

## Notes on Pain, Pain Assessment, and Massage

### A. Definitions of Pain

Yours –

International Association for the Study of Pain –

Nursing –

Lorimer Moseley --

### B. Terms and Concepts

- Pain Threshold
- Pain Tolerance
- Experience of Pain vs Nociception
- Danger Sensors vs. Pain Sensors
- Acute Pain vs. Persistent (formerly known as Chronic) Pain
- Pain Doesn't Have to Coincide with Damage: what this means is...
- ...Pain is an Output (new view), rather than an Input (old view)
- Pain is often Cumulative
- Sensitization – Peripheral and Central
- Summation – Spatial and Temporal
- C-Fibers, A-Fibers, and Transmission Speed
- Wind-up

- Divergence
  - The Brain's Role in Pain
    - Meaning and Context, Genetics, Cultural Factors, Emotion
      - Placebo and Nocebo: The Power of Expectation
    - Distributed Brain Activity and Neurotags (patterns of brain activity associated with an experience)
      - The Power of Normalization in Encouraging Plasticity
      - The Power of Changing a Person's Experience (pleasure, slight changes in ROM, etc.) in shifting Neurotags and, therefore, Encouraging Plasticity
- C. More terms relating to pain and info on pain assessment
- Massage Mastery (Williams, 1<sup>st</sup> ed.) pp. 660-665; 566-567; 106; Topic 4-2; 561-564
  - Pain assessment with clients: purposes and methods
- D. How is massage useful in helping to reduce the experience of persistent pain?
1. Facilitates mindfulness
  2. Provides comfort and enhanced movement, activating the Descending Inhibitory System
  3. Resets sensation to baseline by interrupting repeated pain signals with pleasurable stimuli. Gate theory: fibers usually involved in carrying impulses associated with pain are "busy" carrying impulses relating to other sensations
- E. How can an MT help in other ways?
1. When appropriate, normalize. Acknowledge the body's desire to protect.
  2. Educate. Be especially careful not to intimate that someone's pain is not real just because it is an output of their nervous system.
  3. Use positive language. Substitute "sensitized spine" for "bad back" and "muscle tension" for "arthritis and degeneration."
  4. Provide pleasure. Encourage gentle exploration of movement. Be incremental.
  5. Keep a calm, relaxed, positive outlook without being saccharine or patronizing. Remember that pain is a universal experience, but that each experience is different.

Please make note of **three things** during today's discussion **that surprise you and/or that you imagine you may make use of in your practice.**