

## POSITION STATEMENT



### OCCUPATIONAL THERAPY ASSOCIATION OF OCCUPATIONAL THERAPY (OTASA)

#### Occupational therapy pain management to enable occupational engagement

Ratified by Council: March 2024

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#### PREAMBLE

Pain was defined by the International Association for the Study of Pain (IASP) in 2020 as:

*"... An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"<sup>1:1</sup>*

The experience of pain is always subjective, personal, and influenced by multiple factors, namely social (including deprivation, isolation, lack of access to services), emotional factors, (including distress and previous trauma), expectations and beliefs, mental health (including anxiety, depression and post-traumatic stress disorder) and biological factors. Furthermore, the International Association for the Study Pain (IASP)<sup>1</sup> noted in their expanded definition in 2020 that pain cannot be inferred solely from activity in sensory neurons, individuals learn the concept of pain through experience. A person's report of an experience as pain should be respected and while pain usually serves an adaptive role, it may adversely affect occupational performance as well as mental, social and psychological well-being and quality of life. Verbal description is only one of several behaviours to express pain and an inability to communicate does not negate the possibility that a human experiences pain<sup>1</sup>.

Pain affects a person's ability to exercise, enjoy normal sleep, perform household chores, work efficiently, attend social activities, drive a car, walk, have sexual relations, maintain relationships, and find enjoyment in life<sup>2,3</sup>.

In a recent report (2019) of the United States Pain Management Best Practices Inter-Agency Task Force<sup>4</sup>, it was emphasized that best practice in pain management consists of the development of an client-centred individualized effective pain treatment plan after proper evaluation to establish a diagnosis with measurable outcomes that focus on improvements including quality of life (QOL), improved functionality, and Activities of Daily Living (ADLs)<sup>4</sup>. This places pain management interventions to enable/facilitate engagement in all occupational and pre-occupational categories within the scope of practice of an occupational therapist as described in the regulations defining the scope of the profession of occupational therapy. in South Africa, as set out in the amendment to Health Professions Act 56 of 1974, Regulations defining the Scope of the Profession of Occupational Therapy<sup>5</sup>.

Acute and chronic pain are associated with many health conditions. In South Africa, the evidence suggests that 1 in 5 adults experience chronic pain with the limbs and back being the most common sites of pain<sup>6</sup>. Chronic low back pain, reported to be one of the most common conditions globally, has a high prevalence across the life course and has been reported to be responsible for 60.1 million disability-adjusted life-years and the highest increase seen in low- and middle-income countries<sup>5</sup>. In South Africa the annual cost of treating chronic low back pain alone, in only Kwa Zulu Natal is as high as R65 million rand<sup>7</sup>. The burden of disease, as well as the mandate for occupational therapists to practice in the field of pain management is clear.

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## PURPOSE OF DOCUMENT

This document serves to identify the role and intervention responsibilities of Occupational Therapists in the management of adult patients with primary and secondary pain conditions, or conditions in which pain is a symptom that causes loss of age-appropriate occupational performance and independence; supported by the clear compatibility of occupational therapy's foundational principles, philosophies, models, frameworks, interventions, and training.

### 1. Occupational therapy models applicable to pain management

Various occupational therapy models used with pain management interventions are reported in literature.

These include:

- The Canadian Model of Occupational Performance and Engagement<sup>8-11</sup>
- The Person-Environment-Occupation Model<sup>12-14</sup>
- The Model of Human Occupation<sup>15-17</sup>
- Ecology of Human Performance mode<sup>18</sup>

These models emphasize the placing the person at the centre of any intervention, and encourages the therapist to consider how the person's impairment interacts with the particular barriers or enablers of occupational performance, the client's environment, and the occupations that the person has to or wants to engage in. For more information on the aspects that should be considered in the assessment and management of chronic pain, clinicians can consider the aspects highlighted in the ICF core set for chronic widespread pain<sup>19</sup> when planning their assessment and treatment of patients with chronic pain. However, other diagnostic core sets may apply for patients with other pain conditions. The focus of occupational therapists working in pain management is, therefore, to enable individuals with chronic pain to participate in the activities that have value and meaning to them, despite their pain<sup>11</sup>.

Occupational therapy intervention may include the use of strategies such as (amongst others)

*"activity management, activity adaptation, the development of coping strategies and vocational rehabilitation and may involve working with patients at home, school or workplace in addition to clinical settings"*<sup>20:451</sup>

### 1. Occupational therapy role in pain management

Occupational therapists working in pain management may have various goals for treatment. These include:

- Improving participation in all categories of occupations affected<sup>21</sup>
- Enabling occupational engagement and performance
- Promoting functional independence, mobility, and autonomy
- Addressing occupational balance
- Improving body mechanics and activity tolerance
- Modifying tasks and the occupational environment to allow optimum participation.
- Enhancing social interaction and facilitating community reintegration
- Vocational rehabilitation
- Prevention of further disability
- Health promotion and quality of life<sup>22</sup> through the promotion of activities health<sup>23</sup>

### 2. Practice guidelines for occupational therapists in pain management

Pain is a prevalent symptom that forms part of multiple physical and psychiatric diagnoses in the adult population. In this position paper interventions are not categorized in according to diagnostic groups. However, the occupational therapist should be aware that pain can impact occupational performance regardless of the underlying pathology and should assess this intentionally and address any impairments or functional limitations due to pain pro-actively.

The assessments and interventions occupational therapists working in pain management use should be guided by a self-management approach<sup>24</sup> to empower patients to take responsibility for their own health, reduce symptoms and improve quality of life despite symptoms.

Table 1 (below) lists assessments and interventions associated with pain management, but it is not exhaustive. There may be interventions required by the specific presenting pathology, which are different to those required for pain management, which need to be performed in addition to those listed.

**Table 1: Assessments and interventions associated with pain management**

Assessments	Intervention	Outcomes
<p>Occupational Profile including Pain History namely:</p> <ul style="list-style-type: none"> <li>• Daily activity profile including routines, habits, roles, extent, variety, and quality of participation.</li> <li>• Medical history including medical conditions, trauma, previous injury, or surgery, prescribed and self-medications.</li> <li>• Personal and social history</li> <li>• Vocational history</li> <li>• Sensory-discriminative aspects of pain</li> <li>• Cognitive-evaluative aspects of pain</li> <li>• Motivational-affective aspects of pain</li> <li>• Pain behavior and other communicative components</li> <li>• Ideas, concerns, fears and beliefs regarding pain</li> <li>• Evaluation of body systems, <b>including physical assessment of relevant components of function</b></li> <li>• Psycho-emotional status</li> <li>• Contextual factors</li> <li>• Cognition</li> <li>• Lifestyle factors including stress, sleep, diet, substance use.</li> </ul> <p><b>Administration of relevant self-report measures.</b> These should include measures of pain severity, disease impact, psychosocial risk factors, prognostic factors and health-related quality of life. Further assessment of specific areas of occupation affected by the pain as indicated following general assessment.</p> <p><b>Administration of home or work environmental assessment if applicable</b></p> <p><b>Administration of assessment of sensory factors if applicable</b></p>	<ul style="list-style-type: none"> <li>• Education regarding the biopsychosocial nature of <sup>25</sup></li> <li>• Goal setting in all functional<sup>26</sup></li> <li>• Pacing and grading of activity participation<sup>27,28</sup></li> <li>• Activity scheduling</li> <li>• Activity modification/task adjustment</li> <li>• Adjustments to physical and sensory environments</li> <li>• Prescription of assistive devices/adaptive equipment</li> <li>• Stress management interventions<sup>29</sup></li> <li>• Mindfulness-based interventions<sup>30</sup></li> <li>• CBT-based interventions<sup>31</sup></li> <li>• Sleep hygiene<sup>29</sup></li> <li>• Fatigue management</li> <li>• Anxiety management<sup>32</sup></li> <li>• Graded motor imagery<sup>33</sup></li> <li>• Vocational rehabilitation interventions with additional training:</li> <li>• Progressive Goal Attainment Program (PGAP)<sup>34</sup></li> <li>• Sensory coaching<sup>35</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Improved participation and independence in activities across all functional domains</li> <li>• A healthy, structured daily routine that incorporates periods of rest and activity, including physical activity, cognitive activity, social and spiritual activity.</li> <li>• Healthy, active coping strategies</li> <li>• Complete daily occupations across a variety of domains</li> <li>• Return to remunerative or non-remunerative work if pain has resulted in disengagement from work activities.</li> </ul>



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