Brighton and Sussex University Hospitals NHS Trust

Sussex MSK Partnership Central

Back in Control Programme

A Pathway to improving self management

Here HORDERHEALTHCARE Sussex Community NHS Foundation Trust Sussex Partnership NHS Foundation Trust

Contents

Introduction

The Back in Control programme (BIC) is a six session course which will provide you with tips and skills to better manage your back or neck pain.

This approach to managing back and neck pain is well-researched and has been found to be amongst the most effective ways of treating such persistent pain. This is an opportunity to make positive changes in your life. We can only change two things; what we think and what we do. Remember: nothing changes if nothing changes.

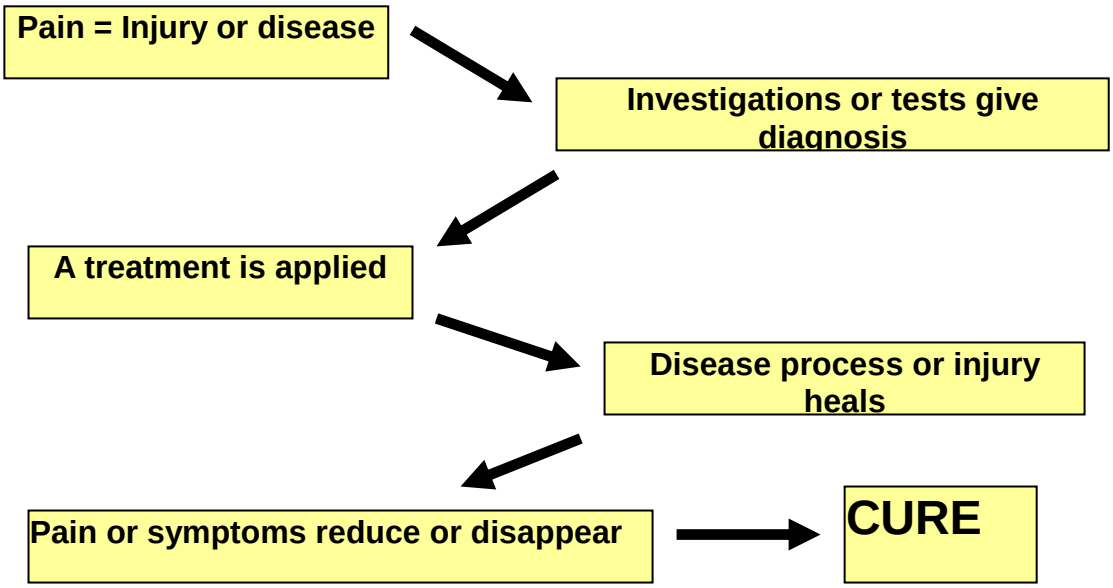
Course Structure

Each session is 2 hours and will involve 5-10 adults, both men and women. We will discuss a topic that relates to your pain (see the table below), and then exercise or practice relaxation techniques in each session (you should come in suitable clothing for this).

Session	Discussion	Practical/Homework
1	Introduction, how pain affects you, moving forward with different approach.	Exercises Homework: think about something you want to change
2	Anatomy of your spine, the effects of inactivity/benefits of activity.	Exercises Homework: planning a change
3	Understanding pain.	Exercises Homework: write an activity goal
4	Approaching activity and improving fitness – a different perspective. Relaxation	Relaxation Homework: practice relaxation, make your activity goal SMART
5	Unhelpful thoughts and their effect on pain. Pain and its effect on fitness.	Mindfulness meditation Video clip: Andy Puddicombe Homework: explore mindfulness, continue with activity goal
6	Flare-ups, use of medication, long term goals setting.	Video clip: Understanding Pain in 5 minutes Homework: plan for long term

Medical Model

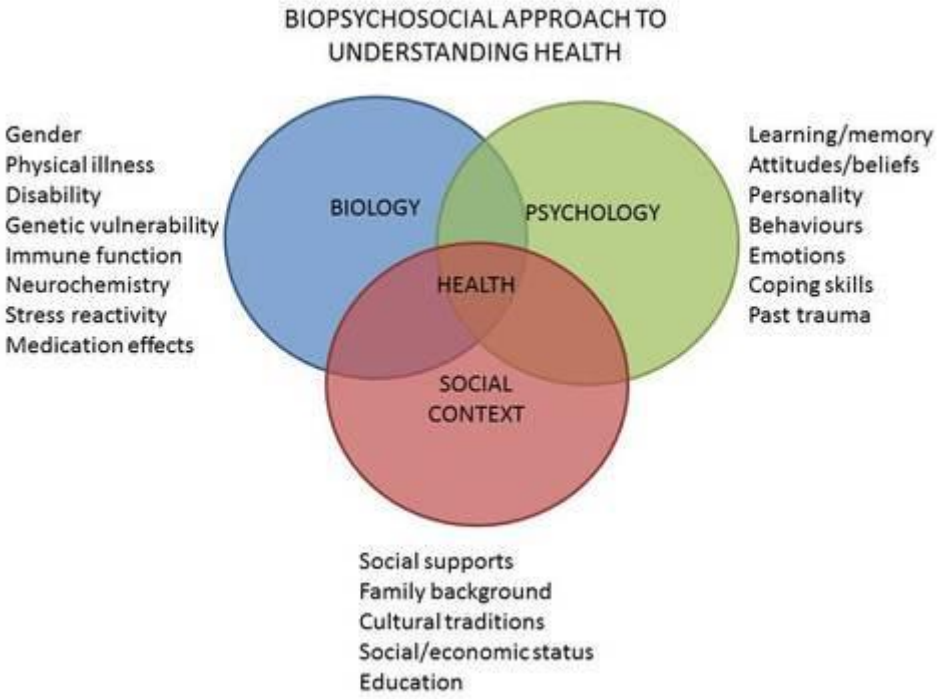
Many of us are brought up and are familiar with the medical model of managing injury, illness and disease. This has been established for centuries and runs on the following principle:



As you may have already realised, back and neck pain does not always respond to this principle in the way other medical problems do. We now use a different model which is more helpful in identifying the different areas that contribute to a pain or problem. This is called the biopsychosocial model.

NOTES:

Holistic approach



The biopsychosocial model recognises that pain isn't simply due to physical or biological changes in our body. The model links our psychological health as well as our social context and general wellbeing. By addressing all three areas in relation to pain we follow a more holistic treatment approach which is ultimately more beneficial in helping to manage pain than the traditional medical model.

Think about all the past treatments you have tried – have these been of use or not? Can you see that they potentially only addressed the physical aspects of your health and did not take a more holistic view like the biopsychosocial model?

NOTES:

The Back in Control Programme (BIC)

Medical professionals now recognise that our current system has difficulties in helping people with long term pain.

Self-management programmes are now commonplace in healthcare and have been proven to help people improve their quality of life.

The BIC aims to:

- Help you become the expert on managing your pain
- Help alleviate fears or concerns you have about pain provoked by activity
- Help you become fitter and healthier despite your pain
- Give you a “toolbox” of skills, techniques and exercise that will help you stay active and return to previous activities
- Help you understand why the medical system has often been unhelpful in giving you a diagnosis and “cure” for your back pain

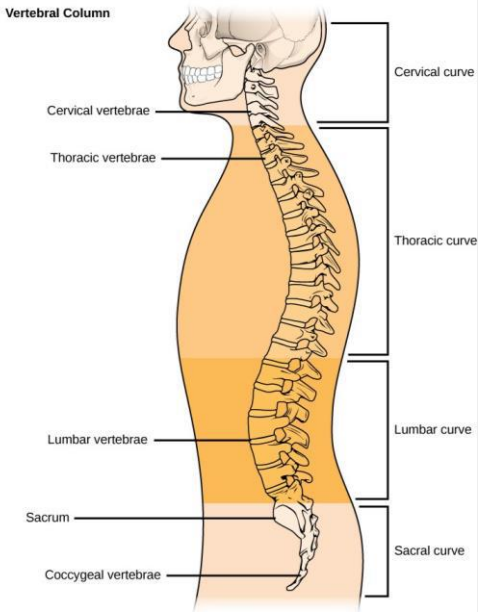
The BIC programme is excellent but making changes is difficult and life can get in the way. As you go through this course it is important that you communicate any difficulties and concerns you have with the course Tutor/Facilitator. We want you to get the most from the programme.

X-rays and Scans 

- X-rays and scans are not essential for everyone who has spinal pain.
- Back pain alone is not suggestive of a serious condition even though it can be very painful.
- They are used in addition to a clinical examination to eliminate specific conditions such as: fractures, infections and tumours.
- Xrays and scans will show normal age related changes such as: spondulosis, degenerative disc disease, black disc disease, osteoarthritis, arthritis, degenerative changes, dehydrated disk ….. the list goes on. These changes are frequently found in people NOT experiencing pain.

Scans and X-rays tell us nothing about how fit, tight, weak or sensitive our body's tissues have become.
We know the longer an individual has back pain the more the surrounding area and the body in general becomes unfit. These are often reasons for on going pain.

The Anatomy of the Spine



The spine is made of 4 curves, which aid the transmission of weight throughout the back. The low back presents a lumbar curve, which we call a lordosis.

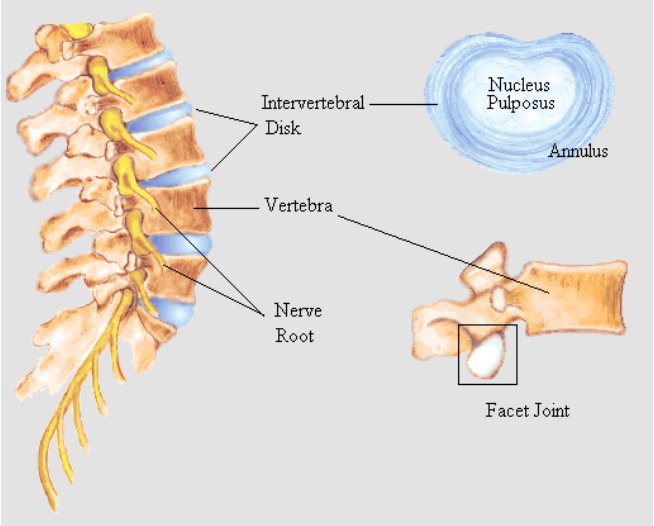
The spine is made of bony building blocks (vertebrae), which give us our height, and allow movement between pairs of joints at each vertebral level called facet joints.

In-between these vertebrae are the discs, which are made up of cartilage with a large watery content. The disc allows transmission of our weight through the spine.

Surrounding the column of vertebrae and discs are ligaments. These work together with the spine and provide support to prevent unwanted movement occurring.

Surrounding the ligaments are the muscles of the back and stomach, which act as a natural corset to support the spine and control movement around the trunk.

When all the muscles are working well and the spine has good flexibility, the day-to-day stresses we place on our bodies are kept to a minimum.



Discs

Discs are composed of 2 parts. The outer portion is called the annulus and comprises rings of cartilage. The outer third of the annulus has a nerve supply which enables constant monitoring, and a blood supply which allows it to heal following injury. The inner part comprises fluid and is called the nucleus, this has no nerve supply.

Discs cannot ‘slip out’ because they are securely attached to the bone on each side – the term ‘slipped disc’ is therefore a very misleading and unhelpful one.

Discs can bulge rather like a flat tyre, it is normal to see this happen as we age and start losing the higher water concentration in the inner nucleus.

If a disc bulges or experiences a strain/tear then an inflammatory process can begin. Sometimes this inflammatory process can cause chemical changes around the nerves which lie close to them. These chemical changes can irritate the nerve and cause referred pain into the leg, which is often termed sciatica.

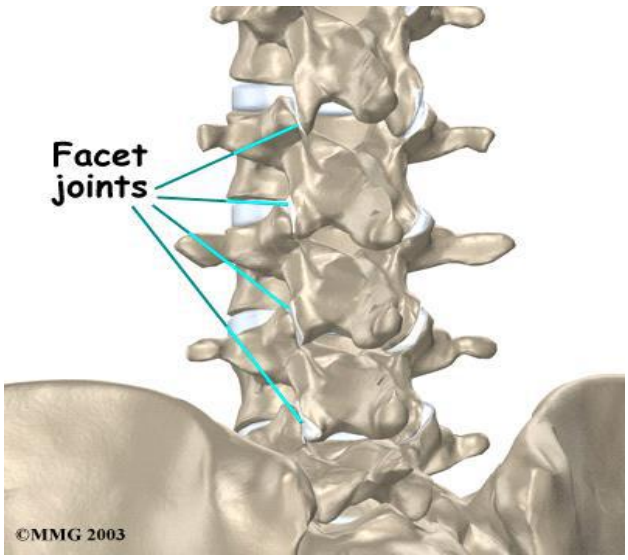
It is less likely that a disc 'pressing' on a nerve causes ongoing nerve pain. This is because in studies looking at MRI scans, patients whose disc is continuing to 'touch' the nerve report that their leg pain has stopped. So we know that continued sciatica is more about a chemical change near the nerve rather than discs touching nerves.

When this inflammatory process has finished after a few days the area around the nerve will have developed some scar tissue as a normal part of the healing process. This scar tissue can cause the nerve to become less mobile and when movements pull on it, it can cause the same nerve pain or sciatica. It is important to move as early as possible to get flexibility around the nerve so that it does not become sensitive to movement.

All these changes in the discs have been seen in people not experiencing pain so we cannot assume your pain is always coming from the disc.

Joints

There are pairs of facet joints at each level of the spine which are very similar to other joints in the body.



These joints need regular movement to encourage production and distribution of fluid for health and nutrition.

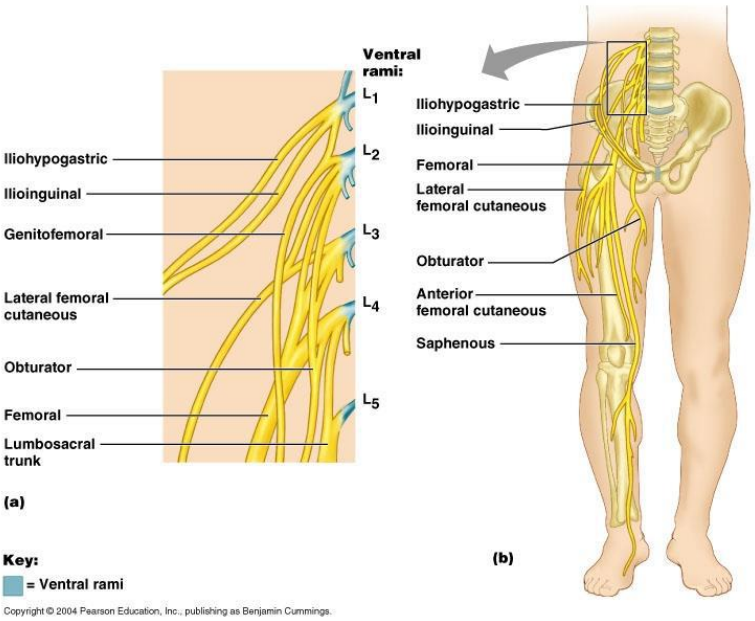
Studies on the lumbar facet joints have reported that referred pain can be produced as far down as the foot when the facet joint is irritated. People who research the pain from facet joints have also reported pain in the groin, thighs, and calves when these joints have been irritated.

This demonstrates that you do not need to have a 'nerve irritation' or sciatica to experience pain down the leg. The joints can mimic symptoms in the same area.

This is one of the many reasons why it is very difficult for the medical profession to give you an exact reason or source for your back pain.

The other areas/structures that are constantly being monitored by a nerve supply in the spine are the joint capsules, the ligaments and the muscles. These can also be a source of pain when they become tight, weak and sensitive to movement.

Nerves



The nerves enable our body and brain to be able to communicate, messages from sensors around the body are sent to the brain where they are interpreted.

We have sensors in our skin, ligaments, muscles, outer discs, joints and other structures in our body.

These sensors are constantly monitoring their environment and have many different functions, some detect temperature changes, others any pressure/touch and there are sensors specialised in chemical changes. The information is sent via the nerves to the brain to interpret.

When an actual nerve is irritated it can give us sensations of pins and needles, numbness, burning or shooting pains.

Nerves demand a high blood supply to function normally. The more sedentary or immobile we become, the more difficult it is for the nerve to function normally so it is important to keep active to assist the blood supply.

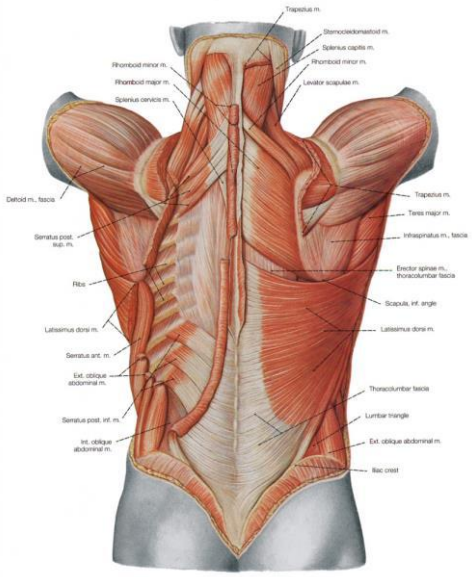
Although nerve pain can be very intense and therefore often worrying, it is the sensitivity of the nerve tissue that creates the intensity of the pain, NOT the amount of damage that dictates this. A perfectly healthy, undamaged spine can fire off messages and create pain.

Our nervous system has to wind closely around almost all structures that make up the body. It has to manoeuvre around joints, muscles, ligaments and bones. If any areas of our bodies are tight the nerves cannot move as freely, have a reduced blood flow and then can become a source of pain.

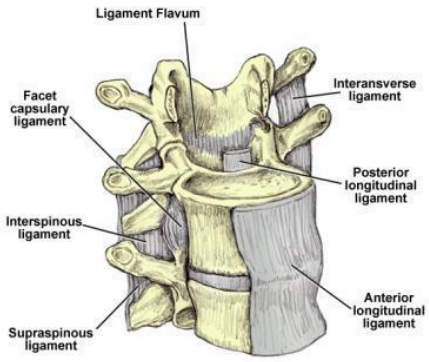
This is why it is so important to maintain as much flexibility as possible.

Muscles & Ligaments

Muscles and ligaments enable us to function in an upright position, but also allow us to move into different positions. Ligaments keep the spine stable, limiting movement and connecting the vertebrae.



Muscles also attach onto the spine and control movement. Inactivity causes our muscles to weaken and then they can tire more quickly, which can lead to pain. One example of this is sitting for long periods in one position; the muscles around your neck and shoulders get tired with the sustained position, and you may then find you have areas of soreness where the muscles have fatigued and become sensitive. Keeping fit and moving keeps our muscles at their optimum length and strength, which in turn means we are comfortable and happy!



You can probably start to see how difficult it can be to diagnose a specific cause for back pain. Often when an individual has had pain for a long time, many tissues are involved, nerves can become sensitive and the body can become deconditioned (loose fitness). This will be discussed further when we talk about pain in the following section.

NOTES:

Pain

Why am I still in pain?

- First we need to understand the difference between acute and persistent pain.
- Acute pain is the pain we experience as warning of impending damage or actual tissue damage. e.g. touching a hot object.
- Acute pain is therefore pain that is present during healing.

How long does healing take?

- All tissues heal at different rates. Skin heals in days; muscle in weeks, bone in months… At 3 months most healing has finished. The largest bone in the body will definitely have healed in 6 months!
- So your pain, which has undoubtedly continued past 6 months has now become persistent.
- Persistent pain is pain that continues even though healing has occurred.
- When we first injure ourselves we awaken our nervous system. The pain system becomes sensitive to be ready to interpret the problem. Sometimes this sensitivity or 'readiness' of our nerves to interpret messages of pain can remain alert and receptive even though the injury has resolved.

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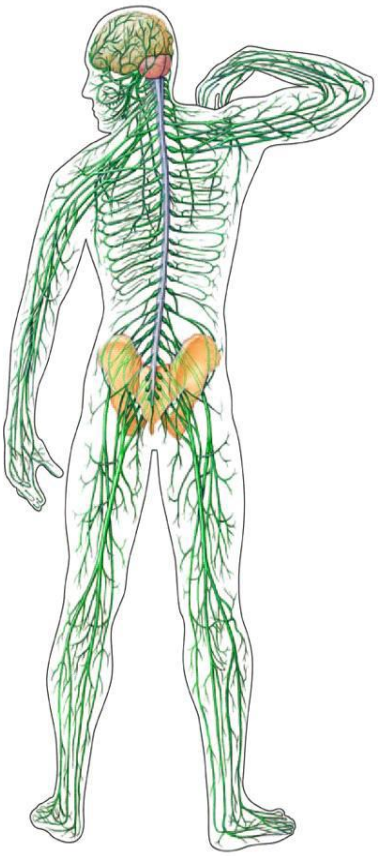
See appendix for additional reading

Lets look at how the nervous system works!



- The nervous system with the brain at its centre interprets all sensations and filters out unimportant sensations so you are not aware of them e.g. the feel of a wrist watch.

- The nervous system will pay more attention to sensations that we consider important. So sensations that are potentially threatening to us will receive more attention from the nervous system. e.g. footsteps behind you are louder if you are walking home alone in the dark and feel nervous.

- Pain is interpreted by the brain as a threatening or potentially threatening situation to the body, so the nervous system will pay more attention to it.

- In acute pain we associate the pain we feel with injury to our tissues. We have already said that this does not directly link with how much pain we feel. You also would expect that as the tissues heal, the pain goes away. We know that in some people this does not happen and it is thought that one of the reasons for this is that the nervous system becomes sensitised.

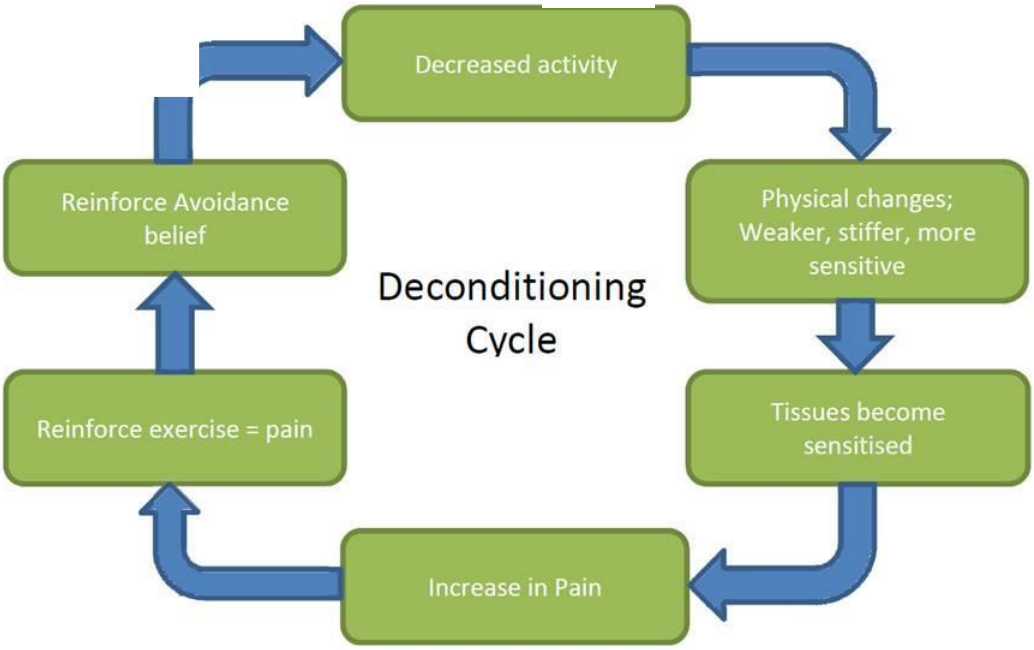
- A well-documented example of how these changes in the nervous system are possible is in 'phantom limb pain'. This is when people who have had amputations of a limb in the past continue to feel pain in the limb – even though the limb is no longer there. This 'phantom limb pain' is understood to be due to changes in the sensitivity of the nervous system . This means that the pain messages are being sent from the spinal cord and brain rather than from the leg itself.

- In persistent pain it is now understood that pain messages are continuing due to changes in how the spinal cord and brain receive and respond to information.

- Simple stretching, movement or pressure (even light touch) can stimulate the pain system and create the same painful symptoms or further painful symptoms.

We often associate pain with damage and injury! There are many documented accounts of people who have experienced serious injury and yet no pain e.g. the farmer who gets his arm taken off in farm machinery and yet manages to walk to hospital experiencing very little pain.
There is no direct link between the amount of pain we feel and the amount of damage to our bodies.

The Deconditioning Cycle



This flow diagram shows how pain causes changes to our activity levels, usually by decreasing them. This causes physical changes such as stiff joints and weak muscles. When we try and return to activities with reduced strength and fitness the body is less tolerant and this can lead to more pain which reinforces this cycle.

Some people push on through and try harder and harder to stay active only to create more pain and have to rest for longer. Eventually for a lot of people this cycle can lead to only the smallest activity causing a flare up of pain and they are forced to do very little in order to try and avoid pain.

Breaking this cycle is important, you can do this by getting more active and by managing the pain better using the skills this course will teach you.

NOTES:

We know that people with long standing pain can improve their body's fitness. Muscle weakness and stiffness can be improved with graded exercise. Many people with persistent pain have had bad experiences with exercise, as often it is pitched at too high a level for them.

Over the course of the programme you will be able to gradually introduce an exercise programme which is at the right level for you. You will learn skills which will help you pace your exercise and activities. This in turn should give you more control over your pain and lead to fewer flare ups.

Pacing

- Pacing is a key skill to learn for successful pain management. Pacing is a tool that allows you to change the way you perform or complete an activity without an increase in your pain.

- Pacing requires you to take a step back and analyse how you go about completing your day to day tasks. It's about planning, prioritising, taking breaks to ensure you don't do too much or too little.

Principles of Pacing
When considering an activity that you tend to over –do/under-do, how can we pace ourselves better and achieve the task effectively and in a good time frame? You may find these principles helpful when establishing an action plan.

Let's use the example of washing your car.

Prioritise
- What are the most important things that need to be done? What has to be done immediately and what can wait until another time?
E.g. Dust inside of the car and clear out rubbish first as I need to use it later to give someone a lift.

Planning
- Plan activities so that the more difficult ones are spread out and not all done in one go. You may want to decide what order to do things in, if you need help to do them, or if you need to do them in a different way.
E.g. Vacuuming the back of the car one day and the front another day, or spread it over a morning and an evening. Can you use a hose to rinse the car to save needing to carry so many buckets of water? Could you leave the wheels for another day?

Tolerance Level
- It is important to establish your baseline level for each activity in your plan. How much of the activity can be done without overdoing it?
e.g. Look ahead to the baseline section to get some advice on establishing appropriate levels of activities

Evaluate
- After sticking to your plan over a few days, look back and decide if any changes need to be made.

If you had no problem with dusting and emptying the car of rubbish, next time you could try vacuuming the back seats as well and see how you feel.

Other pacing points

- Pacing means balancing activities so that the day is divided into periods of rest and activity. This means you can be in more control of how much you do.

- Pacing means doing the activity whether feeling good or bad, not doing too much and not doing too little. The aim is to maintain an even level of activity over the day and week

Good days
Do not wait for the pain to tell you when to stop. Stick to the plan and avoid over doing things.

Bad days
Still try to keep going as you have planned but break up the activities and spread it out more. Alternate your activities and your rest positions.

How to return to activity

Setting a baseline: this is the amount of aparticular activity that is manageable on a good or bad day. Baselines are set lower than you might expect or feel you can manage to ensure that they can be continued on a good or bad day.

Getting started

Day 1:

- Try the exercise/activity and note how much you can do that feels manageable.
- Walking for 20minutes or
- Managing 15 sit to stands

Day 2:

- The next day is a reflective day. Was that easily manageable or did I overdo it? Even if you're having a bad day it is still important to set your next amount.
- Walking for 10 minutes or
- Managing 10 sit to stands

Day 3:

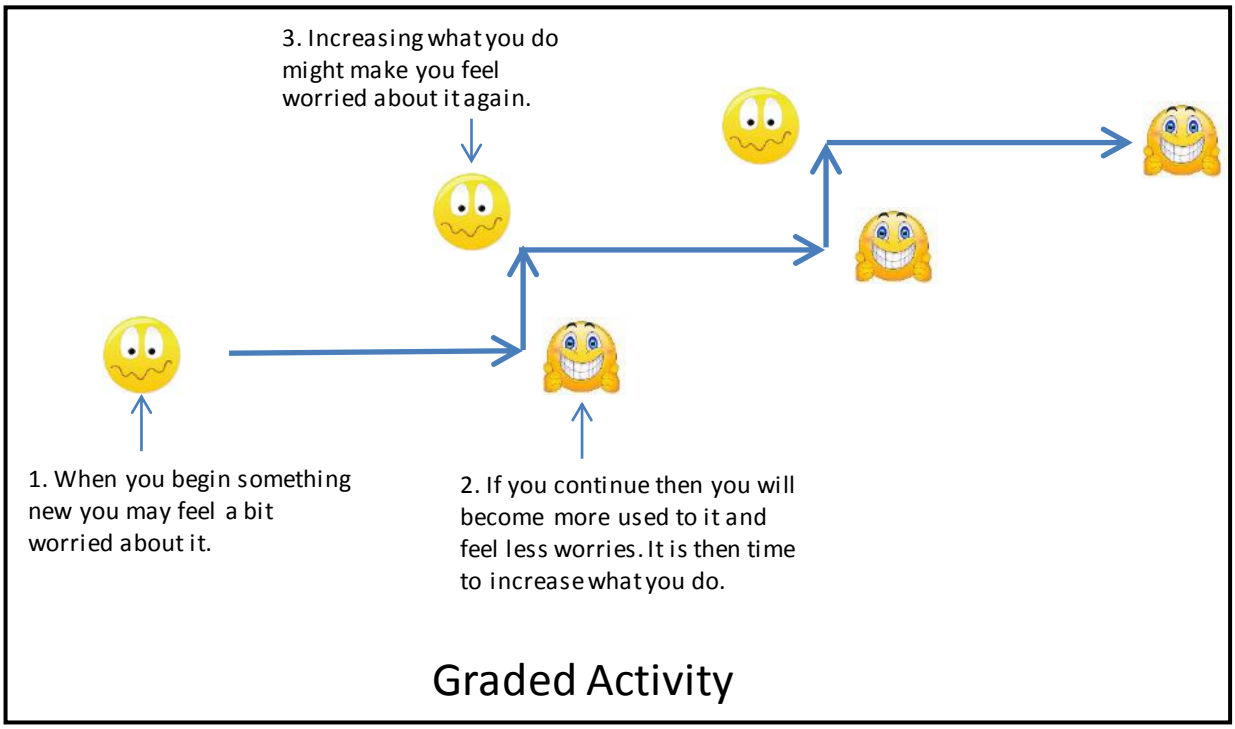
- Reflect again on the previous day and make your third reading
- Walking for 15 minutes or
- Managing 11 sit to stands

When you are planning your activity following the pacing principles, this method can be helpful in establishing your level of tolerance for that activity. This will determine your limit and reduce the chance of overdoing things when performing the activity/exercise.

At this point you can practice daily to maintain the baseline you have set. Once you have been doing this amount of the activity for a period of time, you may finf you are able to do more. It is important that you don't get carried away and overdo it. It's important to gradually increase the amount of the activity at a pace that suites you.

Graded activity

Once you have been able to carry out the baseline activity on most days of the week for 1 or 2 weeks it is time to progress! This will be a small increase of what you had been previously managing. Then you will continue the exercise/activity at the new set amount. Once you find that you are tolerating this further progression can be made.



Sometimes it's not possible to pace – don't worry if you can't - just make the best of it afterwards. You decide! Sometimes the increased pain is worth it for you – e.g. night out dancing/ a day with the grandchildren! Planning ahead for this may help you get the fun stuff back.

Flare ups

What is a flare up?

- A flare up is a temporary increase in pain or return of symptoms.

How long do they last?

- This is variable but can be anything from a few hours to a couple of weeks.

What symptoms are normal to experience?

- Pain, swelling, stiffness, spasm, weakness, tingling, burning, aching, locking… anything you have experienced before.

Why do symptoms return?

It is reasonable to assume you have done too much or too little. Sometime you can think back to a change in activity, or a situation where they did too much or something new. This is often difficult to accept, because the tasks people undertake are normal daily activities, which we take for granted.

We know that pain can fluctuate randomly and sometimes you will not be able to work out why you are having increased pain. Additional things that can produce a flare up can be stress or anxiety. Colds or flu can also initiate a flare up.

What is actually happening in my body?

People with long standing pain often have a sensitive nervous system and this is one of the reasons why subtle changes in mood and activity levels can lead to flare ups.

Your body has become skilled at protecting itsel, some of the ways it does this includes and you may experience inflammation and muscle spasm which can be painful.

Can you think of any other symptoms that you may experience during a flare up?

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Have I damaged myself?

No! The way you approach daily activities after back pain has to be planned as specifically as an athlete or sportsperson returning to training after injury. This means a graded, gradual return to activity, so the body can gradually adjust and strengthen in preparation. An athlete with a painful knee knows he would be unwise

to return to his 800m race without a specific and graded build up, yet we assume after a back injury our bodies will tolerate us returning immediately to all previous activities.

The other difficulty can be doing too little. We are now aware that bed rest is not the best thing we can do for our backs, but often the temptation is to avoid anything that may bring on pain. If we avoid pain provoking activities or movement our body can become deconditioned and the nervous system can become sensitised.

Flare ups are a normal occurrence in persistent pain, they are not indicators of damage.

Pacing activities can lead to fewer flare ups. If you can identify your trigger then it can be helpful to plan things differently and avoid future flare ups.

Managing a flare up

Soothe the pain
Note the things that you do that help your pain. Maybe a heat pad or a warm bath might be helpful. Some people find an ice pack for 10 minutes at a time can be helpful. Some people find massage helpful in a flare up or using a TENS machine.

Relaxation
Some people find relaxation helpful during a flare up. During the course you will learn some relaxation techniques which you may choose to use as part of your flare up management plan.

Distraction
Being able to take your focus away from the pain and thinking about something else can be helpful. You may be shown some visualisation distraction techniques during your relaxation sessions or do something that you enjoy.

Plan your activities
In a flare up it might be appropriate to reduce or change your activity levels temporarily. Making time to use some techniques that are highlighted in this section can help the flare up settle more quickly.

There is a risk that if you cut down your activities too much you will lose fitness. Flare ups can last for a week or longer and this is plenty of time for muscles to lose tone and your cardiovascular system to become a bit sluggish.

Pain relief / medication
Using medication in flare ups can be really helpful to regain control. Some people only use medication to control flare ups. There are other people that have agreed with their doctors that they can take extra medication during a flare up. Some people are worried about taking medication, controlling your flare up is important and in general painkillers do not allow you to hurt yourself without knowing. The longer you have increased levels of pain the more sensitive the pain system can become and the longer you tend to be less active, feeding into the de-conditioning cycle.
Not all medications suit everyone, so if a medication is not working for you, it is important to discuss this with your GP and find an alternative medication that does help.

Stretch
Tight muscles are a common source of unnecessary pain. It's important to gently stretch these out as soon as possible. Gentle controlled stretching can help release any muscle spasm. It may be even more effective to warm the muscles before you stretch them, so do so after a bath or a heat pad.

Movement
To avoid movement as a result of pain is the worst thing you can do. It gives the body the message that movement causes pain and damage. That anticipation of pain will make the pain feel worse. Give the body the right message that movement is good by continuing your exercises. This may mean that in the early stages you adjust how far or how many you do. Motion is lotion.

Mood and Thoughts
Remember that flare ups are not just physical. An increase of pain can trigger off unhelpful thoughts such as "this is awful!", "I can't cope" or/and "I've gone back to the beginning". The skills you have learnt including cognitive restructuring (questioning thoughts) and meditation can help you manage these thinking patterns and may help you recognise what triggered off the flare up.

A flare up is no fun. Pain does not mean damage but it is common to think this when your symptoms return or increase. If you plan for it and feel more in control, it may be easier to manage and be less stressful.

Personal flare-up plan…

Work out in Appendix E your own flare-up plan using those parts of the programme that are most helpful for you. Once you have put your plan together make sure it is flexible and can be adapted as your needs change. Involve your family and friends in your flare-up plan. Remember your flare-up affects them too and may provoke unhelpful thoughts and feelings that will impact on your ability to cope.

Goal Setting

When you are making important lifestyle changes, it can be helpful to think about why you are doing it and what you would like to achieve.

What are your 3 most important values regarding you becoming more active?

For example, “I want to play with my children more”; “I want to be able to spend more time with my spouse; “I would like to be fit enough to work a full day at work”

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How would life be different for you if you decided to become more physically active?

Think about what might be different for you and how you would feel. For example, “I would have more energy”; “I would feel less stressful”.

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Imagine you decided not to lead a more active lifestyle, and stay as you are. **What would life be like for you?**

For example, “I wouldn’t have as much energy”; “I would need to rely on other people to help me get around”.

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Now that you have thought of the values of what you want to be able to do, now try and establish some Goals that are connected to a physical activity and preferably something that you want to do more of.

Setting Goals

Applying the principles/tools you learn on the BIC course can be challenging as it involves changing everyday habits and routines.

The road to good pain management has many peaks and troughs and it is important to keep direction and maintain motivation.

Research and experience indicates that setting **meaningful** goals can help you keep motivated and focused.

You may have heard the term **SMART** goal setting. **SMART** is a term used to describe useful components of a goal. These are:

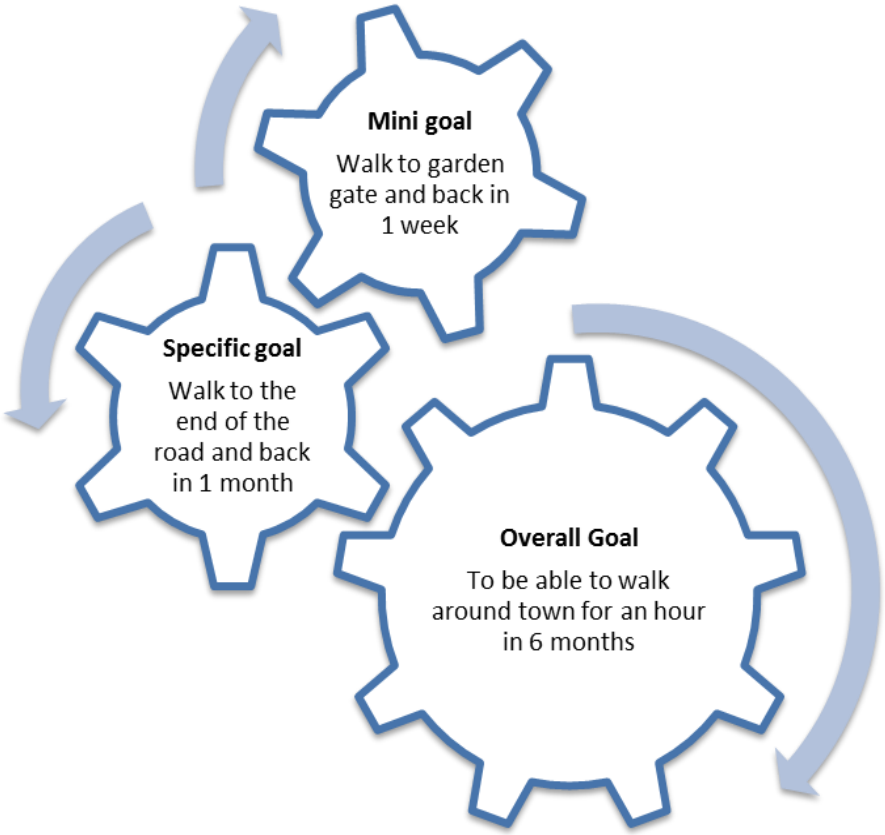
Specific – What exactly do I want to do?
Measurable – How far, how long, how often?
Achievable – is it realistic?
Rewarding – is this something **I** want to do, is it **my** goal?
Time – is it the right time? By when do I aim to achieve this?

Thinking of a particular goal you have and applying the SMART process to it may be one thing you might find useful when starting to set some goals on the BIC course.

Finding goals which are right for you is a personal thing but it may be useful to discuss them with other members of the group and the BIC coordinator. Goals could be based around activities you have stopped or cut down. They could also be things you would like to do but are not quite sure how. Avoid chores and prioritise pleasure**!!**

In many ways the pathways involved in goal setting are an extension of pacing – working out how to get there using small achievable steps.

Breaking goals down into mini steps/goals may help give you a sense of achievement and a pathway to follow towards your overall aim.
e.g.



Now set your own goals!

Mini Goals

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Overall Goals

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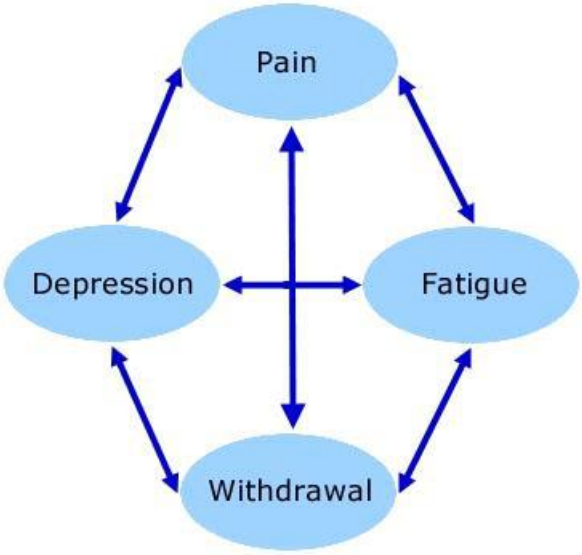
Emotions and psychological factors

My doctor says that stress, anxiety and depression can affect my pain. Does this mean that it is all in my head?



- Many conscious and subconscious factors can affect pain. These include stress, anger, joy, fear and depression.
- Depression, stress and anxiety can release chemicals into the body. One of these is called adrenalin. This can make the nervous system more sensitive which can increase the pain.
- The above emotions can also reduce the presence of the body's natural pain killers such as endorphins and enkephalins.
- Emotion/psychological factors play a large role in pain perception. This does not mean the pain is not real.
- It is now accepted that psychological factors can affect professional sports people so that their performance can fluctuate dramatically without any change in ability or fitness. This is also true of persistent pain. Pain levels can fluctuate due to our mood, fears and anxieties without any physical or structural changes occurring.
- Fear of pain during movement is common. If we anticipate pain and become anxious we will feel more pain. We are also likely to avoid any situation that makes us feel anxious which in turn can have an impact on pain and the general fitness of our bodies.

Unhelpful Thoughts

Research shows that when we are faced with a task or a situation it is the thoughts that we have about the situation that produces emotions and feelings, this will then drive our actions and behaviour. The way that we think in a situation is different for every one of us and depends on what has happened to us before or what we have learned from others. Feeling, thoughts and behaviour are closely linked.

We could say that if our behaviour has been unhelpful, then the thought behind it was an unhelpful thought. In this way, it is worth tackling unhelpful thoughts about our pain, to prevent us managing it in unhelpful ways

You may find it helpful to challenge negative thoughts and behaviours in order to overcome them.


Use the table on the next page to try to identify any unhelpful thoughts you have, how they make you feel, and behave/act, and if you can come up with an answer back thought to say to yourself, the next time you have the unhelpful thought. There are some examples to work through.

An “answer back” thought is usually a more balanced or helpful way of thinking and should make sense to you. If you have trouble thinking up an answer back thought, try to think what you might say to a friend in the same situation or what a helpful friend might say to you. It can be difficult to come up with alternatives when you are upset so it might be helpful to come back to it later.

There is no right answer; anything that distracts you from the negative feelings will be a good thought.

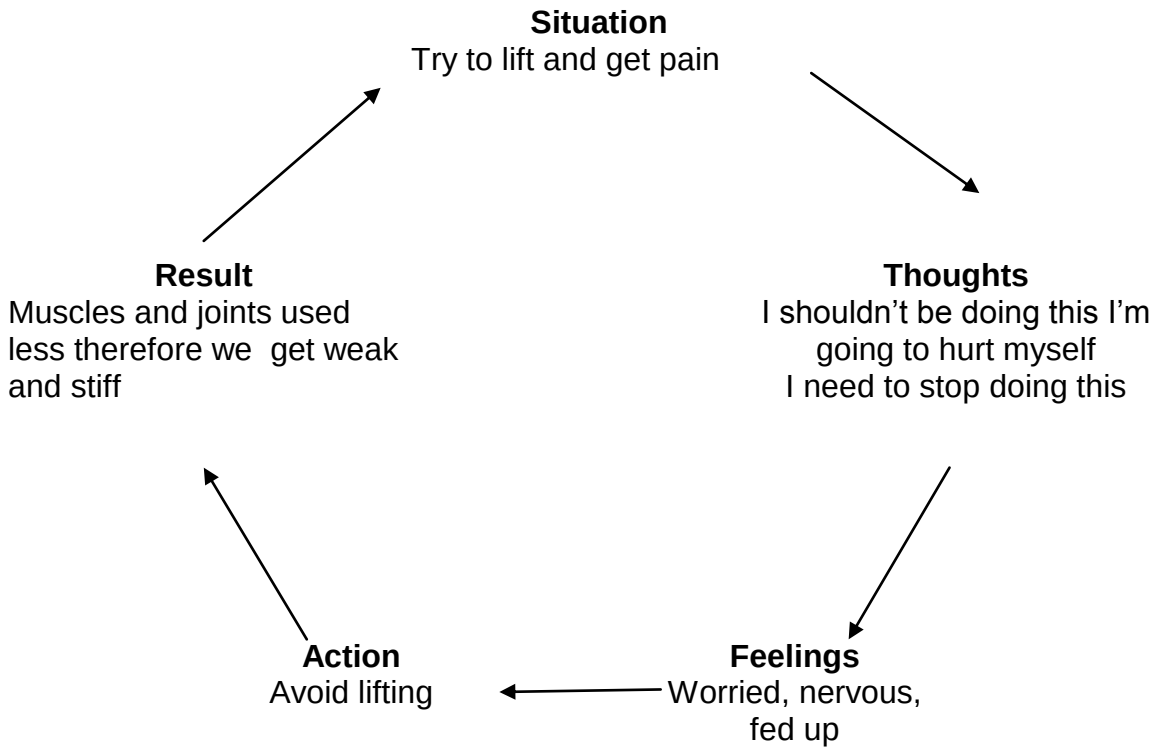
Don’t be discouraged if you have the same thoughts over and over – some things are harder to shift than others. The more the thought occurs the more opportunities you have of challenging it.

Don’t be discouraged if your alternative thoughts are not as strong immediately. The negative thoughts have been around for a while so it may take time to positive thoughts.

Situation	Thought	Feeling	Behaviour/ action	Answer Back Thought
Seeing the hoovering needs doing	I can't do it. I can't risk it. I should be able to do this.	Frustrated Nervous Annoyed	Avoid hoovering. Ask someone else to do it Carry on and do the whole house and cause a flare up.	It will be difficult but I can do it if I stick to my plan to spread it out
Wake up with pain	There's no point. I'm no better. I might as well give up.	Fed up	Spend day in bed. Eat chocolate!	
In the garden, the lawn needs doing	I should be able to do this I used to do the whole lawn in one go		Carry on & do the whole lawn (cause flare-up)	I'll do it in my own time It doesn't matter if it doesn't get finished today
Go shopping and want to buy large box of washing powder		Nervous Determined	Avoid lifting it to avoid pain	

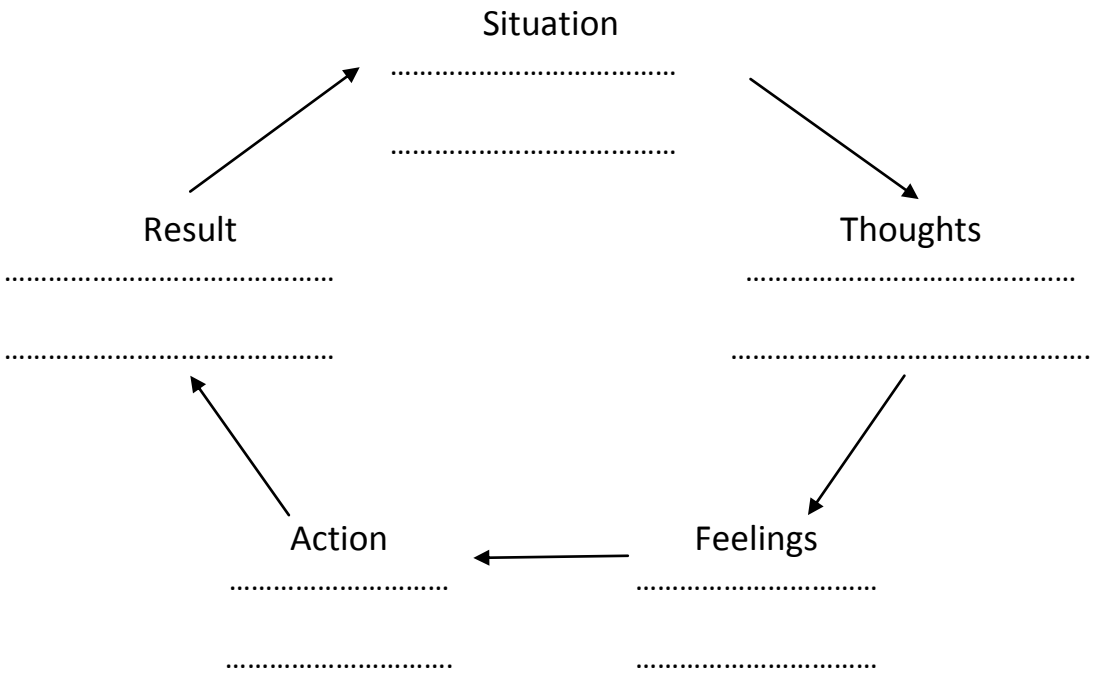
Avoidance of movement or activity…

There seems to be typical movements or activities that cause pain when we do them. As a result we naturally avoid doing them in the early stages as it hurts too much to ignore it. When we've avoided something for a long time, we can get into this vicious cycle:



The weakness and stiffness that results from generally avoiding a movement can actually increase the amount of pain we feel when we next try to do the movement or activity – a vicious cycle.

Try to think if there is anything that you have avoided doing since your pain started such as bending, lifting, or twisting. Try and think about your thoughts, feelings and actions following this and what this might lead to as a result. There is a blank cycle on the next page to complete.



How do we get out of this vicious cycle?

Try to plan how you could restart the activity with the aim of returning to your previous levels if this is possible. Make each stage easy! What's important is that you feel confident with each stage before you move on.

Try a new approach.

- It can be difficult to come up with alternatives when you are upset. If so, go back to it later when you are calmer.
- There is no right answer – anything which distracts you from the negative feelings, will be a good thought.
- Beware of self-criticism - everyone has these thoughts, and the amount they affect our lives depends on individual circumstances.
- Don't be discouraged if you have the same thoughts over & over – some things are harder to shift than others. The first step is noticing these thoughts.
- Don't expect your beliefs in the alternative thoughts to be as strong immediately! The negative thoughts have been around for some time- it will take time to develop beliefs in the alternative positive thoughts.
- In the same way that our bodies can change in response to pain our minds can also be affected.

If you feel your mood dominates your motivation, how you feel about your condition and your outlook on life then it is important to try and discuss this either with your physiotherapist or GP, as you may need more help than the BIC programme can provide.

Activity:

……

Plan to restart (stages):

……

……

……

……

When you are in pain, it is normal for it to affect your mood. Being in pain and less active isn't pleasant. Challenging thoughts, learning strategies to help with stress and learning more to help with fears are key to managing pain and will compliment physical rehabilitation.
It's certainly not easy but we know that if you can challenge your thoughts and fitness then you will challenge your pain!

Exercise Planner

This pack will provide you with all the information and exercises you will need to improve your **flexibility**, **strength** and **fitness.**

The aim of the exercise planner is that you can **gradually** start to increase your activity with these exercises. By keeping a record of your daily exercise programme you can **regularly exercise** at a comfortable level and **gradually progress** your exercise programme without flaring up your symptoms. This means that you can steadily increase your abilities and monitor your progress.

The most important thing is that you find your initial baseline. This is the amount of exercise that you can manage comfortably on a good or bad day. Starting at the appropriate baseline reduces the chances of having a flare up. It is normal to experience new aches and pains when starting an exercise programme. As your body adapts, this will lessen. The important thing is consistency and that you regularly exercise at a manageable level.

Being active is vital in reversing the 'de-conditioning' cycle. Your body relies on physical activity to help increase blood flow, which provides nutrition to the bone, muscles, ligaments and nerves. **Moving your body will also improve strength, flexibility and will reduce nerve sensitivity.**

Exercise releases endorphins. These are chemicals found naturally in the body that act as painkillers.

Exercise is the only treatment shown to consistently reduce back pain.
Physical activity has also been shown to improve mood.

Flexibility

Flexibility is composed of a mixture of mobility and stretching exercises.

Mobility

Gentle mobility exercises are a good way to start your exercise programme. With pacing you can then progress your exercises further.
Mobility exercises will:

- Move joints – which will circulate the fluid in the joint which provides the nutrition to the cartilage.
- Move muscles and ligaments – which will improve and maintain your circulation.
- Alongside these effects you will also be moving nerves, which helps reduce their sensitivity.
- Over time, the sensitivity of the muscles, joints and ligaments will become reduced.

The aim is to start at a manageable amount of movement and gradually progress.

Stretching

Stretching improves the flexibility of all your soft tissue – this includes muscles, ligaments, tendons, connective tissue and nerves.

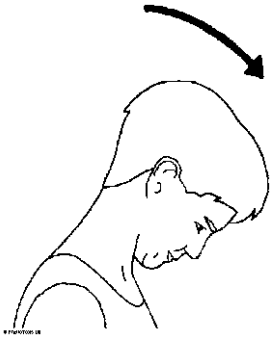
Tightness in any of these structures can cause irritation contributing to pain.

It is therefore important to have the right balance of flexibility and strength to be working as they should! An imbalance to this system can affect strength, posture and the way you move.

Did you know that a tight muscle can be responsible for causing pain?

The aim is to start at an appropriate level of exercise. When performing a stretch you should feel a pulling sensation in the muscle. You are aiming to hold that stretch for 30 seconds eventually. However, you may only be able to hold the stretch for 5 seconds to begin with. Through pacing your exercises and gradually progressing your exercises, you can achieve your goal.

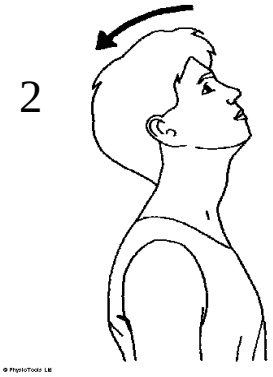
1



Sitting.
Bend your head forward.

To stretch – hold end position, then relax.

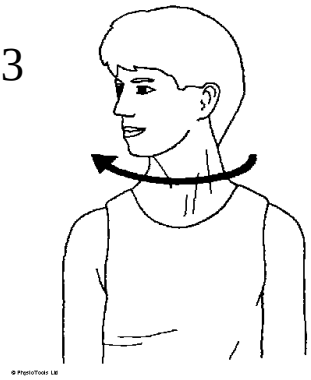
2



Sitting.
Bend your head backwards.

To stretch – hold end position, then relax.

3



Sitting.
Turn your head one way and then the other.

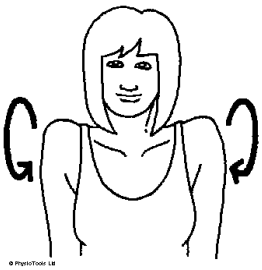
To stretch – hold end position, then relax.

4

Sitting.
Tilt your head one way and then the other.

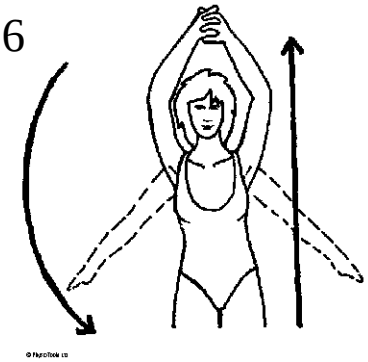
To stretch – hold end position, then relax.

5



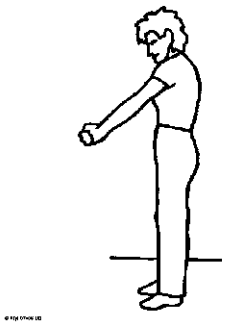
Roll your shoulders in both directions.

6



Lift arms above your head. Hold to stretch. Separate arms and lower them to the side.

7

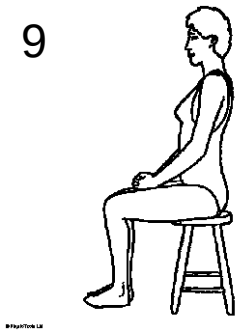


Push arms diagonally forward and down. To stretch - hold end position and then relax.

8

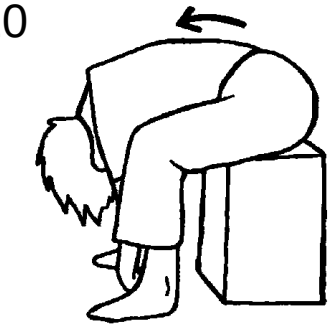
Cross your arms and turn your trunk to ther left and then the right. To stretch hold the end position.

9



Sitting with back unsupported.
Let your back slump and then sit upright arching your back.
To stretch hold end positions.

10

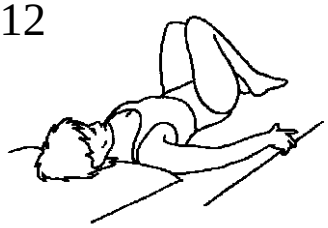


Start with your hands on your knees.
Run your fingers down your shins.
Hold and relax back up.

11

Bend leg towards chest.
Hold on top of or behind your knee. Gently pull your leg up.
To stretch – hold and relax.

12

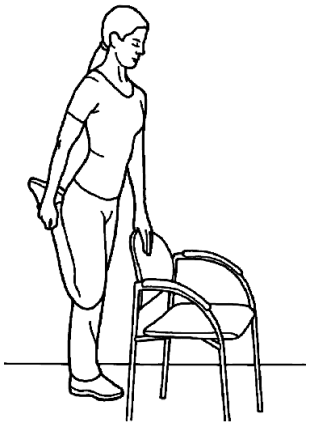


Keeping your knees together, gently roll knees from side to side.
Allow your hip to lift from the ground.
To stretch – hold end position.

13

Place one hand on your hip and the other up straight.
Bend to the side.
Make sure you are not bending forward.
To stretch- hold end position.

14



Hold on for support.
Bend one knee up and hold onto the ankle. Gently pull foot towards buttock.
To stretch – hold end position.

15

Whilst sitting, place one leg out straight.
Lean forward keeping your back straight.
Keep knee straight and feel stretch in back of thigh. Hold end position.

16

Hold on for support. With feet facing forward, place one foot in front of the other.
Lean forwards and feel a stretch in your rear calf.
Hold end position.

Exercise diary

Exercise Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

Exercise diary

Exercise Week 4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Looking down							
2. Looking up							
3. Turning head							
4. Tilting head							
5. Rolling shoulders							
6. Lifting arms							
7. Push forward							
8. Trunk rotation							
9. Pelvic tilts							
10. Reaching down							
11. Buttock stretch							
12. Knee rolls							
13. Sideway bends							
14. Thigh stretch							
15. Hamstring stretch							
16. Calf stretch							

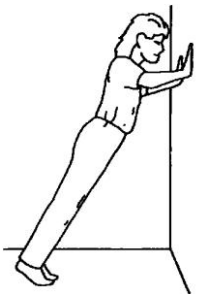
Strengthening

- It may take from a few weeks to a few months to strengthen your muscles. It is important to realise that with the correct exercises and a paced approach, strengthening can be achieved.

- Strengthening muscles will make activity easier to do, for example, when going up stairs, getting out of a low chair or carrying shopping.

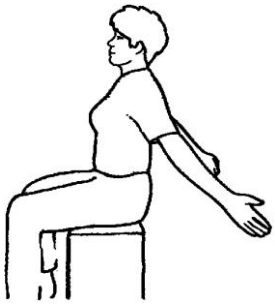
The aim is to start on a comfortable amount of strengthening exercises and gradually progress so that you are working the whole of your body.

1



Stand with your arms outstretched touching the wall. Do push-ups against the wall keeping your body straight.

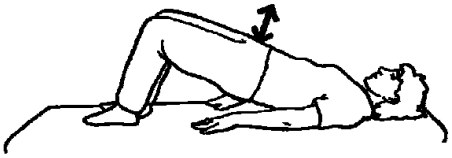
2



Sit or stand with your back straight. Pull your shoulder blades back together bringing your arms back.

3

Lie on your back with your knees bent. Lift your bottom off the floor and lower again.



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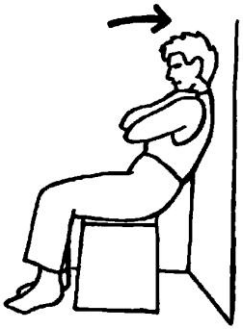
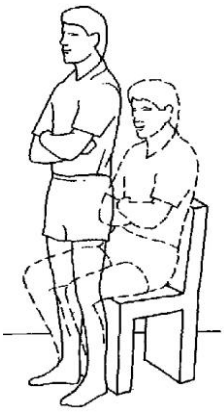


Sitting with your arms folded.
Lean upper trunk back and return to starting position

5



Stand up and sit down slowly on a chair. Use your arms or change the height of the chair to make it easier or harder.

6

Step up with one leading leg and then repeat with the other leg leading.

7

Stand using a support if required. Push up onto your toes.
Lower down slowly and repeat.

Exercise diary

Exercise Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Exercise Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Exercise Week 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

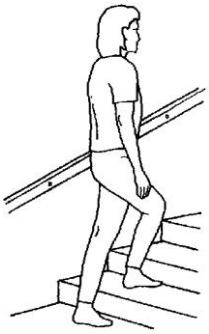
Exercise Week 4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wall press ups							
2. Shoulder retract							
3. Bottom lifts							
4. Sit ups							
5. Sit to stand							
6. Step ups							
7. Heel raises							

Keeping Active

General fitness is important for overall physical and mental health and wellbeing.

Walking.
Try to progress your amount of walking you do. Record how long or how far you walk.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

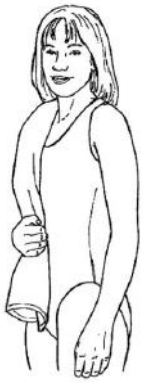


Stairs.
Walk up and down the stairs. Record how many steps

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Cycling.
Either use a bicycle or a static bike.
Record how long or far you cycle.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							



Swimming.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Or whichever activity you enjoy doing or think you might enjoy doing.

Appendix A - Useful Resources

Sussex MSK Partnership (Central)
http://sussexmskpartnershipcentral.co.uk/
Musculoskeletal (MSK) conditions are those which affect muscles, joints and bones. The Sussex MSK Partnership is our local NHS service for MSK conditions, provided by a team of clinical staff from multiple professions, including doctors, physiotherapists, osteopaths, occupational therapists, nurses, podiatrists and other health and social care staff.

Explain Pain
Butler, D. and Moseley, L. (2013) Explain Pain. 2nd Edition (Adelaide: Noigroup publications)

Useful website led by Lorimer Moseley
http://www.bodyinmind.org/
This website includes links to published articles, current projects, teaching resources for clinicians and lecturers, books, seminars and conferences and other information that the team thinks is intriguing, important or irresistible.

BBC Horizon documentary – The Secret World of Pain
Part 1: http://www.youtube.com/watch?v=I50oynsUoQ8
Part 2: http://www.youtube.com/watch?v=4dSatLgkMHc
Part 3: http://www.youtube.com/watch?NR=1&v=9QZIDIrUOnU&feature=endscreen
Part 4: http://www.youtube.com/watch?feature=endscreen&NR=1&v=9R1kr5ywJJU

Lorimer Moseley explains Pain on ABC Classic FM
http://www.youtube.com/watch?v=6o_pB2AVuMI

Mindfulness
Mindfulness for health: A practical guide to relieving pain, reducing stress and restoring wellbeing (UK: Piatkus)

Williams JMG & Penman D (2011) Mindfulness; a practical guide to finding peace in a frantic world (UK: Piatkus)

Williams JMG, Teasdale JD, Segal ZV and Kabat-Zinn J (2007) The Mindful Way through Depression: freeing yourself from chronic unhappiness (NY: Guildford Press)

Pain Toolkit
http://www.paintoolkit.org/
A website full of resources and information

Arthritis Research UK
http://www.arc.org.uk
UK charity funding research to investigate causes and management of arthritis. They have a large range of good educational leaflets on many different topics related to arthritis and pain. PO Box 177, Chesterfield, Derbyshire, S41 7TQ Tel: 0870 850500

Pain Support
http://www.painsupport.co.uk
This is a simple and appropriate pain support service. Jan Sadler, a chronic pain sufferer herself, is the organiser of the site.

Pain Concern
http://www.painconcern.org.uk
Pain Concern is a charity working to support and inform people with pain and those who care for them, whether family, friends or healthcare professionals.

British Pain Society: FAQs
https://www.britishpainsociety.org/people-with-pain/frequently-asked-questions/

Careline
Tel: 0208 5141177
Confidential crisis telephone counselling service

Rally Round
https://rallyroundme.com/
Helps people needing support to let trusted friends and family members know how they can help out. Allows you to invite people to see what jobs need doing, who has agreed to do what and what jobs have already been done and by whom.

Appendix B - Local Resources

It's Local Actually
https://www.itslocalactually.org.uk/
Useful website to identify activities running in the local area

The Right Track Programme run by Possability People
https://www.possabilitypeople.org.uk/
A service providing tailored support and guidance to local people who would like to be more physically active. Tel **01273 208934** or email right-track@possibilitypeople.org.uk

Brighton

Brighton & Hove Wellbeing Service
Mental Health Support Tel: **0300 002 0060**
Refer yourself by completing an online form and emailing it to:
BICS.brighton-and-hove-wellbeing@nhs.net
Or printing and sending it in the post to: Brighton & Hove Wellbeing Service, Fourth Floor, 177 Preston Road, Brighton, BN1 6AG

Dolphins Disabled Swimming Club
This session assists people with medical conditions or disabilities that benefit from group exercises or swimming in water. Sessions are at King Alfred Leisure Centre, Hove, on Tuesdays and Thursdays 9:30-10:30am. Contact Irene Thurston (Honorary Secretary) **01273 307647** or **01273 479366**

Freedom Leisure Gym Membership
Reduced Gym Membership can be arranged by your Physiotherapist at the following venues:
The King Alfred Leisure Centre, Portslade Health Centre, Withdean Sports Complex, Prince Regent Swimming Complex, St Luke's Swimming Pool, Moulsecoomb Leisure Centre. Contact your Physiotherapist for more information

BeeZeebodies
Aimed at helping you lose weight in a supportive environment
http://beezeebodies.com/

Mid-Sussex

Mid Sussex Wellbeing is a 'one shop stop' for information and signposting to health and wellbeing services in Mid Sussex. The Hub provides advice, guidance and support to make lifestyle changes such as losing weight, eating well, getting more active, reducing alcohol intake and stopping smoking. For more information Tel: **01444 477191** or Email:wellbeing@midsussex.gov.uk

Exercise Referral is aimed at individuals who are not used to regular exercise, or who are recovering from, or dealing with, a health issue. After a referral by a health professional, a co-ordinator discusses the reason for referral and develops a programme to match their aims and abilities. The service is available at local leisure centres in Mid Sussex. Telephone: **01444 477191** Email: wellbeing@midsussex.gov.uk

Time to Talk is a friendly and approachable service offering talking therapies to people who are struggling with the following issues: stress, worry and general anxiety, depression, panic attacks, agoraphobia, phobias, social anxiety, obsessive compulsive disorder (OCD), post-traumatic stress disorder, health anxiety, post-natal depression, low self-esteem or low confidence, relationship difficulties or bereavement and reactions to loss. Referral to Time to Talk is through a GP, other health professional or self-referral. Telephone: **01444 251084**. Website:
www.sussexcommunity.nhs.uk/services/servicedetails.htm.DirectoryID-16358

Healthy Walks
The Mid Sussex District council Park Rangers provide a free programme of healthy walks across mid Sussex. The walks are designed to help you get fit and there are a variety of levels of walks from level 1 (beginner) to level 5 (advanced) so there is something for everyone. The programme allows you to progress through the levels as your fitness improves. Tel: **01444 477561**. Email:
rangers@midsussex.gov.uk or website:

Horsham

Horsham Wellbeing Service has Physical Activity Coordinators available to help people return to fitness or activity by finding new activities and setting goals. To find out more about getting more physically active with the support of a Physical Activity Coordinator please telephone: **01403 215111** (Monday to Friday 10am-4pm). Email: info@horshamdistrictwellbeing.org.uk or complete a referral form and a member of the team will contact you.

Exercise Referral is aimed at individuals who are not used to regular exercise, or who are recovering from, or dealing with, a health issue. After a referral by a health professional, a co-ordinator discusses the reason for referral and develops a programme to match their aims and abilities. The service is available at local leisure centres in Horsham
District. Telephone: **01403 215111**
Information leaflet: http://horsham.westsussexwellbeing.org.uk/

Crawley

Crawley Wellbeing Service has **Physical Activity Coordinators** available to help people return to fitness or activity by finding new activities and setting goals. To find out more about getting more physically active with the support of a Physical Activity Coordinator please contact: Telephone: **01293 585317** Email: wellbeing@crawley.gov.uk

Or use the online enquiry form: https://crawleybc.enquiryform

Active Life Criteria (from Dave Brice, Active Life Coordinator):
The Active Life Programme is a scheme for Medical Professionals to refer their patients to when they consider their patients quality of life will be enhanced by additional activity, which is provided by independent exercise in the K2 Gym. It is for patients with Medical Conditions e.g. Cancer, Cardio Issues, Ortho/Musculoskeletal, MS, Diabetes etc. It is NOT a weight management programme as this is catered for by the WOW or by taking a Gym Membership.

Where Patients have been referred for Active Life and WOW it is recommended that they attend the WOW first before participating in Active Life. This gives them the opportunity to establish an attendance discipline plus reduce bodyweight thus reducing loading on the patients joints while exercising (particularly important for Obese Patients). Further Active Life information can be obtained by contacting the Coordinator via **01293-585333** or preferably sign post to the Hub or complete a GP referral e-form.

Health Walks (self-referral)
Walking for Health Accredited Scheme 30 to 60 minutes walks are led by a qualified health walk leader. Self-referral – simply turn up to a walk to take part. New walkers will be asked to complete a walker registration form. Weekly, fortnightly and monthly walks available in several locations in Crawley. For full information, visit: www.crawley.gov.uk/healthwalks

Community Low Level Physical Activity sessions and courses

Crawley Wellbeing offer a range of low level physical activity sessions and courses in various locations in the community. Activities include: seated exercise classes, gentle exercise to music, outdoor Gym, Walk to Run, inclusive cycling etc. Telephone: **01293 585317** Email: wellbeing@crawley.gov.uk or use the online enquiry form: https://crawleybc.enquiryform

Falls Prevention – Well Balanced
Community Falls Prevention programme for pre-fallers
A free 15 week course for over 65s to help prevent falls and keep moving. A beginner's class focused on building confidence through balance and stability and an advanced class to incorporate strength, flexibility and coordination. Delivered by qualified PSI Instructors.
Self-referral call **01293 585352**
Screening questions (FRAT) and an assessment day will be required prior to starting a course.

Flamingos Swimming Club at K2 Crawley
Crawley Flamingoes is a swimming group for individuals 18+ with physical and learning disabilities and has operated from Crawley Leisure Centre and K2 Crawley for over 40 years. The club meets every Tuesday evening between 7.45-8.45pm. We provide a regular session for people with either a physical or learning disability who wish to swim within a safe and secure environment. The

club is non-competitive so swimmers can develop their ability and fitness completely at their own pace.
If you wish to join the club, contact us by phone 07880 178 706 or on Facebook www.facebook.com/K2Flamingoes. Alternatively you can turn up at K2 Crawley on Tuesday evening at 7.45pm to find out more about the club session.

Appendix C - Sleep Hygiene

“Sleep hygiene” is a set of good habits that aid restful sleep. It is recommended that we get around 8 hours of quality sleep per night, but this figure will vary from person to person. More important than the time we sleep is the quality. If our sleep is frequently disturbed or shallow, we will not get the benefits we need to help us cope with stress, to heal and to gather energy for the next day.

To help you have better quality sleep, try some of the following:

- Create a bedtime routine that encourages a gradual “winding down” as you get closer to bedtime. For example, you might gradually reduce the brightness of your lights or switch from a main overhead light to a bedside lamp.
- Remove distractions like TVs or phones from your bedroom and make it a place that is only used for sleep, where possible.
- Get plenty of regular energetic exercise such as cycling, swimming or jogging, preferably done in the morning or early afternoon. At night, try more relaxing forms, such as yoga or Tai Chi.
- Try not to sleep during the day as this can upset the body's natural sleeping rhythm.
- Before bed, try to avoid:
  - Making plans or thinking about things that cause stress or worry.
  - Stimulating activities, such as watching an action movie or a sports game.
  - Caffeine, nicotine and alcohol for at least 3 hours prior to sleep.
  - The use of backlit devices, such as smartphones or electronic tablets.
- Try to get plenty of natural light during the day and cut light out at night with blackout curtains to keep out city light.
- If you are having trouble sleeping because of pain, speak to your pharmacist or GP about changing the time that you take your pain relief so that it is most active when you are asleep.
- A warm bath before bed may help you to relax.

For more information, see:

https://www.nhs.uk/oneyou/be-healthier/sleep-better/

https://sleepfoundation.org/sleep-topics/sleep-hygiene

Appendix D - Tips on Medication

- There are many types of medication that are prescribed to people experiencing spinal pain. e.g.pain killers, mood modifiers, sleeping tablets, muscle relaxants, and anti-inflammatories.

- They can be a useful tool in the management of your spinal pain, helping you to be able to do more.

- In general, painkillers do not allow you to hurt yourself without knowing.

- Usually people find that taking the full-recommended dose can be more effective. If you wait until the pain is very high before you take anything, it may not work as well as if you take it earlier on. Try experimenting with this to find out what works best for you.

- Not all medications suit everyone.

- Sometimes medications can cause side effects such as: constipation, odd feelings, sleepiness, over alertness. If the side effects outweigh the benefits in pain relief, or if a medication just isn't working for you then discuss this with your doctor who may advise you on coming off the medication or be able to suggest you try an alternative.

- Remember you can also speak to your pharmacist if you can't get to speak to your doctor.

- Consider reducing or stopping medication during good spells in discussion with your doctor.

Appendix E - WEEKLY PLANNING SHEET

MON	TUES	WED	THUR	FRID	SAT	SUN

Things to think about including:-

Stretches	Cardiovascular	Housework	Work	Relaxation
Mobilising Ex	Goal Activity	Gardening	Volunteer Work	Family
Strengthening Exs	Handouts	Shopping	Socialising	Childcare

Appendix F - GOAL PLANNING

GOAL	END OF PROGRAMME	6 WEEK REVIEW	6 MONTHS	1 YEAR
e.g. to walk to the local shop & back without ongoing increase in pain.	To find a walking baseline & start doing it every second day	To walk to the shop & catch a bus back	To walk to the shop and back	
e.g. to join a reading group	(a) Find a sitting baseline (b) Find a group & work out transport	(a) Increase sitting tolerance (b) Practice introductions with a friend	To join the group!	

Appendix G - Flare up planning sheet

Planning day

Soothe pain

Specific stretches

General exercise plan

Medication

Relaxation/Distraction