



Manage Pain With Occupational Therapy

Host: Rebecca Gillett, MS OTR/L

Guest Expert: Kimberly Breeden and Niccole Rowe

People who live with arthritis pain often have experience with physical therapy, but not as many know that occupational therapy can also be invaluable. That's often because people confuse occupational therapy (OT) with one's job occupation. That's not the case. An occupational therapist focuses on anything that occupies your time, from dressing and showering to household chores to caring for a pet or family.

In this episode, Rebecca, who is herself an OT, is joined by Kimberly Breeden and Niccole Rowe, two other OTs who focus on managing pain through OT. They discuss how an individual's experience of pain arises not only from a physical stimulus but also from social, psychological and environmental influences. Viewing pain management through those lenses, they can work with people to discover and develop ways of managing their chronic pain.

Kimberly Breeden, OTR/L, and Niccole Rowe, COTA/L, are cofounders of Aspote OT, which provides training and continuing education for occupational therapists, and are co-authors of the American Occupational Therapy Association's (AOTA) 2021 position statement, "The Role of Occupational Therapy in Pain Management."

Niccole, an OT assistant with eight years of experience in various settings, is an adjunct instructor for Roane State Community College in Tennessee. She serves on the AOTA ad-hoc Leadership Development Committee and as a mentor in the Tennessee Occupational Therapy Association's Mentorship Program, and she received the AOTA 2020 Gary Kielhofner Emerging Leader Award.

Kimberly has 26 years of OT experience in a various settings, and currently practices in home health and serves as an instructor, coach and consultant. Among her other accomplishments, she served as vice chair for the Eastern District Tennessee OT Association and is a founding past member of the Tennessee Falls Prevention Coalition.

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PODCAST OPEN:

You're listening to the Live Yes! With Arthritis podcast, created by the Arthritis Foundation to help people with arthritis — and the people who love them — live their best lives. If you're dealing with chronic pain, this podcast is for you. You may have arthritis, but it doesn't have you. Here, learn how you can take control. Our host is Rebecca Gillett, an arthritis patient and occupational therapist, who is joined by others to help you live your Yes.

MUSIC BRIDGE

Rebecca Gillett:

Thanks for joining us on this episode of the Live Yes! With Arthritis Podcast. April is Occupational Therapy Awareness Month. I love OT. It truly changed my life when I learned how to manage arthritis from an OT. I'm in my 20th year of having rheumatoid arthritis, constantly learning something new about my disease and how to manage it. Or being reminded of things that I might have used to do in the early days and forgot that they used to work for me.

It was two years into my diagnosis that I spent that time shadowing an OT at a hospital to see if I wanted to switch careers. In 15 to 20 minutes, she taught me some things about protecting my joints and manage my pain that I wished somebody had taught me early on. It meant that much to me, and it truly made a difference.

So, I'm very passionate about talking about this. When you build your health care team, you really do need to have an occupational therapist on your team. And in my opinion, it's somebody who you can go to when you need to, on and off, through your journey with arthritis.

So today, I'm excited to have Kimberly Breeden and Niccole Rowe, both in the OT world. The two of them work together. They've developed a successful outpatient occupational therapy pain program. So much so that they are the authors of two continuing education articles on the subject of chronic pain and opioid guidelines.

Kim and Niccole were honored to serve as the co-authors for the American Occupational Therapy Association's official position statement, entitled "The Role of Occupational Therapy in Pain Management." It was just published at the end of 2021.



They've traveled across the country as instructors for various courses on the subject of pain and non-pharmacological interventions for the treatment of pain. Niccole and Kim, so excited to have you. Thanks for joining me on the podcast.

Kimberly Breeden:
Thank you for having us.

Niccole Rowe:
Really excited to be here.

Rebecca:
What is OT?

Kimberly:
What is occupational therapy? We're a science-driven profession. And we therapeutically use everyday life occupations to support occupational performance and participation. Every occupation that we as individuals engage in that make up our life, everything from self-care activities, such as dressing, bathing and other activities of daily living, such as cooking, caring for pets and family, sleep and rest, work, leisure, socialization, school, play and even health management. So, if you do it, occupational therapy addresses it.

And we're really holistic health care professionals. And we address that mind-body-spirit connection. OT works to help individuals better manage, not only how they're participating in occupations where they're doing. But also how they're managing all of those factors that impact what they do and what they don't do, such as pain, anxiety, energy. How are they managing to follow those recommendations that have been given by their medical provider? Such as medication, diet, exercise, maybe even some activity restrictions. How are they managing those things outside their bodies?

We often don't think about that, right? How are they managing environmental and time barriers? Maybe they're experiencing stigma. How are they managing that? And how are they managing those demands that are put on them by others? I think what makes occupational therapy so unique is that we practice in health care settings with a really strong background in physical, but also psychosocial, conditions as well.

Rebecca:



I love how you said: "If it's something that you're doing, OT can address it." People think, when you hear the word occupation, that we're talking about jobs, and we're like job coaches. No, it's anything that you do is an occupation. And it occupies your time, right?

I love that you addressed the psychosocial aspect. Because really, truly, today... That's kind of what I want us to focus in on. Pain has such a biopsychosocial aspect to it. A biological, a psychological and a social aspect to it, and that is what OT is all about. OT plays a huge role in pain management. Why is that so?

Kimberly:

There's definitely more research regarding occupational therapy, specifically in pain management, but that's pretty recent. Up until say maybe five years ago, most of the research was really focused on interdisciplinary teams. And occupational therapy was part of that team. But we weren't really identified individually. We're really excited to see more and more research coming out.

Rebecca:

People might hear this term a lot: evidence-based strategies. What does that mean?

Niccole:

Kim mentioned that occupational therapy is a science-driven field. Researchers do research. And they have findings that: this was beneficial, or maybe this was not, or it helped in this way. We want to use those findings and those understandings to guide our decisions in working with those that we serve. So that we know we're not just saying, "Well, this works with most folks that I do." We have science and evidence as a basis for everything that we do with our clients.

Kimberly:

It's also very important to have the research in regards to access. Because occupational therapy needs to have a seat at the tables where decisions are being made, where policy decisions are being made, where legislative decisions are being made. The research really helps guide those conversations.

We have made it our mission to really educate occupational therapy practitioners to understanding that pain is biopsychosocial. We've always been trained to the interventions in a biopsychosocial model since our inception. That's what occupational therapy is: going back to mind, body, spirit.



Niccole:

Because we look at it as a way for those folks who have pain to get the best care that they can, because that is what it's about at the end of the day: serving this particular population.

Rebecca:

Thank you for the work that you're doing to get OT to the table. One thing that we're doing here at the Arthritis Foundation is: We do have an official partnership with the American Occupational Therapy Association as well as the American Physical Therapy Association, and those partnerships are designed to help provide patient education resources, but also that access and advocacy piece.

It's not always easy; you sometimes only get a certain number of visits with your insurance, or you don't have insurance, and the out-of-pocket might be not affordable. But knowing that you have somebody on your team that can help you with pain management throughout your span of the disease course is important to know.

What exactly can OT do? And what makes pain management so complicated for people with arthritis and chronic pain?

Niccole:

Let's start about what makes it so complicated. Pain is a really complex process. We know that when someone has pain, there are factors that are going on inside the body. Those biological factors; there are psychosocial factors, which can be related to mental health and emotions. And then there's also social factors outside of us.

Our understanding of pain for a long time was very basic. You step on a nail, there's damage and there's pain, and that's a result of that damage. And what we've learned in the last 40 or so years: It's way more complex than that. And that pain is actually individual. It's an individual experience. Pain is a result of our nervous system. And that means the brain is involved, and the brain is really complex.

When someone experiences pain, it goes through a lot of different filters. And there are a lot of things that can change it. If I twist my ankle in my house, versus if I twist my ankle on a sidewalk and there's a bus coming that may actually hit me. That changes how I experience that pain. My previous experiences with pain; the culture that's around me; the understanding of what's happening to me. If I'm nine months pregnant and I am going into labor, I understand what that pain is, and that pain is productive; versus if I've



been in an accident and I'm having a similar pain and I'm not pregnant. So, all of these things start to play a role.

In our brains where pain is processed, many of those areas are also where we process emotion. Especially negative emotions can actually impact pain and stress as well. We know that those who have pain face stigma in society from family and friends, from health care. And that actually is a barrier for them to even seek care. Or if they seek care, there's a barrier to them getting care. There are so many different factors at play.

PROMO:

The Arthritis Foundation tests and certifies products that make life easier for people with arthritis and other physical limitations. Ease of Use-certified products are easy to use by everyone. Learn more at <https://www.arthritis.org/partnership/ease-of-use>.

Rebecca:

One of the things that I think about all the time, when I think of how OT can really help in managing pain, is the people who say, "My spouse doesn't understand my pain, regardless of how many times I tried to tell them or explain to them." Or people think that, "Oh, you know, it's just arthritis. You'll be fine." Almost like not validating that pain experience. But what happens to a lot of people is that loss of identity and loss of roles.

I think that's a unique aspect of what OT can do when people are learning to manage their pain. Because a lot of us feel like, throughout our life, we have to say "no," no to something we used to do or wanted to do, no to being the spouse we thought we were gonna be or the parent we thought we were gonna be... We feel limited, and our identity changes, and who we are, and what we can do, and the roles that we play in our environment. Kim, can you speak to that a little bit?

Kimberly:

What we do is often how we define ourselves, right? It's often also how we define the quality of our lives. I think what makes occupational therapy so unique is that we understand that "doing" has so many different factors to it, right?

We understand that you don't just decide to do something, and you do it. We understand the process of what we call occupational analysis. We break down those activities. But once you can do an activity, that doesn't mean that you do. And I think that's something that we leave out. We focus so much on sometimes a physical health perspective of what our body's able to do. And I'll just be very transparent with my own journey in weight loss. I know many times in my life I needed to lose weight. I know how



to eat. I can feed myself just fine, I can prepare meals just fine, I can walk just fine. But why don't I do those things? Right?

And a lot of times it's because of our habits that we're already in. And we're having to break habits. And so, I think we look at roles sometimes as what we can do or what we want to do, but we often don't look at the impact of what are our habits. Is this a change? And we know change is extremely stressful (laughs)...

Rebecca:
Yeah.

Kimberly:
...for all individuals, even when we want to change. So, it's understanding — Why are we having some resistance to change? — that I think makes occupational therapy so unique. We walk right alongside an individual. And we identify not just those barriers, but I think what makes us such a glorious occupation and such an asset: We identify your strengths. As an individual, we identify what you're already doing right and what's already working, and we build on that.

Rebecca:
What does every day look like to you? And tell me where it's hard. And what things do you miss that maybe you used to do in that routine that we can look at adapting, to get you back to the things that brought you joy? That's different than just saying, "Here's a home exercise program." Or "Here is something that you can do to just fix this." This is really taking a look at your whole day.

Niccole:
With occupational therapy, we're trained to help you understand and tease out your own motivation to why you might be wanting to do that. And then how to use that motivation to create a goal for yourself that feels achievable to you. 'Cause with occupational therapy, we are person-centered. We look at each person as an individual. I hope that it makes someone feel like they have a partner instead of a finger wagging at them.

Rebecca:
That's exactly how I've seen my hand therapist. She's my partner in this journey of helping me manage this thing. And sometimes, you know, when you're in so much pain... Yes, I'm a trained professional occupational therapist, but sometimes it's hard to stand outside my own body and look to see what I'm doing wrong.



Niccole:

One of the things that comes to mind is: A lot of times for folks who have pain, they have activities that they're afraid of, or that they avoid, because of pain. And I do wanna clarify... I'm not talking about something a doctor has told you not to do, because that's different, and we have to listen to those restrictions.

But sometimes folks, because of an experience, are like, "Oh." There's actual true fear and then avoidance. And so occupational therapy can really work to gradually expose the person to that activity, in a way that addresses and recognizes the emotional things that are going on.

Another thing is thinking about what are some tools to use to help someone cope with their pain. What I like about occupational therapy is our goal to put the person in a position where they feel empowered. We go in and talk about some of the things that might be happening in the body that's affecting that pain, and going, "All right, so would it be OK if we talk about some things that might be addressed, what we've just talked about, and help you with those things? Let's try some of these and see what you like and what works for you, and then talk about how you can integrate them into your daily life."

As an OTA, if I work with someone who's a busy mom, we're talking about relaxation; she may feel that it is not realistic for her to spend 20 minutes in a guided relaxation in a quiet room. Thinking about that then allows me, 'cause I'm looking at her as that whole person, I can say: "OK, so what if we talk about ways to be mindful..." Which we know is calming and has evidence to support those who have pain during an activity. Like when you are doing dishes in the evening or when you're taking the dog for a walk. "Let's talk about how you can do that and actually be calming for you." Those are just a couple of examples that pop into my head.

Kimberly:

I think what we forget is that we use occupation therapeutically. And so, we always look at doing as the end goal. And I think what we forget is that doing is actually therapeutic. It's restorative. There's evidence that shows when you're engaged, more endorphins are produced, which are our body's own natural pain killers. And so I think sometimes we know that when individuals have pain, we can lose interest. Because pain becomes a condition in and of itself and we don't talk about that enough.



Sometimes we break it all down and wanna work on all the components. But if we just do, we can feel better, and that can be a way to manage our pain as well. And pacing, you know, is a very important aspect of engaging in activity. It's not necessarily what you do, sometimes; it's how you do it — or how much at one time you do it.

Rebecca:

Pacing is a huge thing. People read about energy conservation. And fatigue is such an issue for people with arthritis and chronic pain. Why is it important when you have chronic pain?

Niccole:

Pacing and energy conservation are actually two different things. Pacing is where we're looking to balance activity and rest in a way that works to manage pain. Pain conservation strategies can help people manage their energy in a way that helps them get through the day. It's not that one is more important than the other, but sometimes it helps to clarify that when we're working on pacing, we're really helping the person be able to complete activities in a way that works for them. Which probably at the end of the day, if the activity feels easier and works better for you, then that's gonna help with your energy as well.

We actually created this activity where we were using a pitcher of water. And the client would label their cups with all the places that they felt like they were pouring energy, and then they had to watch it actually happen. But it really helped it seem more real, and helped them then develop those better strategies, as the OT or OTA kinda provided that guidance.

Rebecca:

A lot of people with arthritis or chronic illness talk about the spoonie therapy. Like you have only so many spoons in your utensil drawer to use for the day. And you have to save your spoons for certain activities throughout the day. And at the end of the day, how many spoons do you really have left, right? That gives you a visual of how you're spending your time and your energy throughout the day, which is something that OT can also help with the pain management.

How can occupational therapy help with sleep? Sleep is such a huge factor in pain management.

Kimberly:



It's going to start before sleep. We're going to look at all of those activities that might be impacting sleep that you carry out through the day. We're gonna look at your habits, the habits that you have before sleep and during sleep, and even those habits you have after sleep. How are they impacting your sleep hygiene, your ability to fall asleep, your ability to stay asleep, your ability to wake back up?

We're going to look at the environment. If someone's sleeping in the same room as you, how are they impacting your ability to sleep? Looking at past sleep patterns. When did you sleep well? Sometimes it's positions, and we can work on different positions, and that's very individual. We sleep as individuals, so we need individual positioning solutions.

What other kinds of mindfulness-based interventions? Maybe aromatherapy. Putting all of those things together, looking at someone's current sleep habits, and then looking at what can we do to change those habits to better support sleep.

Rebecca:

As a patient, how do I find an OT who is going to help me with my pain management? How do I go about finding someone?

Kimberly:

I think we consider it an emerging area for occupational therapy. Occupational therapy's always treated pain from a biomedical model; so is physical therapy. One place to start would be with a rheumatologist or a board-certified pain physician, who is your pain provider. They would definitely know if there were occupational therapy practitioners in the area who had maybe a little more understanding of pain.

What we know is that if you plan to use your insurance, you will need a referral from a provider. Most insurances require that. You can check your policy; yours may not, but most do. Now, in most states, you actually don't have to have a referral from a physician to access OT services. It's the insurance component.

I don't think most people know that they have direct access to occupational therapy practitioners if they need it. Most physicians can refer you to an occupational therapy practitioner. But I think as a consumer, being informed, you can start asking those questions, right? Even before you get scheduled. Once you locate a provider, if you're not sure if they have additional biopsychosocial understanding of pain, you can ask them: What kind of pain intervention services do you provide?



Rebecca:

I love that. You can shop around and say, “Do you have anybody on staff who specifically works with somebody with rheumatoid arthritis or psoriatic arthritis or axial spondyloarthritis or lupus, or just OA. Do you have somebody who is an osteoarthritis therapist who can work with me on pain management?” Ask the questions before you book the appointment.

PROMO:

The Arthritis Foundation is always looking for new ways to inform you about the things you want to know more about. Check out our webinars — in real time or on demand. Visit <https://www.arthritis.org/events/webinars> to learn more.

Rebecca:

We did pose the question, asking: How has occupational therapy helped you in pain management? Somebody commented: “It was no help.”

Niccole:

What I'll say is: I'm really sorry that the health care system failed you. And I would love to say that is uncommon. But I think, from the folks that I have worked with, who have pain, is that the health care system... they definitely feel like that it is failing them.

We need to do a better job as individual practitioners, as a profession, as a health care system as a whole — helping those folks who have pain. Federal guidelines are constantly changing and updating because, as a system, we're not getting it right yet, and we have to do better.

Kimberly:

If you look at the last six to 10 years, we've made significant strides in better addressing the biopsychosocial aspects of pain and improving the lives of individuals with pain. You have unique needs. It's just like finding the people in your circle or finding your medical provider. Just because the first one isn't the right fit, I would say, don't give up.

Don't give up. And hopefully, you're gonna feel a little bit more informed after this podcast. You'll feel that you have more objective information, that you can ask better questions. But what I would say is: You don't have to know anything about pain as a consumer, as an individual with arthritis. You just need to know what your experience is, what your needs are, and find the health care provider that's willing to meet you where you are, and help you meet your goals. You're the expert in your life.



Occupational therapy is uniquely trained to walk with you on that journey. We're not all equal. You just want to just keep looking until you find the practitioner that's a good fit for you. And that has the experience and the knowledge that you need them to have.

Rebecca:

That's great. From Vicky: "Huge impact, though I think just as in most cases, you need to find the right someone." So that speaks exactly to what you're saying. And what I would say is: Knowledge is power, and the more that you understand what you can and cannot do and what your motivations are in managing your pain, the easier it is that you feel empowered to shop the right provider. Whether it's a rheumatologist, and a primary care doctor, or an OT, or a PT, you've got to find the right fit in order to have any success.

PROMO:

It's time to Walk to Cure Arthritis! The Arthritis Foundation's Walk is back in person nationwide. We're raising awareness and funds for better arthritis treatments and a cure. Plus, patient tools and resources and community programs. All for nearly 60 million Americans who live with chronic arthritis pain. Register today and connect with others at this family event. Register today at <https://www.arthritis.org/events/wtca>. Let's Rock the Walk!

Rebecca:

in our last segment, I like to wrap us up with you sharing your top three takeaways. Kim, do you want to go first?

Kimberly:

Sure. My first takeaway is pain is an individual experience and is going to require individual solutions. My second is that, as an individual, you know what you want and who you are. That's all you need to achieve your goals. And then, as far as the third, I think I would just say: It takes time.

This is an evolving process. Learning to better manage your pain is going to be something that is ongoing, that is always improved upon. So, interventions may not work really well when you first try them. But when you make them yours, integrate them into your life the way you want them to be integrated, you can continue to improve. And there's always potential to better manage your pain.

Rebecca:

Those are really good ones. Niccole?



Niccole:

Occupational therapy is the way to achieve health and well-being, and to experience and participate in life. If there are things that are getting in the way, you know, working to try to manage those things. And you may need help.

We mentioned stigma for those who have pain. There can be a lot of self-shaming. As Kim mentioned, you know yourself. Really recognize that and practice self-kindness, because I think that can be a really important part to trying to navigate all of this. It's already overwhelming, but it can be hard to navigate if you feel like that you're doing it wrong every step, and that self-criticizing. Small changes over time really can make a big difference.

Rebecca:

I have enjoyed this conversation and really appreciate you sharing your knowledge and for advocating for all of us who live with chronic pain.

Niccole:

It was totally our pleasure.

Kimberly:

It was fun and thank you so much for inviting us.

Rebecca:

Yeah, definitely. If you haven't checked out any of our webinars, we do have a webinar coming up called Living Made Easier, and we are going to be doing some demos on some cool little tools and adaptive equipment type things that an OT can help you with on how to use. So, check out more information at arthritis.org/webinars.

Download our new app called Vim, that's V-I-M. Vim is a great tool to guide you in helping to set some goals in managing and tackling your chronic pain with arthritis to help you live better and live your yes. So, thanks so much for listening, and we will see you soon.

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