

Coping with Chronic Repetitive Strain Injury Pain

By Tamara Mitchell

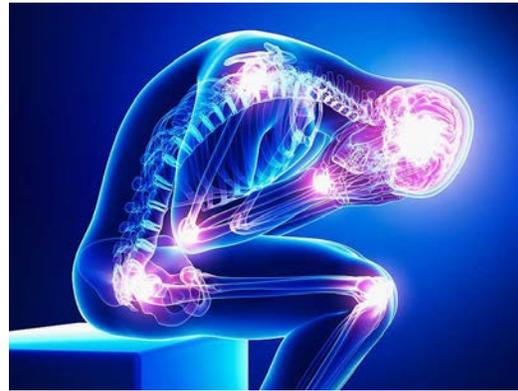


Image courtesy Medscape.com

Even with the best care and proper ergonomics, sometimes pain from repetitive strain injury continues for months or even years. In this article we explore the ways people deal with pain and how to effectively cope when pain has become a part of life.

Do not attempt to diagnose chronic pain without professional medical advice because it is impossible to know if the pain is an indication of injury occurring. You always should be aware of the warning signals your body is giving you. You should never “work through” pain and ignore the signals that injury is probably occurring.

Chronic pain can interfere with sleep, enjoyment of life, and become a boundary to your whole life. Chronic pain can suppress the immune system, encourage the growth of some forms of cancer, affect blood pressure, and many other body functions.¹ It is really important to work with your health practitioner and, ideally, a physical therapist and other team members such as a therapist/support group dealing with chronic pain.

When pain becomes chronic, psychological factors become very important in developing coping strategies.² There are many possible causes for chronic pain and a handful of proven ways to address it. In addition to the usual approaches to manage pain and improve physical functioning, it is important to address lifestyle factors that can contribute to pain and escalate injury, or conversely to help reduce pain and promote healing.

Western lay thinking and the medical community at large has a deep division between mind and body engrained by the biomedical model of health-care professionals.³ Research has shown that patients with medical conditions, but without psychosocial problems are viewed as more credible than those either with or without a medical problem, but who claim that they have some psychosocial problems.³ In some cases of RSI, no physical cause can be found for the pain experienced by a patient. It is probably frustrating to doctors, as it is to patients, when a medical solution cannot “fix” the problem and when the only medical solution seems to be a pharmaceutical one. The opioid epidemic is very real partly because so many people suffer from chronic pain and there is no medical solution. Taking a pill to kill the pain is only one solution and it comes with a fairly high price. Doctors may prescribe pills because the pharmaceutical industry is a powerful force driven by profits, but throughout history and in many other cultures, people take more personal responsibility for their happiness and health rather than relying on a pill to solve their problems.⁴ There is actually little known about all the mechanisms of pain and pharmaceutical solutions all come with known and unknown side-effects.⁴

A psychological solution can afford a lot of valuable ways to deal with pain, from coping strategies to guided imagery. Physicians are not trained in these techniques and when a doctor has gone as far as possible to help, it makes perfect sense to take a multidisciplinary approach to pain relief. Patients need to realize that mind and body are both involved in pain and the response to pain. It often isn't a matter of continuing the endless search for a medical answer to the source of pain. Chronic pain has been shown to make permanent changes to the brain, often damaging.^{5,6}

In the case of RSI, we know that the link between mind and body is very close resulting in physical manifestations of psychological traumas, especially with stress and other emotional burdens. At the same time, injury and pain place their own psychological burdens on people, often resulting in more stress, depression, anger, etc.

This article is devoted to exploring research and suggestions found to be successful in helping people deal with the burden of chronic pain. The author of this article has suffered chronic pain for decades, so much of this advice comes from a sense of compassion and an attempt to reveal a variety of ways people and research have found helpful. Your health is in your own hands. How much effort you put into developing strategies to deal not only with the physical pain, but the psychological issues of depression, sense of loss of capabilities, and frustration is entirely up to you. Each person who reads this will have their own injury to deal with, their own history of pain, their own attempts and styles of dealing with pain. Some may be new to chronic pain and some may have been dealing with it for years. It is not easy, but learning to approach your body with love and care is a great first step in healing and getting on with life, the good days, the bad days, the successes and the setbacks.

Research on coping strategies.

Researchers studied people with chronic pain and settled on two basic questionnaires to determine people's coping strategies and to determine which strategies are helpful or increase functionality and which are not helpful or reduce functionality.

In the Coping Strategies Questionnaire there are six domains.^{7,8}

Coping Strategies Questionnaire	
Maladaptive Negative effects and less activity	Adaptive Increased activity
<ul style="list-style-type: none"> • praying or hoping • catastrophizing 	<ul style="list-style-type: none"> • Distraction/diverting attention away from the pain • coping self-statements • ignoring pain sensations • distancing yourself from your bodily sensations of pain

Praying, hoping, or feeling like your pain is catastrophic increases both disability and depression.⁸ The adaptive strategies actually decrease depression, but have not been found to significantly affect disability.⁸

The second method of studying coping strategies is called the Chronic Pain Coping Inventory. These have more to do with behaviors rather than thoughts and include:⁸

Maladaptive	Adaptive
<ul style="list-style-type: none"> • Guarding • Resting 	<ul style="list-style-type: none"> • Relaxation • Task persistence

<ul style="list-style-type: none"> • Asking for assistance 	<ul style="list-style-type: none"> • Exercise/stretching • Seeking social support • Coping self-statements
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Between the two defined coping strategy categorizations, it has been found that in general, the maladaptive strategies for both are somewhat correlated, but not in all cases. Praying and catastrophizing were significantly correlated to guarding and asking for assistance. Praying and resting were also correlated which is consistent with a more hopeless, helpless, and dependent mind-set (though certainly resting is desirable and necessary at times.⁸ The strongest correlations were between ignoring pain sensations and task persistence, distraction and task persistence, distraction and coping self-statements.⁸

Research on social reinforcement for pain behaviors.

Pain behaviors may be unintentionally reinforced by others around you. It may be totally unintentional, but misery loves company and when one person is disabled, they may actually find comfort in having another family member in the same boat with them.

One study found a highly significant correlation ($p < .001$) between patients with family members with at least one disability and occurrence of CTD.⁹ 52% of CTD patients had at least one family member who was disabled, while only 15% of the control group (asymptomatic workers) had a disabled family member. The authors of the study conjectured that a “disabled” support system may serve to support and maintain disability in CTD patients.⁹ Disabled family members may be serving as role models for pain and illness behaviors and disabled family members may reinforce these behaviors when they are displayed by the CTD-injured person.⁹

Therapies for coping with chronic pain.

There are two primary psychological approaches to dealing with chronic pain when medicine has no solutions. One is called Cognitive Behavioral Therapy (CBT) and the other involves mindfulness meditation in various forms.

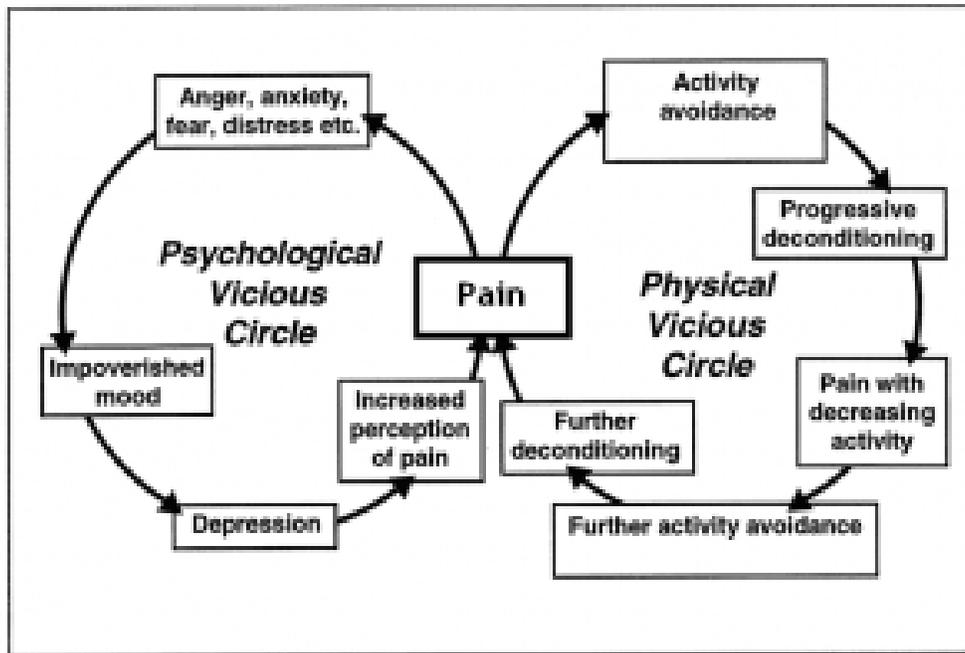
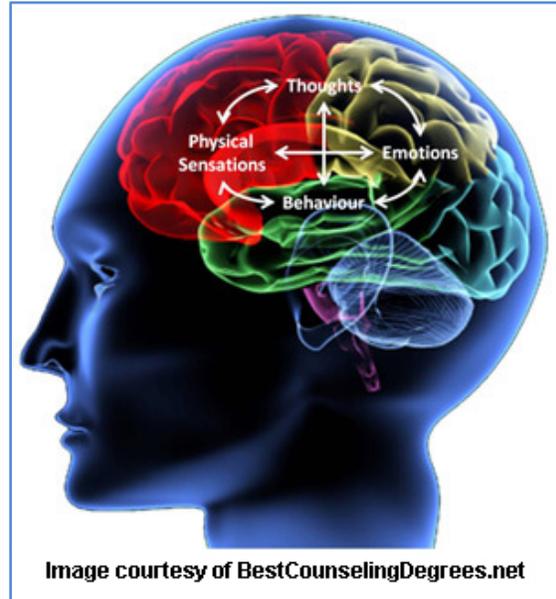
We recognize that there can be a lot of frustration when doctors cannot resolve a problem and they refer patients to psychological therapy. Patients may feel that their doctors have simply not tried hard enough and want to get them out of their office.¹⁰ They may feel that pain medications should be prescribed more liberally and long-term.¹⁰ And in some cases, it may be the patient that decides they have endured enough testing to conclude that further probing is fruitless, there are no medical answers, and learning to live with pain is the best solution.

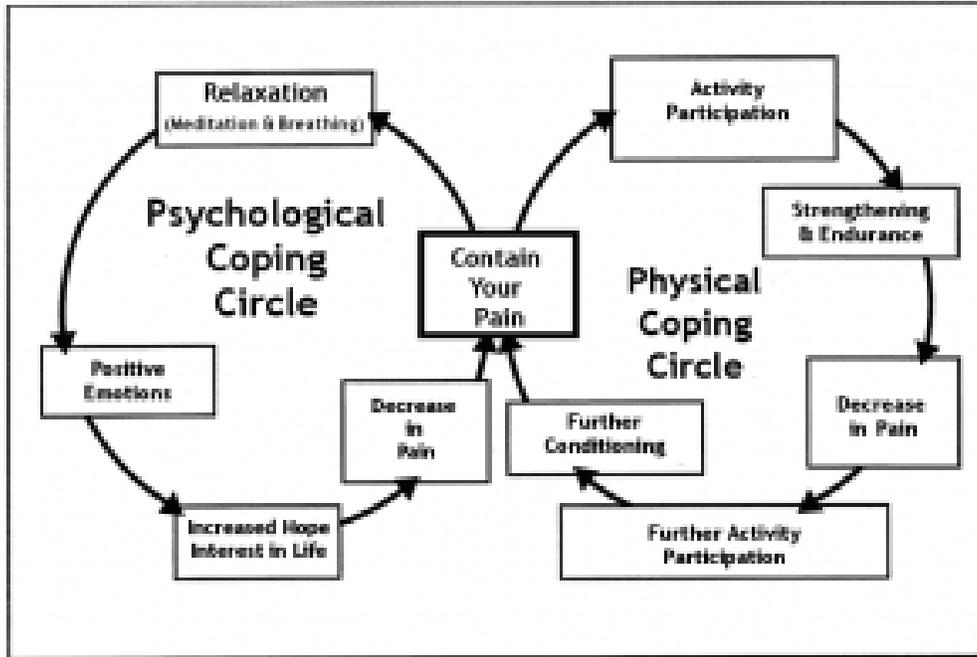
Most importantly, both CBT and Mindfulness based approaches have been equally successful in significantly improving both pain levels and functionality over patients who received only medical care in a study of back pain. Controlled studies have shown that mindfulness training is possibly as effective or more effective as CBT in helping some patients deal with a large number of chronic physical and psychological problems. More research is needed to identify which individuals would benefit more from one approach or the other.¹¹

People with existing psychiatric problems and trauma may experience difficulties with mindfulness meditation, so in these cases, it should be undertaken only with an adequately trained professional.¹² Overall, since meditation has been in practice for at least 2600 years, there should be little fear that it will harm most people and in a majority of people, it has been shown to be very helpful.¹³ CBT is nothing more than trying to determine existing patterns and to make positive life and mental changes; certainly a good practice for everyone!

Research on Cognitive Behavioral Therapy.

Cognitive Behavioral Therapy (CBT) focuses on solutions, challenging and modifying dysfunctional emotions, behaviors, and thoughts.¹⁴ Studies have shown that cognitive-behavioral intervention either alone or in combination with multidisciplinary treatment can be very helpful in reducing pain, depression, and disability through teaching better coping strategies, relaxation, anger management, frustration, and other emotional responses.^{9,15} Learning to deal with pain can break the cycle of negative reactions that lead to further disability. The following diagrams show two different types of response to pain with the physical and psychological cycles that are involved. The top diagram demonstrates the negative pain cycles that lead to deconditioning, reduced activity and involvement, depression, and anger. The bottom diagram shows the possible positive approach to dealing with pain through a multidisciplinary approach including CBT. The positive approach leads to strength, greater activity and involvement, reduced pain, and emotions of happiness, well-being, and relaxation.^{16,17} By gradually increasing activity and replacing negative thoughts with hopeful thinking, the responses to pain are reprogrammed.





Diagrams courtesy of References 16, 17

CBT has been shown to work through either individual or group counseling, alone or in combination with traditional rehabilitation programs in as few as 5 sessions.^{9, 15, 18} A review of 23 years of research on cognitive-behavioral therapy in treatment of pain-related dysfunction, was shown to improve the physical symptoms in 71% of the studies and a trend of improvement in 11% more studies.¹⁸ Reduction in psychological distress and improvements in functional status was generally somewhat less, but advantages were shown for both of these as well. Results appear to be long-lasting over months or even years and may enable people to return to work successfully.^{9,19} Certain types of pain may not be benefited as much as others.²⁰

Mindfulness-integrated Cognitive Behavioral Therapy (MiCBT) and Mindfulness Based Stress Reduction (MBSR)

Though cognitive-behavioral intervention or therapy (CBT) has proven to be very helpful in dealing with many types of chronic pain, it isn't beneficial for everyone. Another approach is to integrate principles of CBT with the principles and skills of mindfulness. And still another approach is using mindfulness alone to be aware of all body sensations including pain, but without trying to change the sensations and to accept them.²¹ This approach to dealing with chronic pain is relatively new.

The main principles of mindfulness are acceptance and

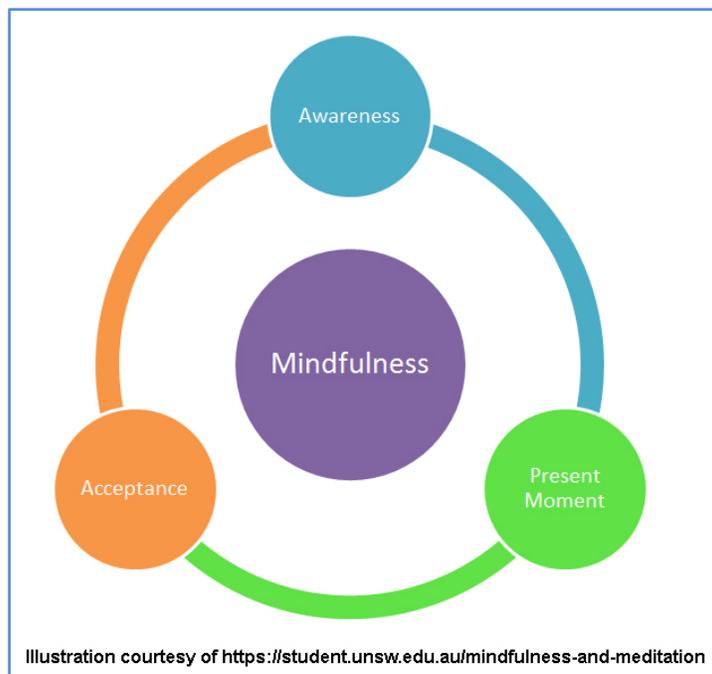


Illustration courtesy of <https://student.unsw.edu.au/mindfulness-and-meditation>

observation of fleeting thoughts and corresponding body sensations without reacting to any experience.²² Without mindfulness, the theory is that sensations of pain are perceived and it leads unavoidably to some negative corresponding body sensations and automatic mindless reactions based on your past experience with this pain and your attempts to cope.^{13,23} People who suffer chronic pain have brains that are actually developed to be more tuned into pain and sensitive to pain.²³ Studies found that preventing these reactions while remaining fully aware and accepting bodily experiences leads to a rapid extinction of conditioned responses, whatever the nature of the disorder.¹³ After just a few sessions of mindfulness meditation, brain scans show that the pain, stress, and self-centered thought parts of the brain are calmed significantly.^{6,23} By paying attention to the various levels of the experience, objectively attending to the physical, emotional, cognitive, behavioral, and interpersonal aspects, sufferers discover new perspectives on the problem.²² Jon Kabat-Zinn has found that not only are new insights gained, but by doing this, the patient gains greater sense of self-control, self-efficacy, and well-being.²² The sensations of pain are greatly reduced and the thinking patterns associated with pain are reduced or eliminated.⁶



In Cognitive Behavioral Therapy, maladaptive thoughts are replaced with adaptive or positive thoughts. Mindfulness therapy involves disengaging from the thoughts entirely.²⁴ It encourages simple observation of all thoughts, positive and negative, along with physical sensations.²⁴ Patients can learn that often their thoughts in response to a symptom make the sensation much worse, so by learning to eliminate the thoughts associated with the pain, you can eliminate the agony.²⁴ While on the surface, doing nothing seems like it is just ignoring the pain, in fact it is exactly the opposite. It is learning to feel the pain, acknowledge it, and move through it.

Cut to the chase: Tools for coping

A multimodal approach is the most successful way to deal with chronic pain of any type. There is absolutely no reason to choose between CBT and mindfulness meditation. Pain medication is generally helpful in reducing severity, so have some on hand to use when needed. Do a bit everything to deal with all of the complexities of chronic pain, its physical and psychological stresses. Every person is different and what works for you will become apparent over time. Give everything a wholehearted effort because it is unlikely that one solution will provide 100% relief all of the time.



CBT Basics: Identifying pain triggers, setting goals, handling emotions, and stress

Identifying triggers. A diary is an important way to identify behavioral and social factors that may be influencing pain.⁴ Record the following things at the same three times of day every day, morning, noon, and bedtime.⁴ This may seem burdensome because we often feel like we are quite familiar with our pain, but after a while it will probably become apparent that some times of day are better, some situations may be correlated, and sometimes we may be surprised that there is almost no pain at all. It may also make the pain feel worse because attention is drawn to it rather than coping through denial.⁴



- Date and time
- Situation
- Sensation rating 0-10 (and average that day)
- Physical sensation description
- Emotional response 0-10 (and average that day)
- Emotional response description
- Action taken (medications, yoga, etc.)

Handling emotions and stress

Part of the pain experience is the emotional issues: sadness, anxiety, and stress.

Chronic pain = chronic stress

Stress management is critical in dealing with chronic pain. Please read our articles on Stress and on Breathwork. Learning to work with the sympathetic nervous system is important in order to return your body to a calm, normal state and people tend to hold their breath when they are stressed, anxious, or in pain. Use the following two steps to calm yourself when you are feeling overwhelmed by pain and stress:

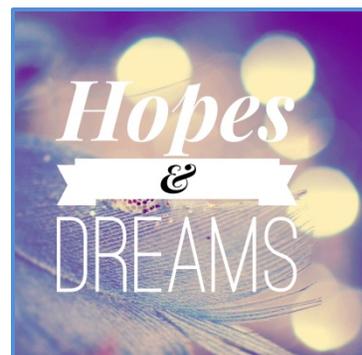
- Focus the mind on a repetitive phrase, word, breath, or action.
- Adopt a passive attitude toward the thoughts in your head.

By practicing these things repeatedly, you train the body not to react in a panic when pain persists. The book, *Managing Pain Before It Manages You*, listed in the Resources section at the end of this article is a great book on all the steps you can take to release pain.⁴ Associated with that book there are free online guided imagery for pain relief that are really excellent. They are at: www.guilford.com/managepain. Another master of guided imagery is Belleruth Naparstek. Her recordings for pain management are readily available through Amazon, Apple Music, HealthJourneys.com, and many other websites and are well worth the price of the recordings.

Educate yourself. Learn about your condition so you know more about the causes and treatments that can help you.¹ Explore alternative therapies that may help you.¹

Set goals. Pain often causes people to feel like they cannot accomplish anything, but by setting some goals and reaching for them. Set a few short-term goals daily, weekly, or within the next 2-3 months. There are five components to setting goals:

- Measureable, so you know when you reach it.
- Realistic, even when you are in pain.
- Specific actions or steps to take



- Personal, with you being the one responsible for reaching the steps or goals
- Desirable so making the effort is truly meaningful.

Reward yourself for goals met!¹

If you know what you want to accomplish, but have been unable to achieve your goals, try to identify things that are prohibiting progress.⁴

- Identify emotions that are preventing progress: inability to keep up, fear of pain or injury, feeling overwhelmed.
- Confront negative self-talk.
- Break big goals into small steps that allow you to inch your way forward.
- Make contingency plans in case you run into problems. If you try to do too much back off a bit. Give yourself time and space to relax and rest.

Developing healthy attitudes. Work toward attitudes that are traits of survivors.⁴

- Stress hardiness. The feeling that you have the ability to overcome challenges and stressors.
- Optimism. Expect that things will turn out OK and that bad things do not dominate over the good things.
- Empathy. Nonjudgemental awareness of another's experience.
- Altruism. After learning to pace yourself, become involved in something that connects you to other people's lives and the community.
- Affirmations. List your strengths, talents, and achievements.¹ Remember what it was like before you were injured, what brought you joy.¹ Describe how you felt physically and what you were like as a person.¹ Record hopes, dreams, ambitions by writing them down or with a voice recording.¹

Make sure you realize that your self-worth is not related to your productivity. Rest is completely important as is the ability to play, feelings of whimsy and wonder. Your worth is not measured by how quickly you wear yourself out.²⁵ Simplifying your life and prioritizing what is important to you is the best way to bring clarity and reduce overwhelm²⁶ Maybe you need less stuff and less obligations. Choose what is most important and eliminate everything else.²⁶

Pay attention to self-talk. We all do it...those thoughts that replay themselves in our heads. They are voices of parents, teachers, co-workers, bosses, and friends from the past that can make or break our attitudes toward ourselves, our capabilities, our goals, our achievements, and our limitations.⁴ When you are in pain, self-talk can become very negative and lead to self-pity or self-blame, or it can cause you to plow through the pain as if it didn't exist. It is important to pay attention to what we are telling ourselves and to feel the pain and make changes to plans or otherwise accommodate our needs.⁴ The following three techniques can be used to deal with negative self-talk:⁴

- Challenge it
- Clarify the problem and deal with what you can do about it
- Address it with a "so what" attitude. In other words, face the reality of the worst that could happen and realize that failing to do something because of pain or worrying about your impression on others is of no real importance.

Reduce factors that lead to pain and pace yourself. Part of the reason for keeping a diary is to enable you to detect patterns in your life and hopefully determine things that cause flare-ups. Rather than pushing through pain and suffering the frustration and loss of control when you overdo it, learn to lessen the factors that you know will cause pain.⁴ If it takes a day or more to

recover, you are probably overdoing it, but it is important to distinguish between pain that is related to improving fitness and pain that is causing harm.⁴ Fear of pain and fear of harming yourself can keep some people inactive, so learn what muscle fatigue and soreness are like and realize that is part of what will make you stronger. But also learn what the soreness and pain are that are associated with a flare-up of an injury.⁴ In general, gentle, slow movements, stretching exercises, and movements that don't require a lot of pounding, jolting, or strain on joints is generally good. Water exercises eliminate 70% of the effects of gravity and can be very beneficial.⁴

It has been found that there is a tendency to work until a point of pain tolerance is reached and then there is a period of rest.⁹ This "pain cycling" pattern becomes habitual with periods of work and rest decreasing in length. By pacing activities and taking breaks based on a time interval rather than waiting for excessive pain, people can often tolerate activities in shorter intervals.

There are three ways of modifying activities to accomplish more and feel better:⁴

- Pacing. Break down tasks into parts and don't do the whole task at once.
- Adaptation. Find different ways to do a task that are less painful: sit rather than stand, use adaptive gadgets, learn to use a different type of grip.
- Delegation. Trade tasks with someone else if something is causing you pain

These things can be hard to do at work, but in some jobs, it is possible.⁴

Handling emotions, stress, fatigue, and self-talk. Make sure your life is rich in things you enjoy: hobbies, music, pets, children, journaling, clothing you love, things that make you laugh (comics, books, movies, TV).¹ Use visualization, biofeedback, relaxation exercises, breathwork, and pet therapy to help you relax, overcome stress, and negative emotions.¹

Be good to your body. Feed your body well, avoid overwork, get enough sleep, drink enough water, wear comfortable clothing and shoes, exercise daily (at least some stretching, yoga, qi gong, or tai chi), say no when you are exhausted or in pain.¹ Please read our article on nutrition to learn about anti-inflammatory foods and diet. Pamper yourself if you are not feeling well. Take a warm Epsom salt bath with candlelight and calming music! Self-massage, breathwork, hot-cold packs, and medicated rubs often help.^{1, 4}



Do things that make you feel better about yourself: get a haircut, a professional massage, some new clothing.¹

Communicating clearly with practitioners. Nobody knows what you are feeling, so it is critical that you describe your pain, when it occurs, and how it is affecting your life when you talk with your doctors, practitioners, and pharmacist.¹ Depression and suicidal thoughts are not normal and they indicate that your pain is not being dealt with properly either in response to debilitating pain or in response to medications you are taking.¹ Describe your pain and other symptoms:



nausea, shaking, distraction or inability to concentrate, shooting pains, aches, dull pain, deep or shallow pain, diffuse or localized pain, loss of appetite.¹ Describe your problem clearly and ask for what you want.⁴

- Information
- Analysis of the problem
- Advice
- Understanding and sympathy
- Reassurance

If you are in pain, you need to describe it clearly.⁴ Has your pain increased or decreased? Has the location of the pain changed? Are there any new symptoms? What seems to help or make the pain worse? What doesn't help?

Take a complete list of all medications, supplements, and herbal supplements along with the dosages.⁴

Be assertive and speak up. It may help to make a list of questions to ask before your appointment so you don't forget to ask. And take notes during the appointment so you will remember all the answers and advice.⁴

Preparing ahead and tracking what works. Have a crisis plan so that during times of intense pain, directions are ready for family and friends so they can help you without being told or asked.¹ Make sure you have people you can call on for support. Your circle of support should ideally already know exactly what their role is and what they should do when you are incapacitated.¹



Lifestyle factors in pain management.

Aside from basic coping skills and CBT, there are many things you can do that will make you healthier overall.

Medication. If certain medications help during flare-ups, have them on hand so you can use them when necessary. Beware of NSAIDs and use them rarely because they cause gastric ulcers, increased bleeding, and kidney problems.¹ And, although opioids have been the go-to drug for pain management, it is quite addictive for most people and has been overprescribed to the point of causing thousands of overdose deaths.²⁷ An average 130 Americans die every day from opioid overdose! Over time, increased dosage is required to achieve the same results and withdrawal from these drugs is difficult and uncomfortable.²⁸

We are fortunate to live in a time that is allowing the use of cannabis for pain relief because it is highly effective and avoids virtually all of the undesirable side effects of other prescription and over-the-counter drugs. In some states THC is still illegal, but CBD, the non-psychoactive cannabis product, is available without prescription in all states in America. THC is the most potent component anti-inflammatory component of cannabis.²⁹ In combination with various CBD strains and high CBG products, it can be used to reduce inflammation, pain from osteoarthritis, and migraines.²⁹ For low back pain, high CBD topical products such as creams or transdermal patches applied directly to the painful area are very effective as are edibles, tinctures, or vaporizing high CBD strains.²⁹ THC, although effective in dealing with inflammation, can cause anxiety.²⁹ Anxiety increases inflammation, so if THC causes anxiety, it should be reduced or a CBD-only product should be used.²⁹ For extensive information on using cannabis for pain relief, refer to the Resources section at the end of this article

Healthy lifestyle.

- Don't smoke.³⁰ We don't have to tell you how unhealthy smoking is for your health, do we? Yes, it has a lot to do with your pain, with reduced cardiovascular functioning, bone health, and the progression of musculoskeletal problems.³⁰
- Eat an anti-inflammatory diet. Read our article on inflammation to understand the foods that you should and shouldn't eat. Lose weight if you need to. Excessive body mass is significantly associated with chronic pain as well as many other debilitating and life-threatening illnesses.³⁰
- Drink plenty of water.³¹ Drink at least 32 oz. of water every day to keep body tissues hydrated.
- Exercise. Cardiovascular fitness is highly associated with overall health and with a positive outlook on life. Find a form of exercise that you enjoy, that will not aggravate your symptoms and make it a part of every day.^{31,32} When you are in pain, you might feel like skipping exercise, do a form of exercise that is gentler like yoga, tai chi, or qi gong on those days. If your body is out of shape, you may feel more pain the first few weeks, but it's probably not because your chronic pain is worse.³¹ Even with severe back pain, physical activity is advised as standard practice to improvement.³⁰ Walking is something most people can accomplish even on bad days.
- Get plenty of sleep.^{30,31} For most people the amount of sleep they get is closely linked to mood and pain. Sleep allows the body to heal and restore hormone levels. Get at least 6 hours of sleep and use exercise to ensure sound sleep, staying away from drugs and foods that disrupt sleep (eg. Coffee, tea, sleeping pills, alcohol). Cannabis products, especially edibles can greatly improve the quality of sleep when pain, anxiety, and stress are involved.

Acupuncture

Acupuncture has been shown to be effective in reducing chronic pain in studies which compared acupuncture vs. no acupuncture OR acupuncture vs. sham acupuncture, though results are quite limited.³³ Sham acupuncture generally involves the use of penetrating needles in sites that are not related to treatment sites so that the patient experiences the needles, but is not aware that no treatment is actually being performed. In studies comparing no acupuncture to acupuncture, it is obvious to the patient when treatment is being performed, so bias is likely. Analysis of 39 trials with over 20,827 patients concluded that acupuncture is superior to both sham and no acupuncture for chronic pain associated with musculoskeletal pain, osteoarthritis, chronic headache, or shoulder pain.³³

Another analysis of studies concluded that the effectiveness of acupuncture is sustained quite well over time so that 50% to 90% of the benefit endures even after a 12 month period.³⁴

RESOURCES:

Websites:

American Chronic Pain Association (ACPA)

<http://www.theacpa.org/>

Sorehand Repetitive Strain Injury Online Support Group

Online discussion group and access to archives since 1999. Free subscription.

<http://www.sorehand.org/>

Stanford Center for Integrative Medicine

Classes in Mindfulness Meditation, Love Yourself, and others

<http://www.stanfordhospital.com/clinicsmedServices/clinics/complementaryMedicine/default>

National Association of Cognitive-Behavioral Therapists (NACBT)
Search for a therapists certified by NACBT near you:
<http://nacbt.org/searchfortherapists.asp>

Association for Behavioral and Cognitive Therapies (ABCT)
Find a licensed professional (psychologist, psychiatrist, or clinical social worker) who have met requirements for membership in ABCT: <http://www.abct.org/>

BOOKS, CD's, online resources:
Managing Pain Before It Manages You
by Margaret A. Caudill, MD, PhD.

The Guildford Press, New York, ISBN-10: 9781462522774, ISBN-13: 978-1462522774, ASIN: 14625227771995. Fourth edition (Jan. 6, 2016)

Free online guided imagery associated with the book above: www.guilford.com/managepain

Guided imagery recordings by Belleruth Naparstek on pain management. Widely available online from many sources including Apple Music, HealthJourneys.com, and many other websites

Cannabis for Chronic Pain. By Ivker, R. ©2017 Touchstone. ISBN 9781501155888.

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This article and all of our articles are intended for your information and education. We are not experts in the diagnosis and treatment of specific medical or mental problems. When dealing with a severe problem, please consult with a healthcare or mental health professional and research the alternatives available for your particular diagnosis prior to embarking on a treatment plan. You are ultimately responsible for your own health and treatment!

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