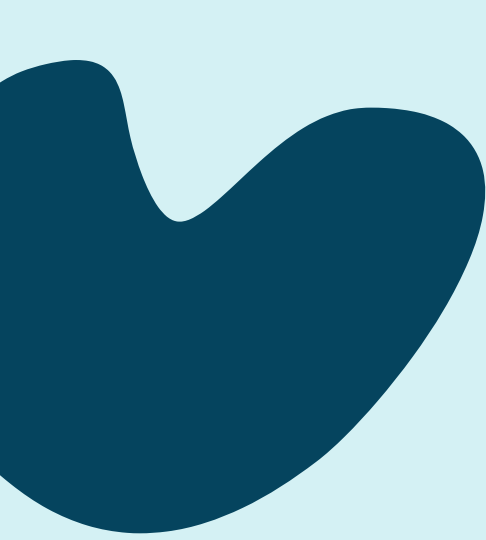




UNDERSTANDING YOUR PAIN MANAGEMENT APPROACH

**A Self-Reflection Guide for People
Living with Persistent Pain**

Created by Jacquie Kieck, Physiotherapist



IMPORTANT NOTICE

This guide is provided for educational purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. The information presented is intended to support informed discussions with qualified healthcare professionals. Individual circumstances vary significantly. Always consult registered healthcare professionals for proper assessment and personalised pain management guidance. This guide does not replace assessment, diagnosis, or treatment by registered healthcare professionals.

About This Guide

There are several common patterns in how people approach persistent pain management. Understanding these patterns may provide helpful context for conversations with your healthcare team about your individual pain management strategies.

This guide may help you:

- Recognise common approaches to pain management
- Reflect on your own patterns and strategies
- Identify principles worth discussing with your healthcare providers
- Consider whether your current approach aligns with what may be helpful

No single approach is inherently "right" or "wrong" – context, individual circumstances, and professional guidance all matter.



THREE COMMON PAIN MANAGEMENT PATTERNS

There are several potential patterns in how people respond to persistent pain. You might recognise elements of one or more of these in your own experience. We will explore some of the common patterns below:



PATTERN 1: PROTECTIVE AVOIDANCE

"I need to be careful not to make my pain worse"

Common characteristics:

- Avoiding activities
- Significant concern about movement or exercise
- Believing pain always indicates tissue damage
- Increasing rest when pain increases

It is possible that when activity avoidance becomes the primary long-term strategy, some people may experience:

- Physical deconditioning over time
- Changes in how the nervous system processes pain signals
- Reduced participation in valued activities

PATTERN 1: PROTECTIVE AVOIDANCE

Important note:

The information above applies to persistent pain patterns, not recent injuries. Short-term protective behaviour after acute injury is appropriate and necessary. Individual assessment by healthcare professionals is essential to determine appropriate activity levels.

PATTERN 2: PERSISTENT PUSHING

"I won't let pain control my life"

Common characteristics:

- Pushing through pain to maintain activities
- Doing more on "good days" and paying for it later
- Experiencing "boom-bust" cycles
- Believing willpower should overcome pain
- Frustration when forced to stop activities

For some people, overactivity patterns may be associated with:

- "Boom-bust" cycles that can perpetuate pain
- Repeated setbacks and flare-ups
- Difficulty maintaining consistent activity levels
- Increased frustration and distress

PATTERN 2: PERSISTENT PUSHING

Important note: Pacing doesn't mean giving up – it means finding *sustainable* activity levels. Healthcare professionals can help determine appropriate pacing strategies for individual circumstances.

PATTERN 3: EXTERNAL SOLUTION SEEKING

"There must be a treatment that will fix this"

Common characteristics:

- Frequently seeking new treatments or providers
- Relying primarily on external solutions for pain control
- Moving between different treatment approaches
- Feeling disappointed when treatments don't *eliminate* pain

PATTERN 3: EXTERNAL SOLUTION SEEKING

While professional treatment is important, it is suggested that:

- Only passive treatment approaches may have limitations for persistent pain.
- Active self-management skills complement professional treatment
- Realistic expectations about pain reduction versus functional improvement matter
- Collaborative relationships with healthcare providers support better outcomes

PATTERN 3: EXTERNAL SOLUTION SEEKING

Important note: Seeking appropriate professional help is essential. The pattern above refers to relying exclusively on external “fixes” without developing complementary self-management strategies. Healthcare professionals can guide appropriate treatment combined with self-management.

REFLECTION: RECOGNISING YOUR OWN PATTERNS

Take a moment to consider which patterns you recognise in your own approach to pain. You might see elements of more than one – that's completely normal.

Which patterns do you recognise in yourself?

- ☐ Protective avoidance tendencies
- ☐ Persistent pushing tendencies
- ☐ External solution seeking tendencies
- ☐ A combination of the above
- ☐ None of these seem to fit my experience

REFLECTION QUESTIONS

Is your current approach helping you live the life you want to live?

1. Have you discussed your pain management strategies with your healthcare team recently?
2. Do your current strategies align with what may be helpful for persistent pain?
3. What would you like to be different about how you manage your pain?
4. What barriers prevent you from trying different approaches?

There are no right or wrong answers to these questions. The goal is simply to increase your awareness of your current patterns and whether they're serving you well.

PRINCIPLES FOR PERSISTENT PAIN

1. Graded Activity and Pacing

Gradually increasing activity, under the guidance of a healthcare professional, in a planned and paced manner (rather than avoiding completely or overdoing intermittently) may support better long-term outcomes for many people with persistent pain.

This requires individual assessment and professional guidance to implement safely.

PRINCIPLES FOR PERSISTENT PAIN

2. Understanding Pain Neuroscience

Education about how pain works in the nervous system can be a valuable component of comprehensive pain management programmes when combined with other approaches.

Pain education complements but does not replace active treatment strategies.

PRINCIPLES FOR PERSISTENT PAIN

3. *Multidimensional Approach* Persistent pain is influenced by multiple factors including sleep quality, stress levels, beliefs about pain, and social support. Pain management strategies should address several of these dimensions.

Individual factors vary – professional assessment identifies which areas to prioritise.

PRINCIPLES FOR PERSISTENT PAIN

4. Active Self-Management

Developing self-management skills alongside professional treatment is supported. This includes pacing strategies and understanding personal pain patterns.

Self-management skills are taught and developed with professional guidance, not in isolation.

PRINCIPLES FOR PERSISTENT PAIN

5. Realistic Goal Setting

For persistent pain, meaningful improvement often focuses on increased function and participation in valued activities rather than complete pain elimination.

Healthcare professionals can help identify realistic, individualised goals.

NEXT STEPS: WORKING WITH YOUR HEALTHCARE TEAM

Questions to discuss with your healthcare providers:

1. "Does my current pain management approach align with evidence-based principles?"
2. "Are there aspects of my approach that might benefit from adjustment?"
3. "What self-management strategies might be appropriate for my specific situation?"
4. "Would pain neuroscience education be helpful for me?"
5. "How can I balance staying active with avoiding overactivity in my particular circumstances?"



Remember:

- Individual circumstances vary significantly
 - What works for one person may not suit another
 - Professional assessment is essential for safe, effective pain management
 - Progress often happens gradually and may involve setbacks
 - Your healthcare team can provide personalised guidance
- 



WANT TO LEARN MORE ABOUT PAIN SCIENCE?

The Decode Pain Mini Course explores the neuroscience behind persistent pain in an accessible, easy-to-understand language with relatable examples.

This educational course is designed to complement the care you're receiving from your healthcare team by providing information about how pain works.

Learn more about the Decode Pain Mini Course





ABOUT THE AUTHOR Jacquie Kieck, Physiotherapist Jacquie is a physiotherapist with 20 years of experience and a special interest in pain management. She works at QE Health on the ACC tertiary pain programme in New Zealand, where she supports people living with persistent pain. Having navigated her own pain journey, Jacquie understands the value of clear, evidence-based information. She is passionate about making pain science research accessible to everyone living with persistent pain.





FINAL DISCLAIMER

This educational guide is provided for general educational purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. All readers must seek individual assessment and advice from appropriately qualified healthcare practitioners. This material does not replace individual clinical assessment by registered healthcare professionals. The patterns described are based on research observations and do not represent diagnostic categories. Always consult with your healthcare practitioner about your specific circumstances before making any changes to your pain management approach.

