeling helpless, fearful or unsafe. The meaning that individuals in pain attach to those words can become a negative barrier to successfully creating pain-free transformations.

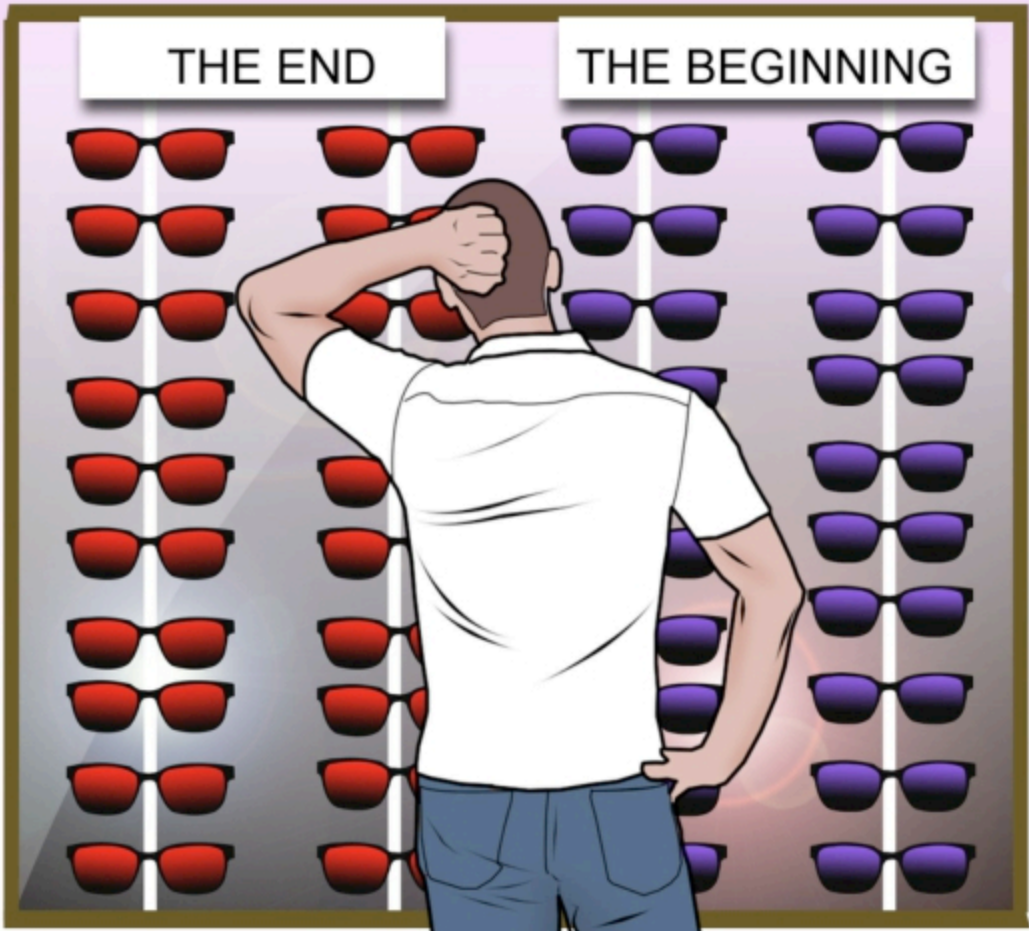
Aches and pains are a normal part of life. Everyone experiences them. As trainers and movement professionals, failing to be acutely sensitive to your linguistic selection, or jumping to premature assumptions can lead to enormous bio-psycho-social stressors for clients.

Choose your words carefully.

5

# IT'S ALL ABOUT MEANING

Which lens will you look through today?



# IT'S ALL ABOUT MEANING

Human beings attach different labels to various situations; ultimately trying to answer the inevitable question of “what does this 'situation' really mean to me?”

If an individual, for example, recently parted ways with their spouse or lover... do they interpret that event as being the end, or the beginning? Answering that question alone will create specific neurotags' that will have relevance and meaning unique to that individual, influencing future decisions based around a similar context.

This is the moment when becoming a master of asking definitive, purposeful questions can be of profound influence. Everything shifts when individuals in pain begin asking new questions...

What makes questions so powerful?

Questions encourage clients' to open up in his or her own unique way, and in exchange provide the movement professional a “gate key” to much of the uncertainty and guesswork that the early stages of rapport building often carry with them. Questions are the filter through which we all come up with meaning.

To put it differently, questions are the input - and the output is dependent upon the meaning one gives to those questions.

The fifth *should know about chronic pain* is perhaps the most influential, impacting the previous four...

When a body is experiencing pain, the brain seeks to come up with a story as to why it's in pain. If you can successfully change the story that's been given you effectively change the meaning associated to that story. If you can change the meaning, you ultimately change the outcome. Viktor Frankl is the author of the most influential book I've ever read, both personally and professionally. It's called *Man's Search For Meaning*.

The book chronicles his personal experience as a Jewish inmate in the Auschwitz concentration camps in Germany during World War II. It presents a powerful representation of a uniquely human characteristic, one that we are in complete control of – 100% of the time!

If nothing else has grabbed you on this journey of understanding pain, remember this:

**NOTHING has any meaning except the meaning YOU give it.**

I'd like to leave you now with two poetic and enlightening quotes from the book. Think about them, ponder their significance, and ask how they can be of positive impact to guiding your own personal journey of understanding pain.

*“Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way”*

*“In some ways suffering ceases to be suffering the moment it finds a meaning.”*



### **Kevin Murray**

Kevin the founder and CEO of Movement Masterminds Inc, Director of Education for Function First and the co-creator of the *Pain-Free Movement Specialist Educational Curriculum.*

The Pain-Free Movement Specialist is designed specifically to educate and inspire fitness professionals to understand the principles, strategies and insights required to create pain-free transformations with those living with chronic pain.