

Huidige inzichten in fysiologie en behandelingsstrategieën van pijn en implicaties voor de kinesitherapeut

Kinekring Noorderkempen

Lore Dams - PT, PhD
@DamsLore/ @CaredonNews



Improving Care for Edema and Oncology patients

@CaredonNews

PAIN IN MOTION
@PaininMotion



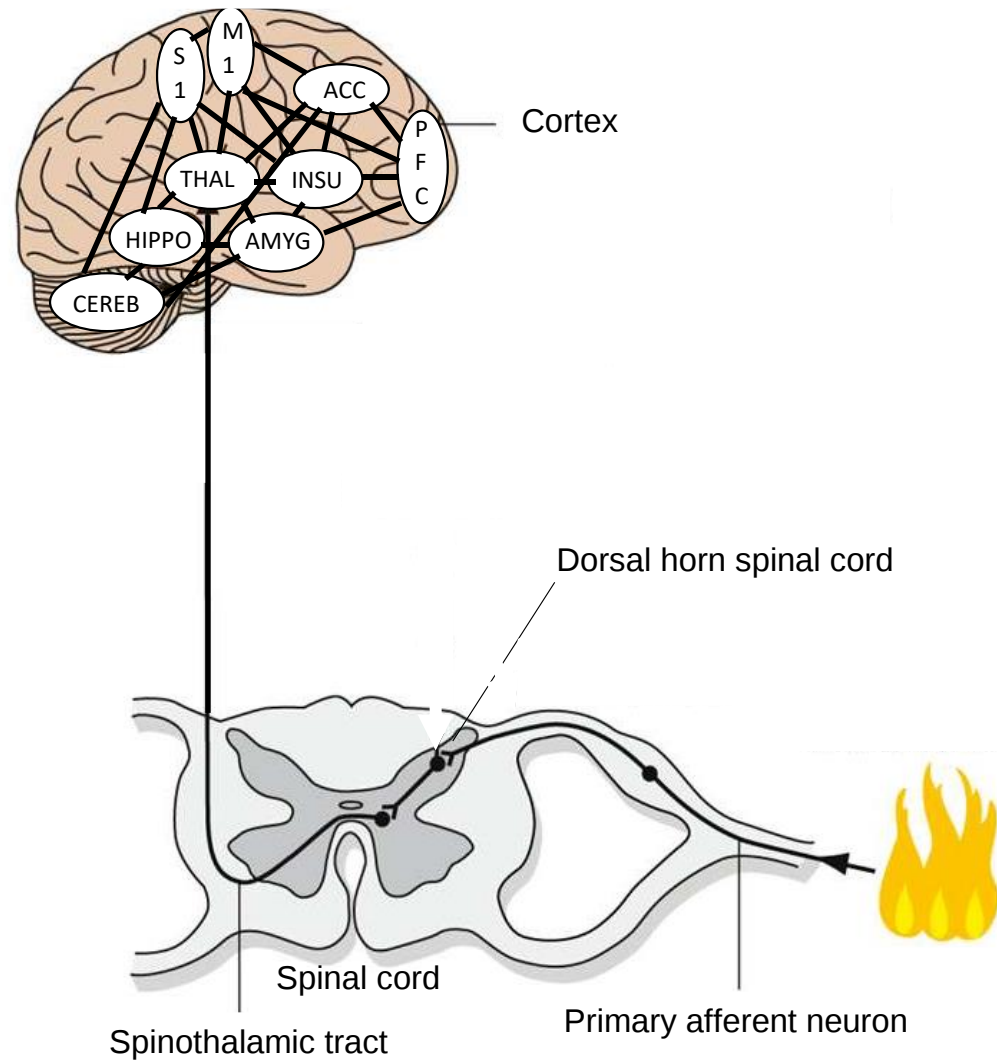
Inhoud

- **Neurofysiologie pijn**
 - Acute – chronische pijn
 - Nociceptieve – neuropathische – nociplastische pijn
- **Biopsychosociaal model pijn**
- **Pain (neuro)science education**

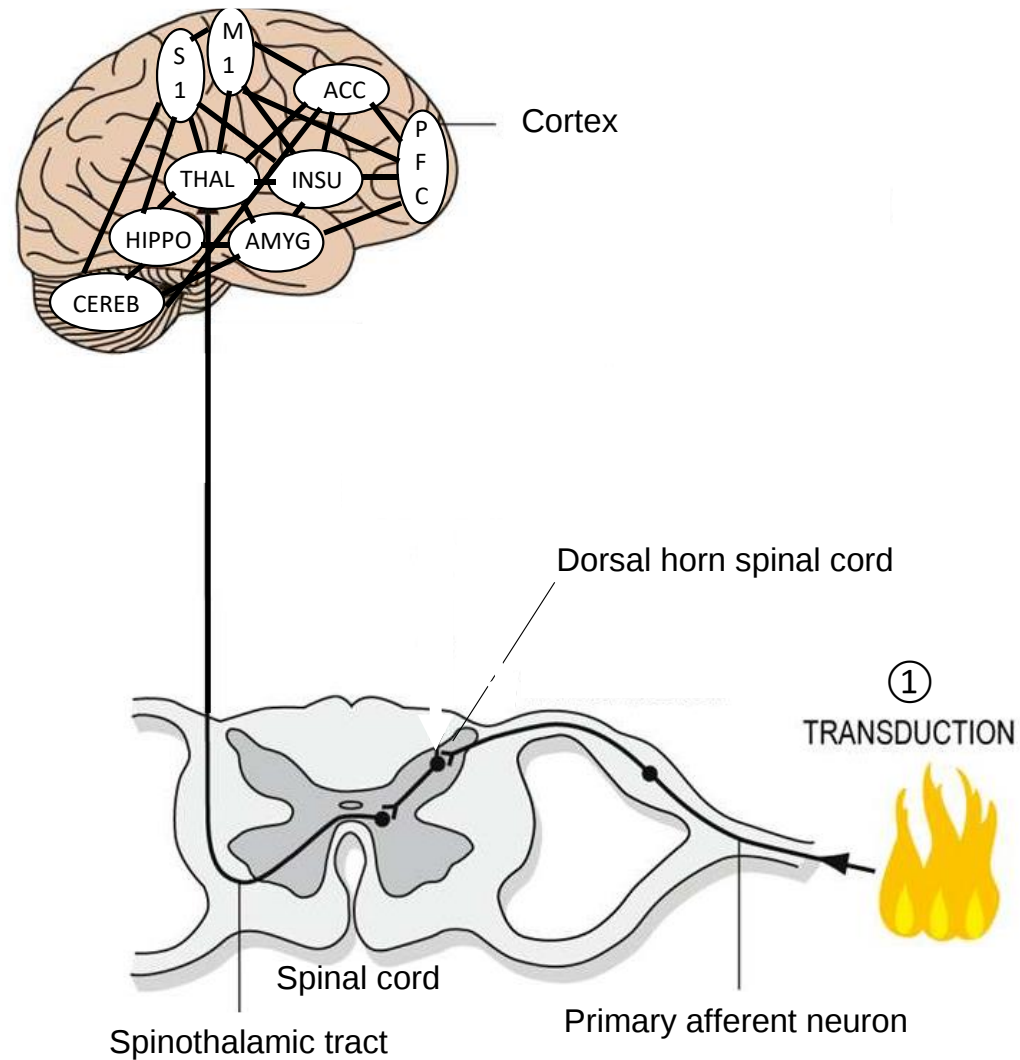
Neurofysiologie pijn

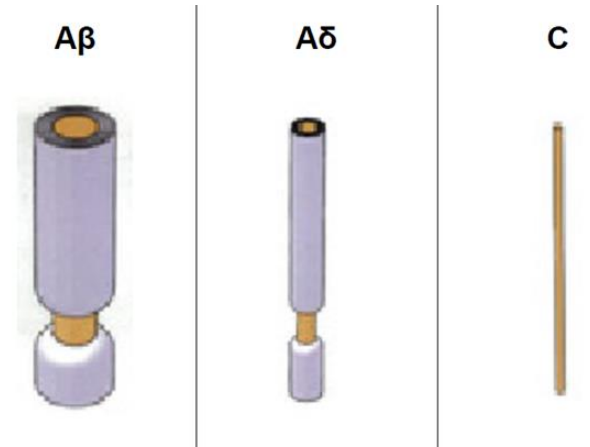


Somatosensorisch zenuwstelsel

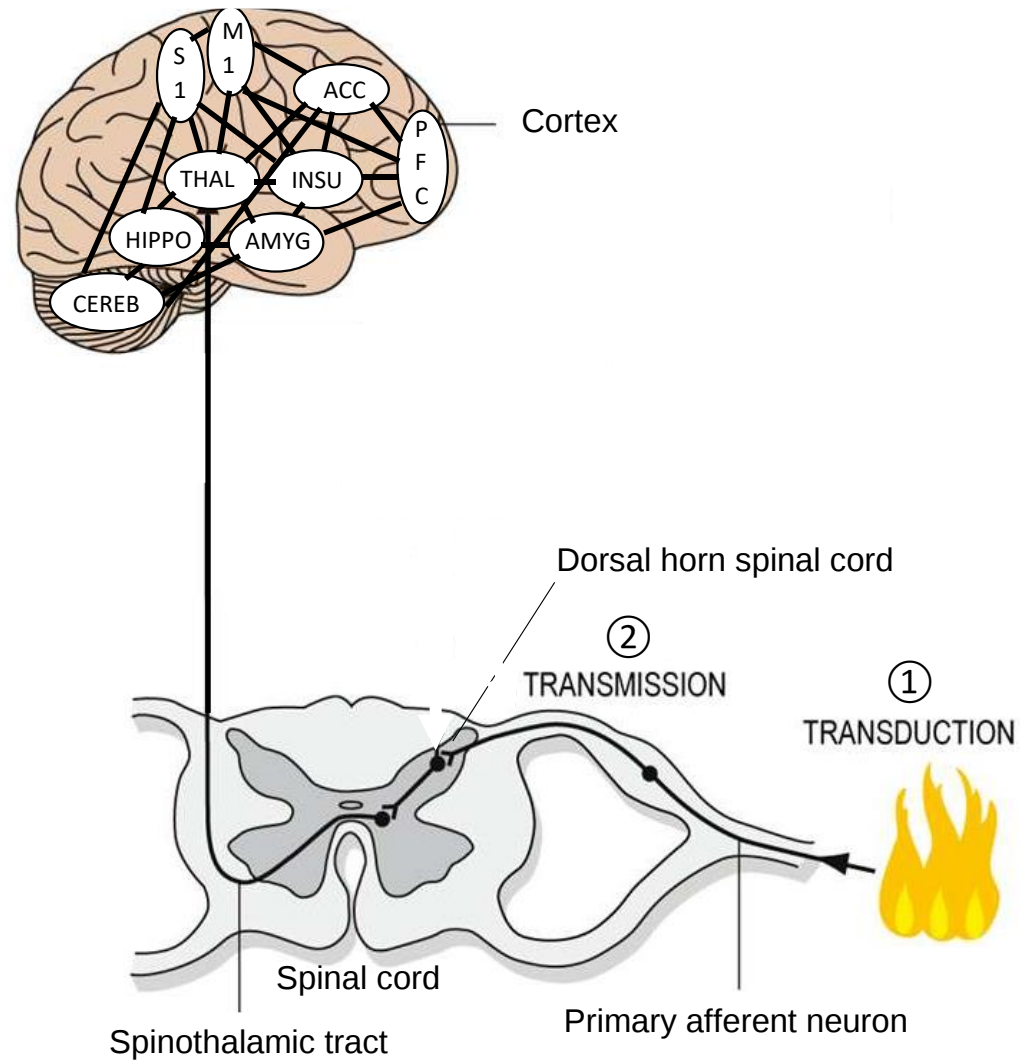


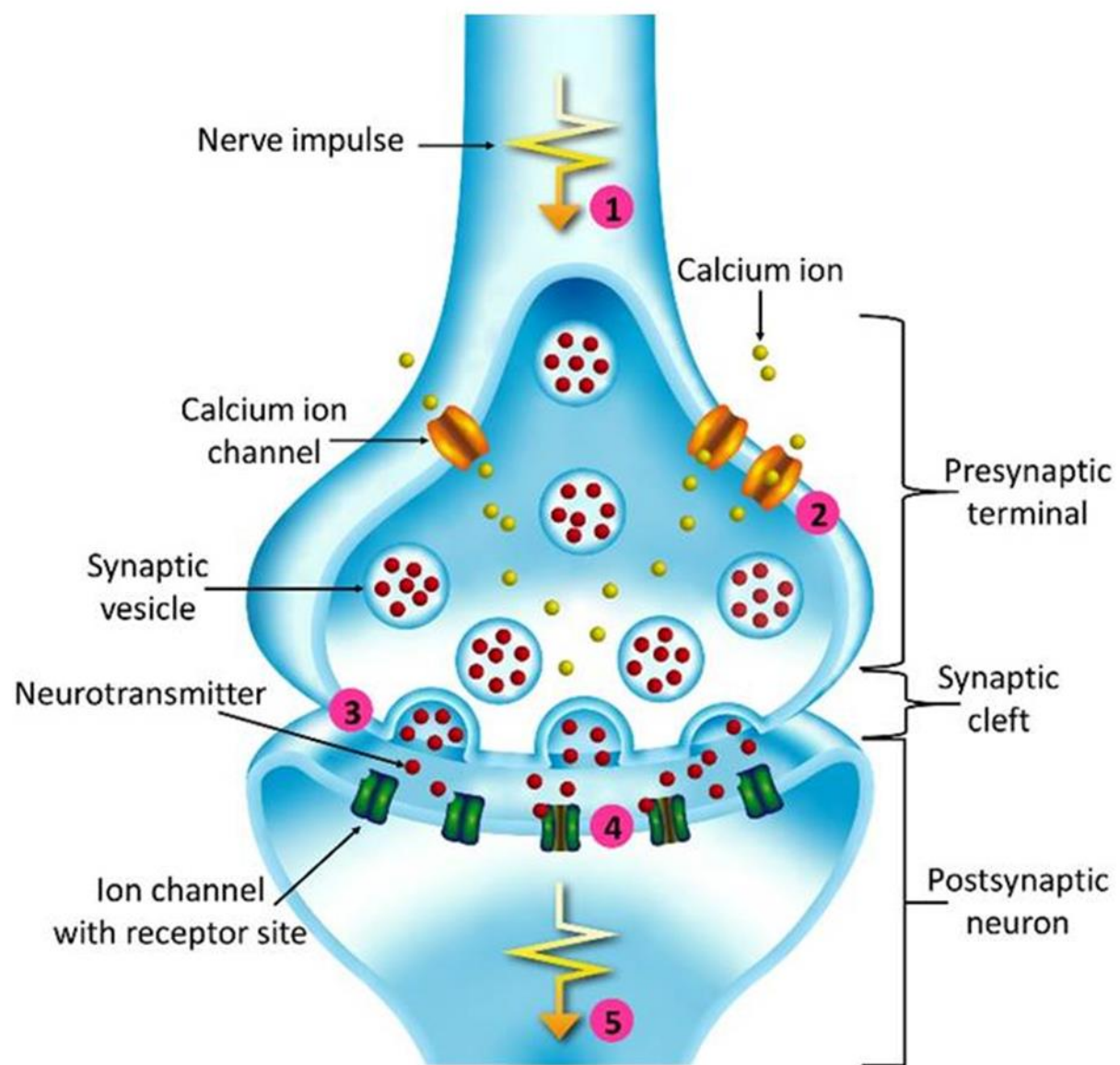
Somatosensorisch zenuwstelsel



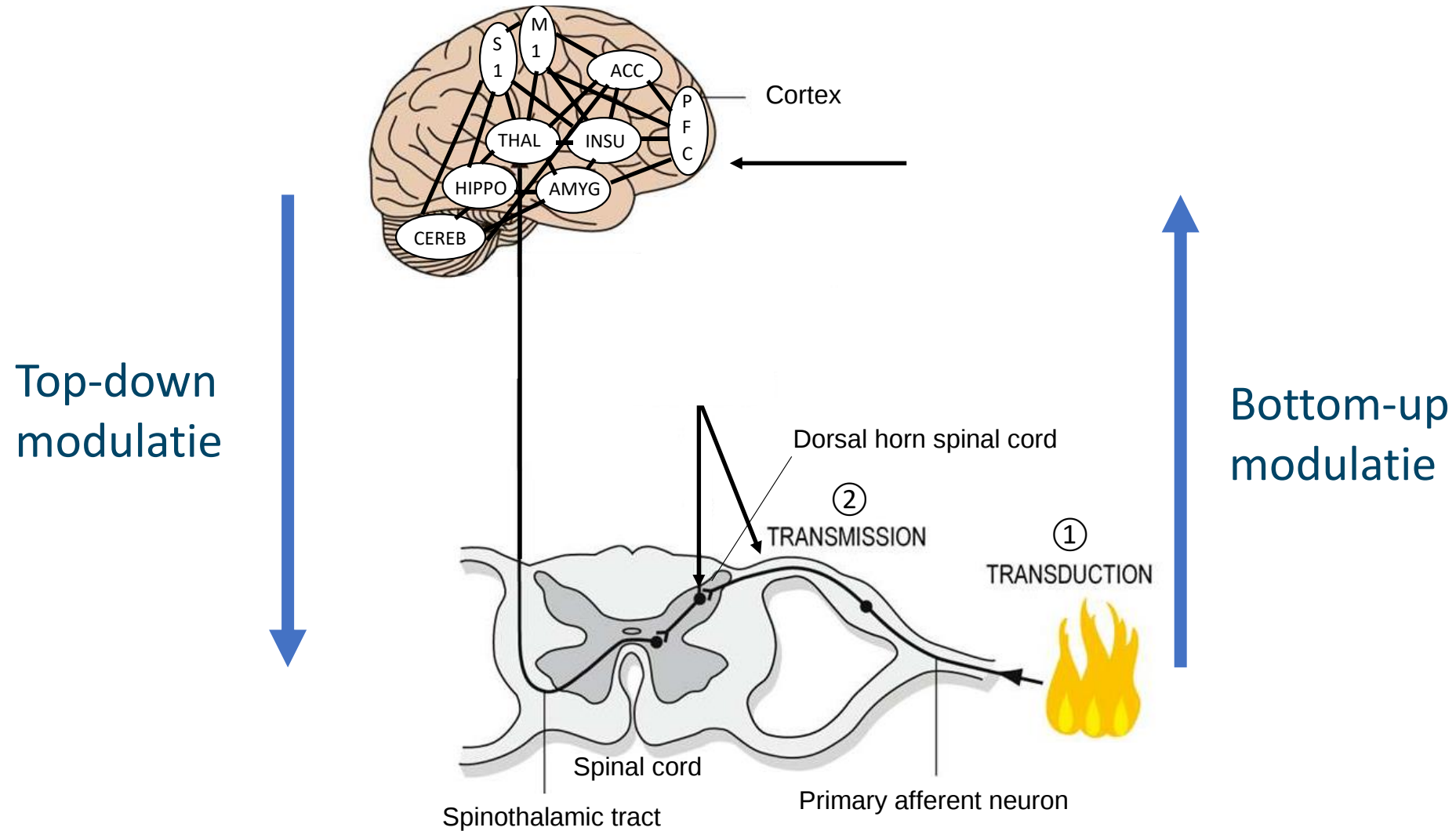


Somatosensorisch zenuwstelsel

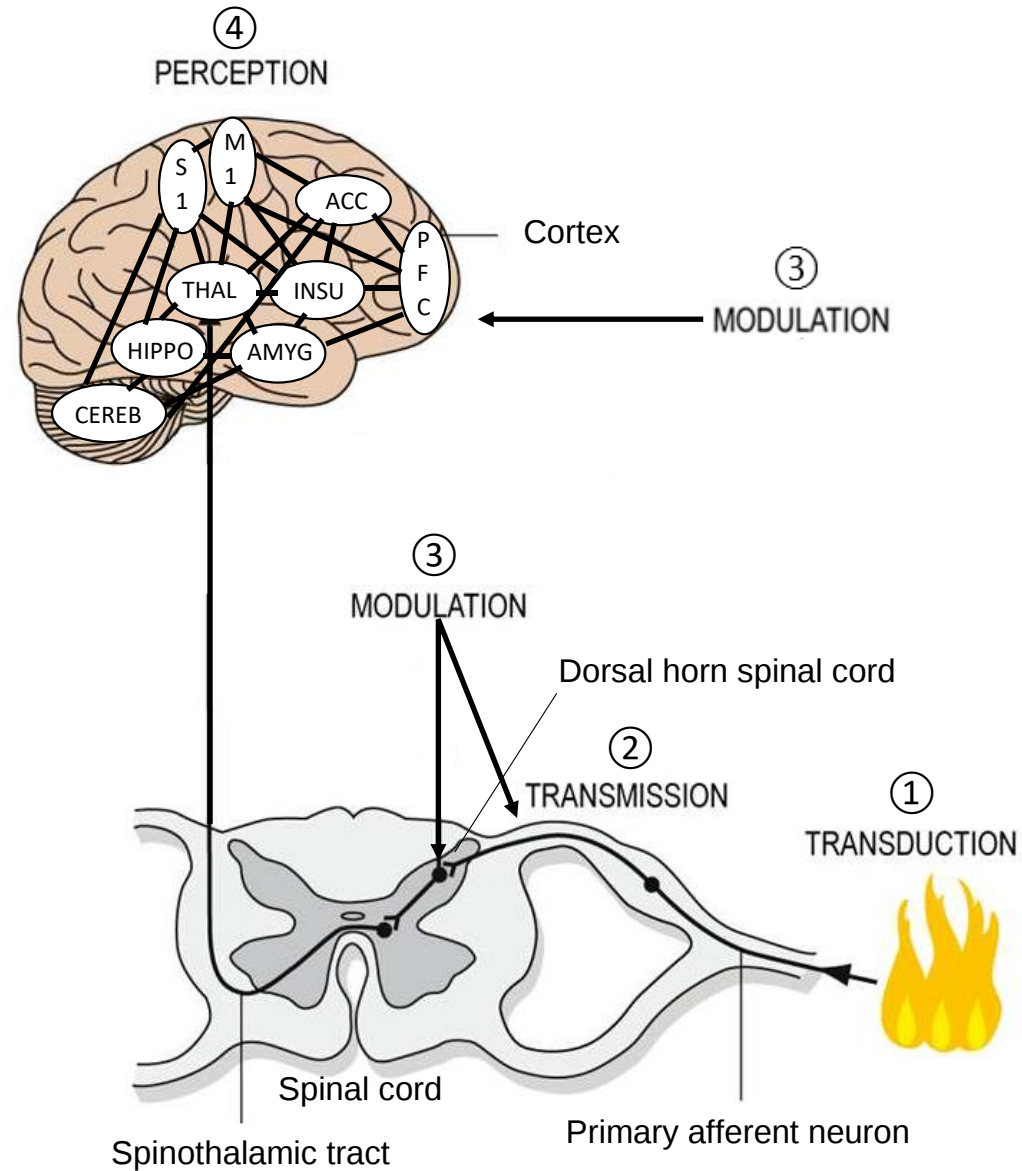


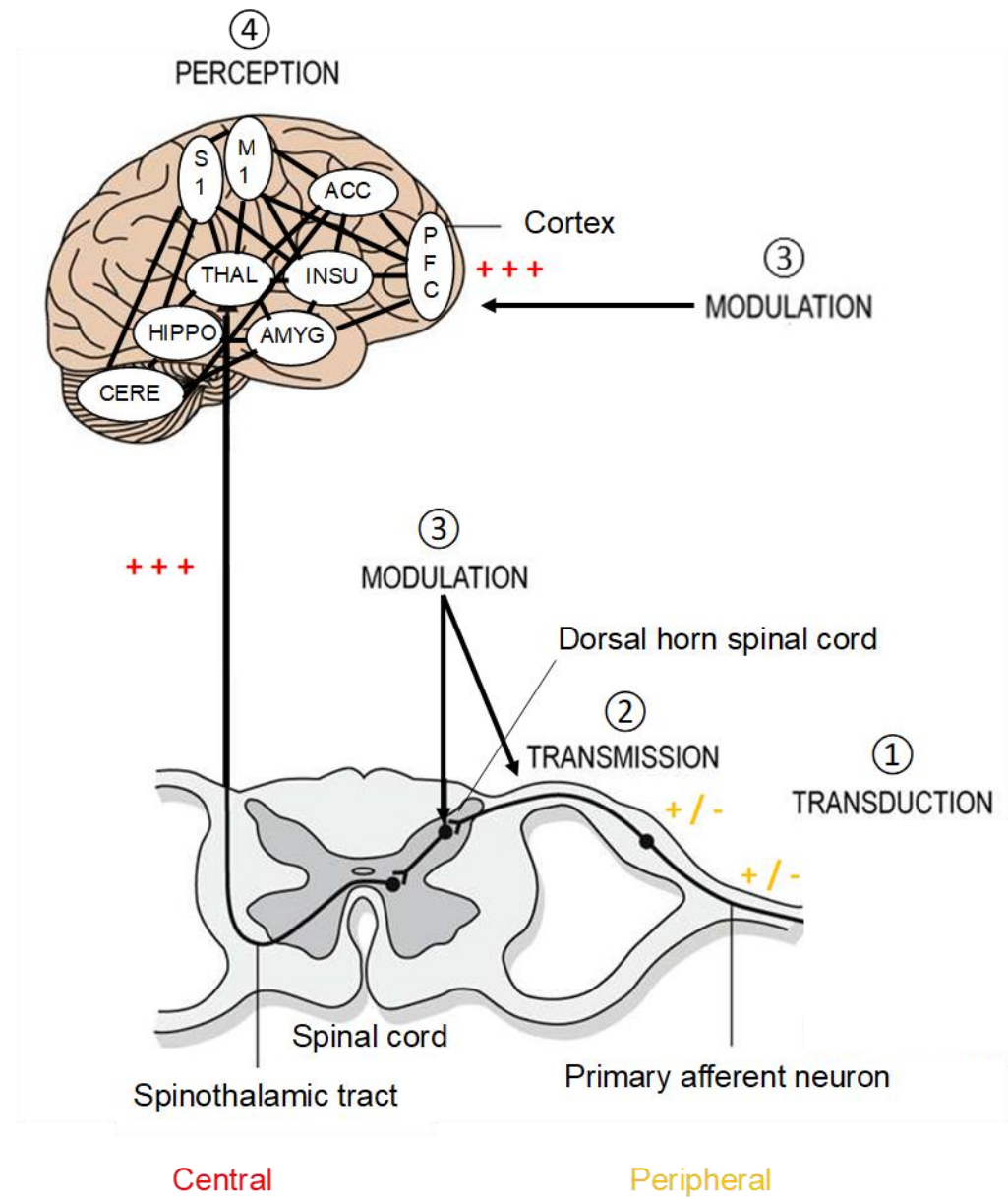
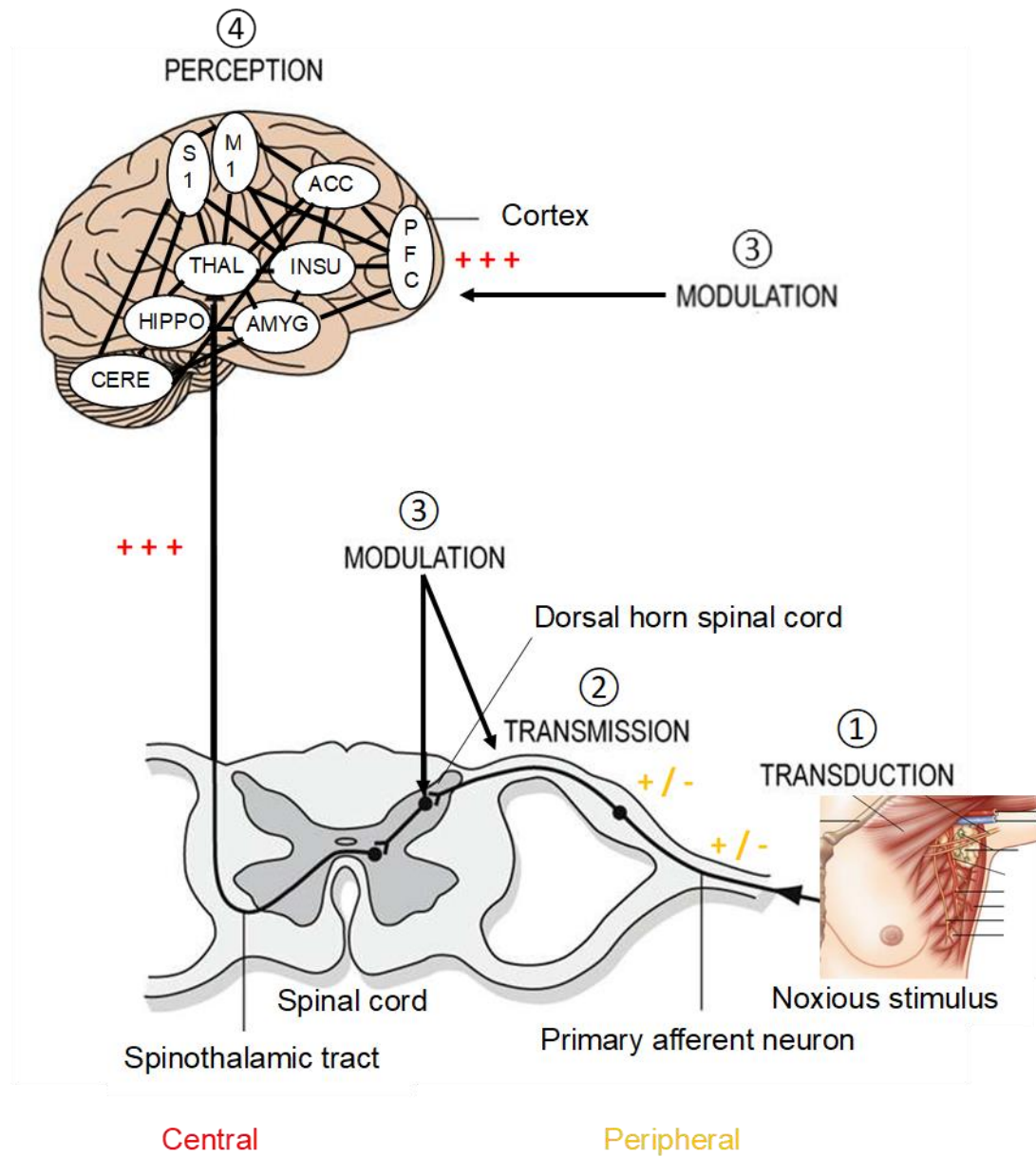


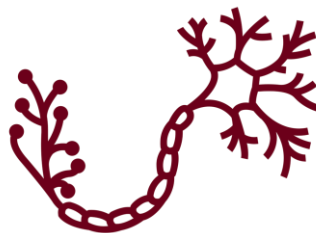
Somatosensorisch zenuwstelsel



Somatosensorisch zenuwstelsel







	Nociceptief	Neuropathisch	Nociplastisch
Definitie IASP	Pijn die ontstaat door feitelijke of dreigende beschadiging van niet-neurogeen weefsel en te wijten is aan de activering van nociceptoren.	Pijn veroorzaakt door een laesie of ziekte van het somatosensorisch zenuwstelsel	Pijn die het gevolg is van een veranderde nociceptie zonder duidelijke aanwijzingen voor feitelijke of dreigende weefschade die de activering van perifere nociceptoren veroorzaakt of aanwijzingen voor een ziekte of laesie van het somatosensorisch systeem die de pijn veroorzaakt.
Pijn lokalisatie	Lokale pijn	Pijndistributie neuro-anatomisch logisch	Regionale, diffuse pijndistributie
Duur	De pijn vermindert volgens de natuurlijke fasen van herstel	Tijdelijk aanwezig -- permanent	Pijn die ten minste 3 maanden aanwezig is
Pijn kwaliteit	Scherp, zeurend, bonzend	Brandend, schietend, prikkend	Vaag, dof
Provocatie-reductie	Mechanisch-anatomisch patroon	Houdingen-bewegingen die zenuwweefsel mechanisch belasten (compressie/druk). Soms echter ook geen stimulus-responspatroon merkbaar. Pijn kan ook pas optreden na de stimulus of zonder duidelijk uitlokkende stimulus	Disproportionele, inconsistente, niet-mechanische pijnprovocatie

An illustration of an iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, submerged part of the iceberg is visible below the water line. The sky is blue with some clouds, and the water is a deep blue. The text 'Pain....Is just the tip of the iceberg' is written in red above the water line.

Pain....Is just the
tip of the iceberg

Sleep problems

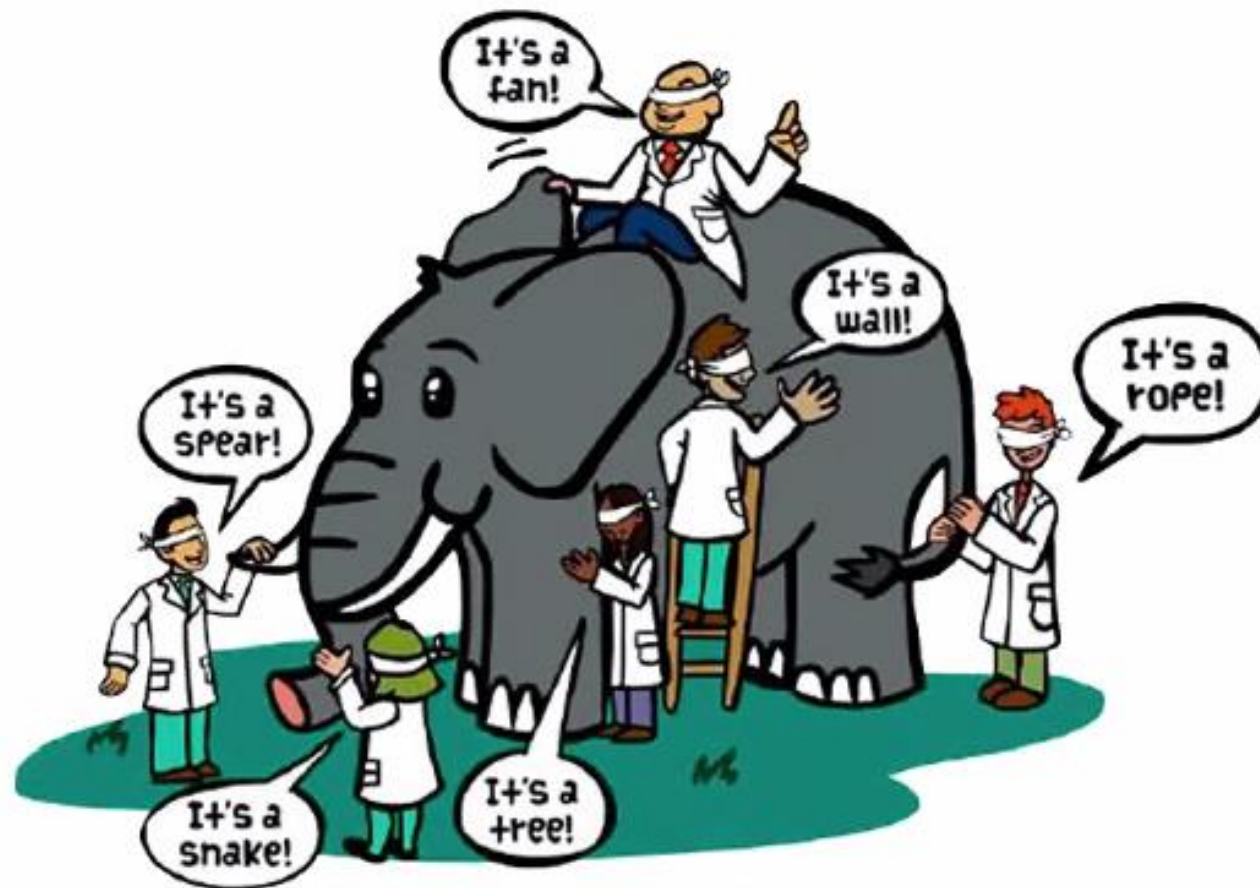
Money worries

Medication side effects

Feeling low

Stress

Relationship worries



Biopsychosocial pain assessment

Patient interview: listening is (already) therapy

- Therapeutic alliance

Listening is therapy: Patient interviewing from a pain science perspective

Ina Diener, Mark Kargela & Adriaan Louw

To cite this article: Ina Diener, Mark Kargela & Adriaan Louw (2016) Listening is therapy: Patient interviewing from a pain science perspective, *Physiotherapy Theory and Practice*, 32:5, 356-367, DOI: [10.1080/09593985.2016.1194648](https://doi.org/10.1080/09593985.2016.1194648)

Biopsychosocial pain assessment

■ ABCDEFW criteria

- Attitudes and beliefs about pain
- Behaviors
- Compensations issues
- Diagnosis and treatment
- Emotions
- Familial factors

Table 1. Potential questions for psychosocial risk factors in a patient utilizing the ABCDEFW criteria.

Topic area	Question	Information gained
Attitudes and Beliefs	What do you think is the cause of your pain?	• Fear/avoidance • Catastrophization • Maladaptive beliefs • Passive attitude toward rehabilitation • Expectations of effect of activity or work on pain
Behaviors	What are you doing to relieve your pain?	• Use of extended rest • Reduced activity levels • Withdrawal from ADLs and social activities • Poor sleep • Boom-bust behavior • Self-medication – alcohol or other substances
Compensation Issues	Is your pain placing you in financial difficulties?	• Lack of incentive to return to work • Disputes over eligibility for benefits, delay in income assistance • History of previous claims • History of previous pain and time off work
Diagnosis and Treatment	You have been seen and examined for your pain? Are you worried that anything may have been missed?	• Health professional sanctioning disability • Conflicting diagnoses • Diagnostic language leading to catastrophizing and fear • Expectation of “fix” • Advice to withdrawal from activity and/or job • Dramatization of back pain by health professional producing dependency on passive treatments
Emotions	Is there anything that is upsetting or worrying you about the pain at this moment?	• Fear • Depression • Irritability • Anxiety • Stress • Social anxiety • Feeling useless or not needed
Family	How does your family react to your pain?	• Over-protective partner/spouse • Solicitous behavior from spouse • Socially punitive responses from spouse • Support from family for return to work • Lack of support person to talk to
Work	How is your ability to work affected by your pain?	• History of manual work • Job dissatisfaction • Belief work is harmful • Unsupportive or unhappy current work environment • Low educational background • Low socio-economic status • Heavy physical demands of work • Poor workplace management of pain issues • Lack of interest from employer

Biopsychosocial pain assessment

Table 2. Clinical recognition of dominating pain mechanisms via signs and symptoms.

Nociceptive

Signs and symptoms easily recognized by clinicians. These symptom and examination clusters indicate individuals that have these features are 100 times more likely to accurately predict a clinical classification nociceptive pain in patients classified with this type of pain (Smart, Blake et al. 2012)

- Proportionate pain
- Aggravating and easing factors
- Intermittent sharp, dull ache or throb at rest
- No night pain, dysesthesia, burning, shooting or electric

Peripheral neurogenic

Symptoms and sign clusters identified indicating patients are 150 times more likely to have a peripheral neurogenic pain states (Smart, Blake et al. 2012)

- Pain in dermatomal or cutaneous distribution
- Positive neurodynamic tests and palpation (mechanical tests)
- History of nerve pathology or compromise

Central Sensitization

Symptoms and sign clusters identified indicating patients are 486 times more likely to have a central sensitization pain state (Smart, Blake et al. 2012)

- Disproportionate pain
- Disproportionate aggravating and easing factors
- Diffuse palpation tenderness
- Psychosocial issues

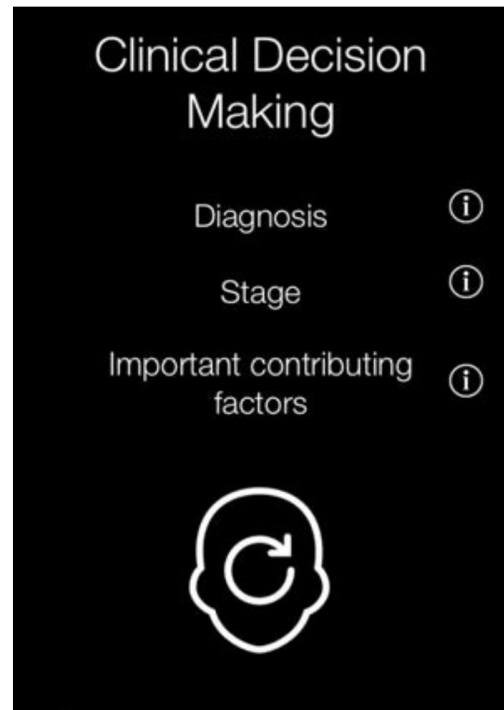
Table 3. Proposed more “in-depth” questions to explore a patient’s cognitions, beliefs, and experiences regarding their pain.

Proposed “in-depth” questions

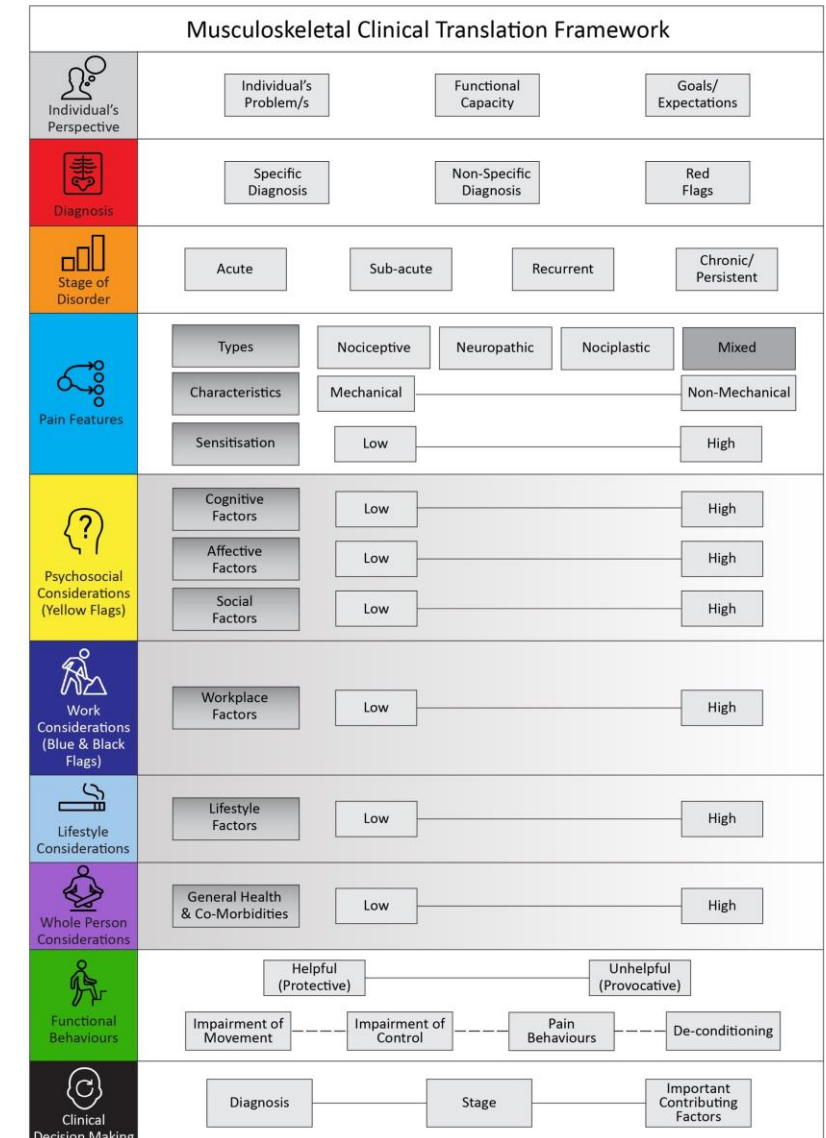
- What do you think is going on with your [fill in area they are seeking help for]?
- What do you think should be done for your [fill in area they are seeking help for]?
- Why do you think you still hurt?
- What would it take for you to get better?
- Where do you see yourself in 3 years in regard to [fill in area they are seeking help for]?
- What have you found to be most helpful for your [fill in area they are seeking help for]?
- You have obviously seen many people seeking help. What are your thoughts on this?
- What gives you hope?
- What is your expectation of PT?
- If I could flip a switch and remove all your pain, what things that you have given up on would you do again?
- How has your pain impacted your family and friends?
- Are you angry at anyone about your [fill in area they are seeking help for]? Tell me about it.
- Has anyone made you feel like you’re “just making it up” or “it’s in your head?” Tell me about it.

Biopsychosocial pain assessment

■ Clinical Translational Framework



<https://www.musculoskeletalframework.net/>



Biopsychosocial pain assessment

- PSCEBSM-model

Clinical biopsychosocial physiotherapy assessment of patients with chronic pain: The first step in pain neuroscience education

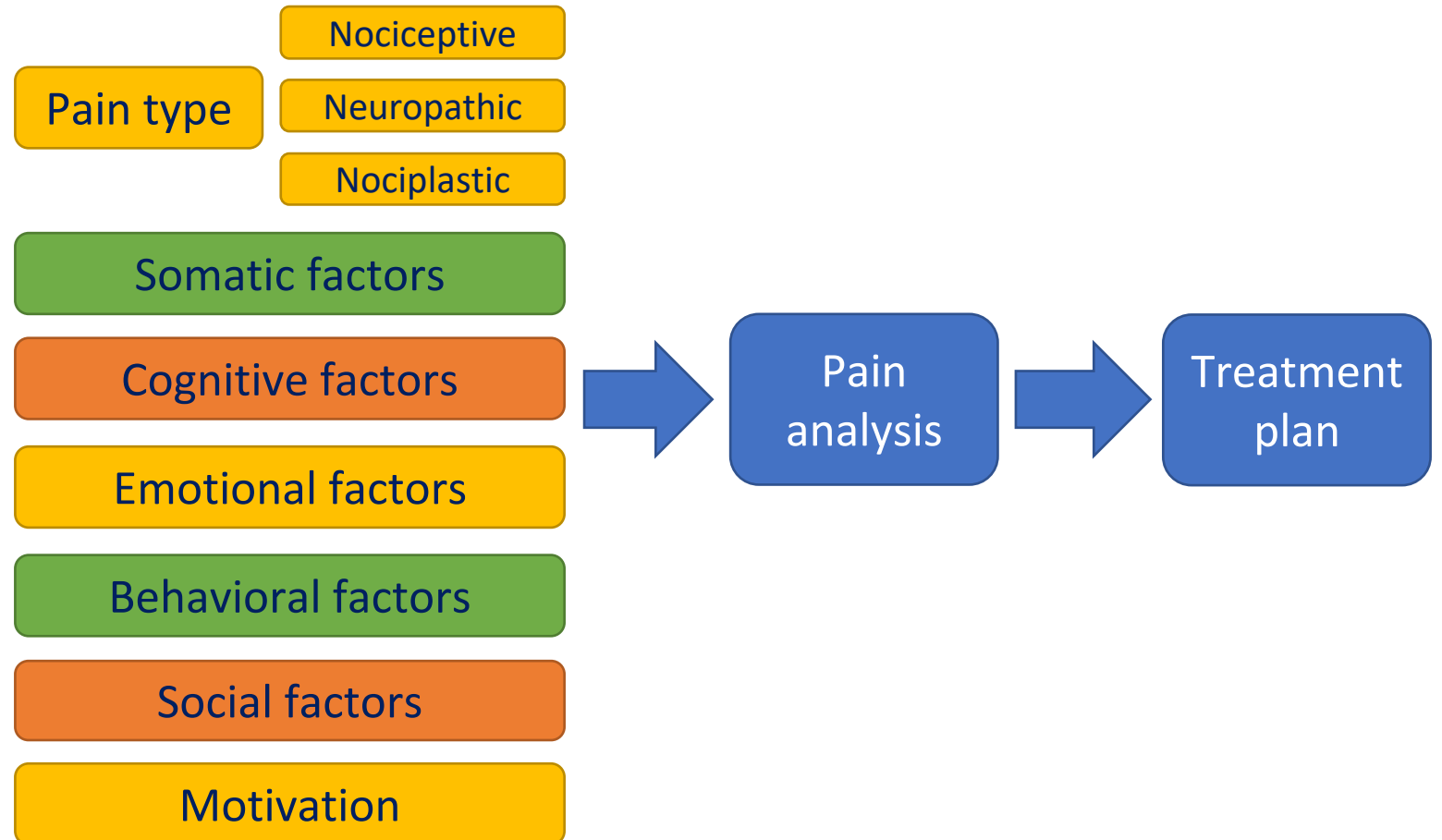
Amarins J. Wijma PT, PhD, C. Paul van Wilgen PT, PhD, Mira Meeus PT, PhD & Jo Nijs PT, PhD

To cite this article: Amarins J. Wijma PT, PhD, C. Paul van Wilgen PT, PhD, Mira Meeus PT, PhD & Jo Nijs PT, PhD (2016) Clinical biopsychosocial physiotherapy assessment of patients with chronic pain: The first step in pain neuroscience education, *Physiotherapy Theory and Practice*, 32:5, 368-384, DOI: [10.1080/09593985.2016.1194651](https://doi.org/10.1080/09593985.2016.1194651)

Biopsychosocial pain assessment

■ PSCEBSM-model

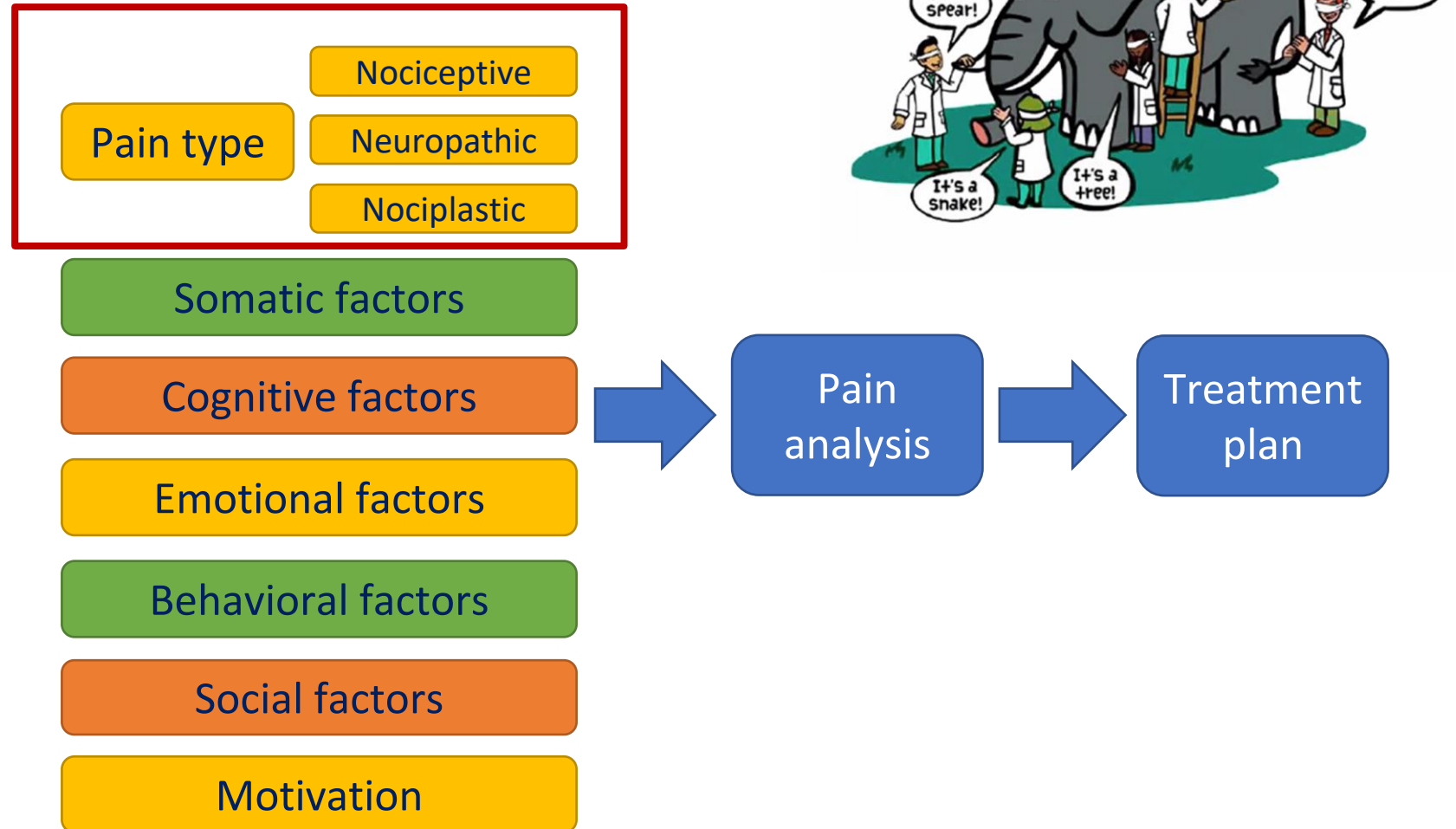
- Pain
- Somatic
- Cognitions
- Emotions
- Behavior
- Social
- Motivation

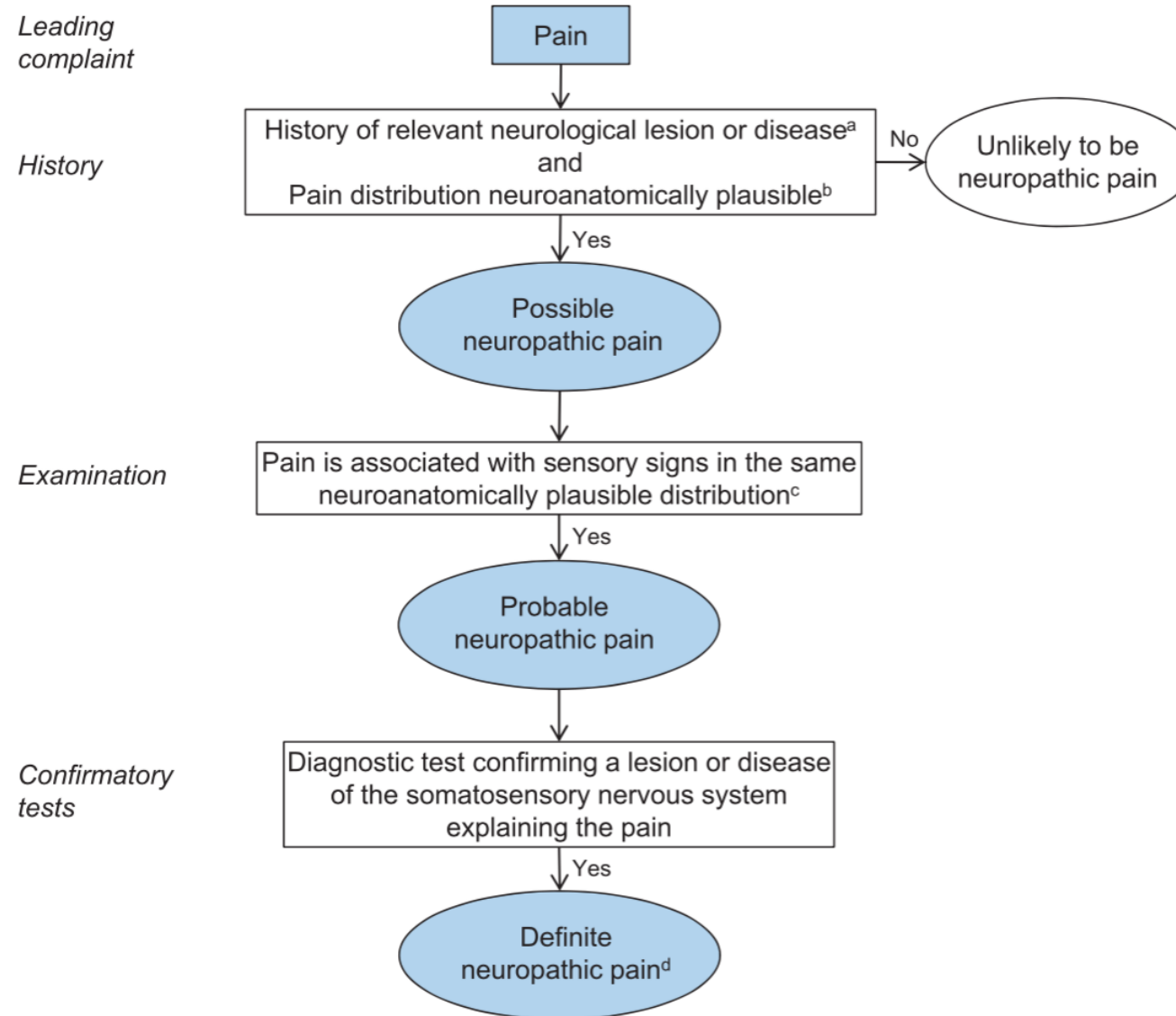


Biopsychosociale evaluatie

■ PSCEBSM-model

- Pain
- Somatic
- Cognitions
- Emotions
- Behavior
- Social
- Motivation





Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system

Eva Kosek^{a,b,*}, Daniel Clauw^c, Jo Nijs^{d,e,f}, Ralf Baron^g, Ian Gilron^h, Richard E. Harris^c, Juan-Antonio Micoⁱ, Andrew S.C. Rice^j, Michele Sterling^k

- No diagnosis; assigning the descriptor ‘nociplastic pain’
- Grading system; ‘definite nociplastic pain’ not possible
- Informative for pain management
- Mixed pain states
- Consensus procedure, no validation

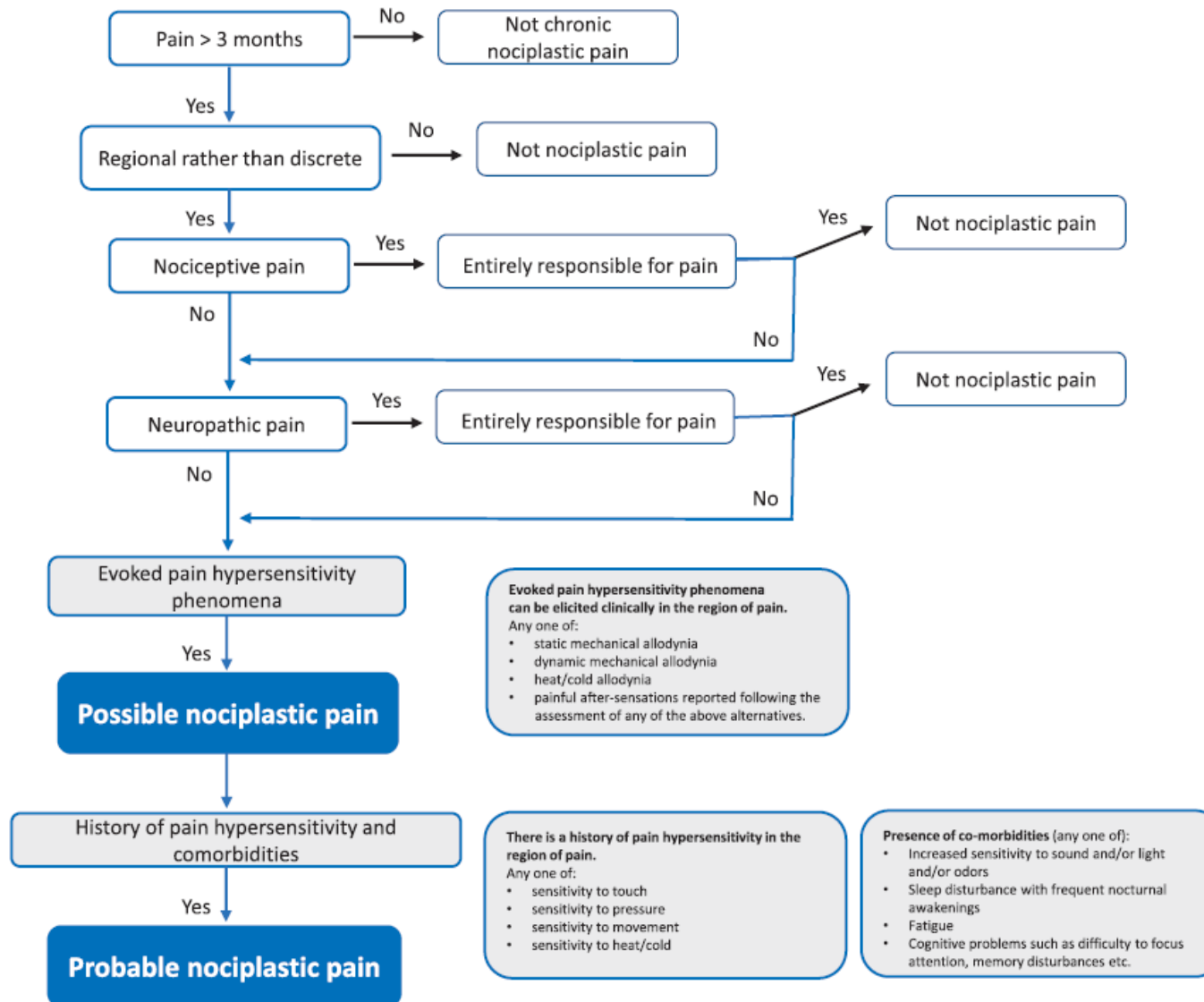


Figure 1. Flow chart of identifying and grading nociplastic pain affecting the musculoskeletal system. Musculoskeletal pain is deep, rather than cutaneous and regional, multifocal, or widespread in distribution (rather than discrete). In case of multifocal pain states that can be caused by different chronic pain conditions (eg, shoulder myalgia and knee osteoarthritis), each chronic pain condition or pain region must be assessed separately.

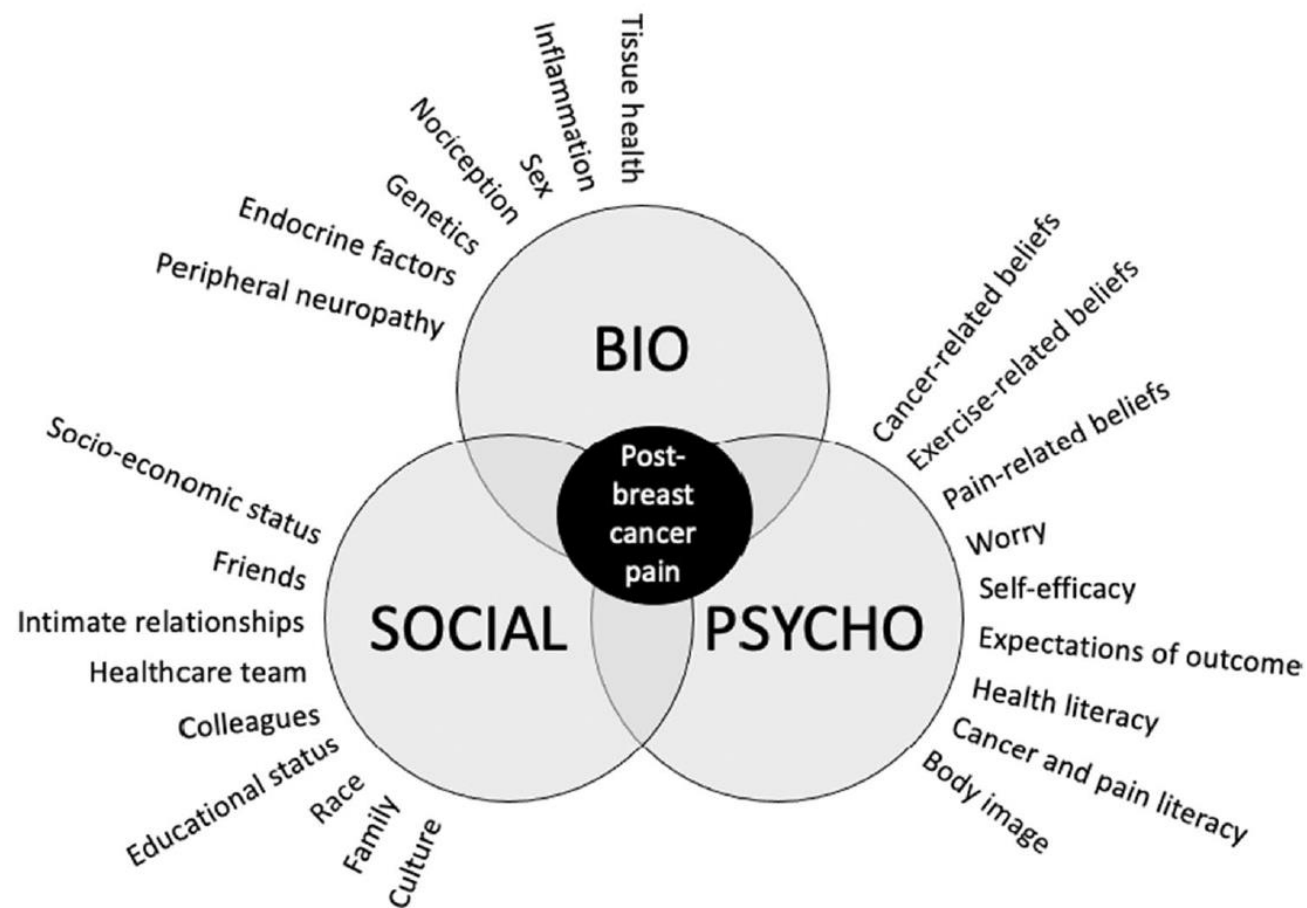


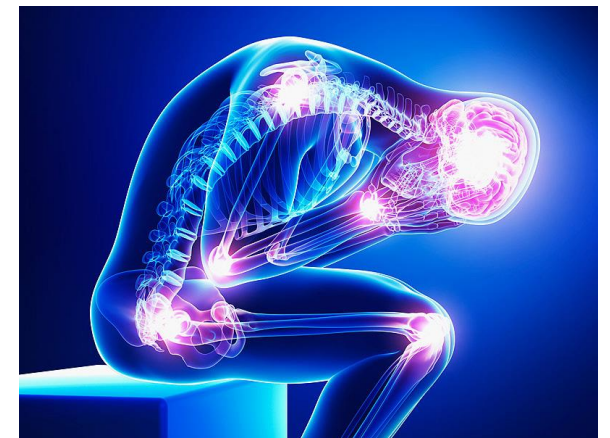
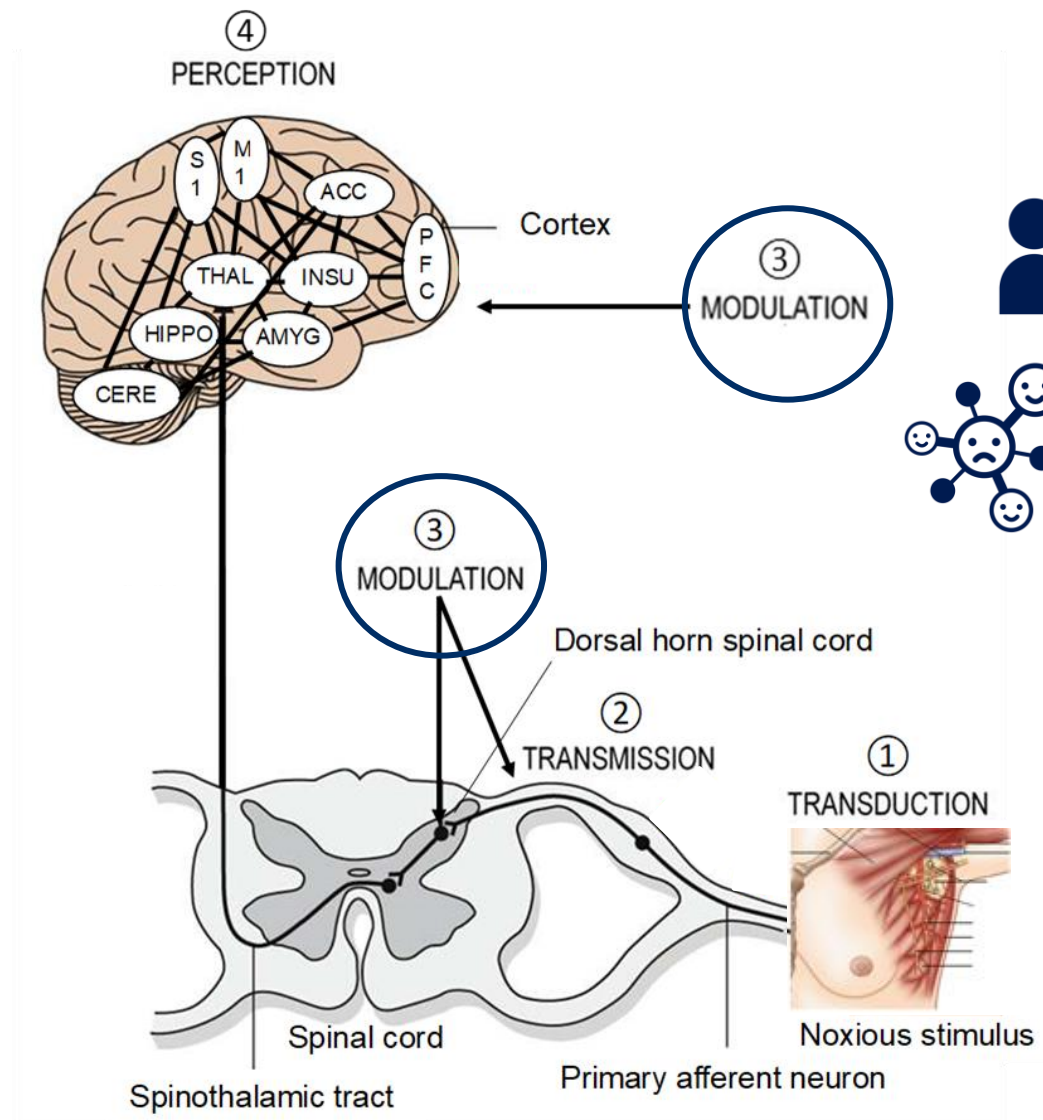
Treating persistent pain after breast cancer: practice gaps and future directions

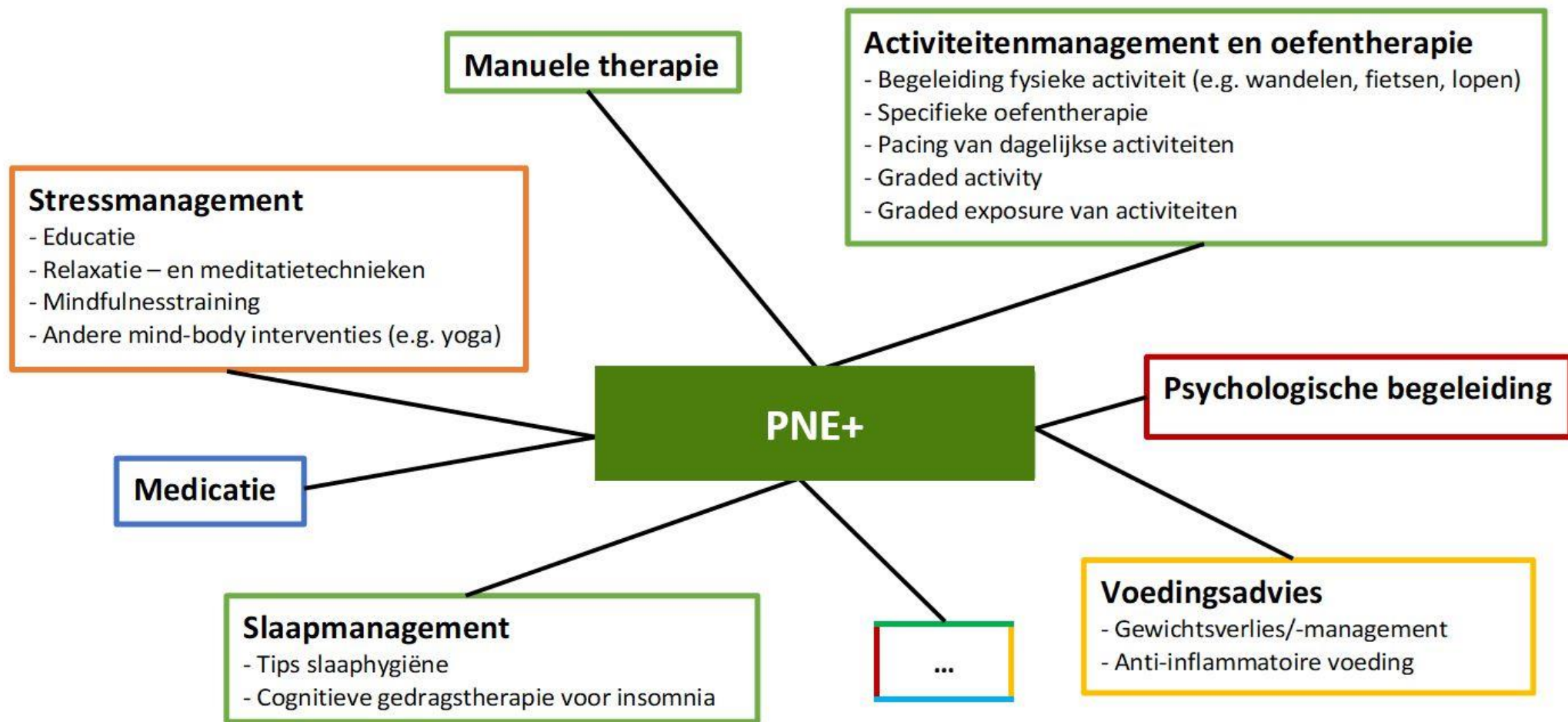
An De Groef^{1,2} · Mira Meeus^{1,3} · Lauren C. Heathcote⁴ · Louise Wiles^{5,6,7} · Mark Catley⁵ · Anna Vogelzang⁵ · Ian Olver⁸ · William B. Runciman⁷ · Peter Hibbert^{5,6,7} · Lore Dams^{1,2} · Bart Morlion⁹ · G. Lorimer Moseley⁵

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Kinesitherapeut

Psycholoog

Kinesitherapeut en/of psycholoog

Diëtist en/of kinesitherapeut

Arts

Can we just talk our patients out of pain? Should pain neuroscience education be our only tool?

Rilind Shala , Nathalie Roussel , G. Lorimer Moseley , Thomas Osinski & Emilio J. Puentedura

To cite this article: Rilind Shala , Nathalie Roussel , G. Lorimer Moseley , Thomas Osinski & Emilio J. Puentedura (2021) Can we just talk our patients out of pain? Should pain neuroscience education be our only tool?, Journal of Manual & Manipulative Therapy, 29:1, 1-3, DOI: [10.1080/10669817.2021.1873259](https://doi.org/10.1080/10669817.2021.1873259)

pain conditions. It is necessary that clinicians take the time to understand what pain might mean for their patients and talk it with their patients. However, **clinicians should be aware that PNE is not a 'magic pill' and that it is only the first step in the management of a patient.** The next one is to establish together with the patient a coherent program of care in which the whole panel of physical therapy modalities can be used and make sense.



Filip Struyf @FilipStruyf · 28 sep. 2020

...

"Rotator cuff related pain rehab is like a pizza"

- 1.Dough = education
- 2.Tomato sauce = general fitness/health
- 3.Cheese = progressive loaded exercises
- 4.Ham = manual therapy
- 5.Pineapple = whatever extra's 🤔

=> But: there is no pizza without 1 + 2 + 3 ! 💪

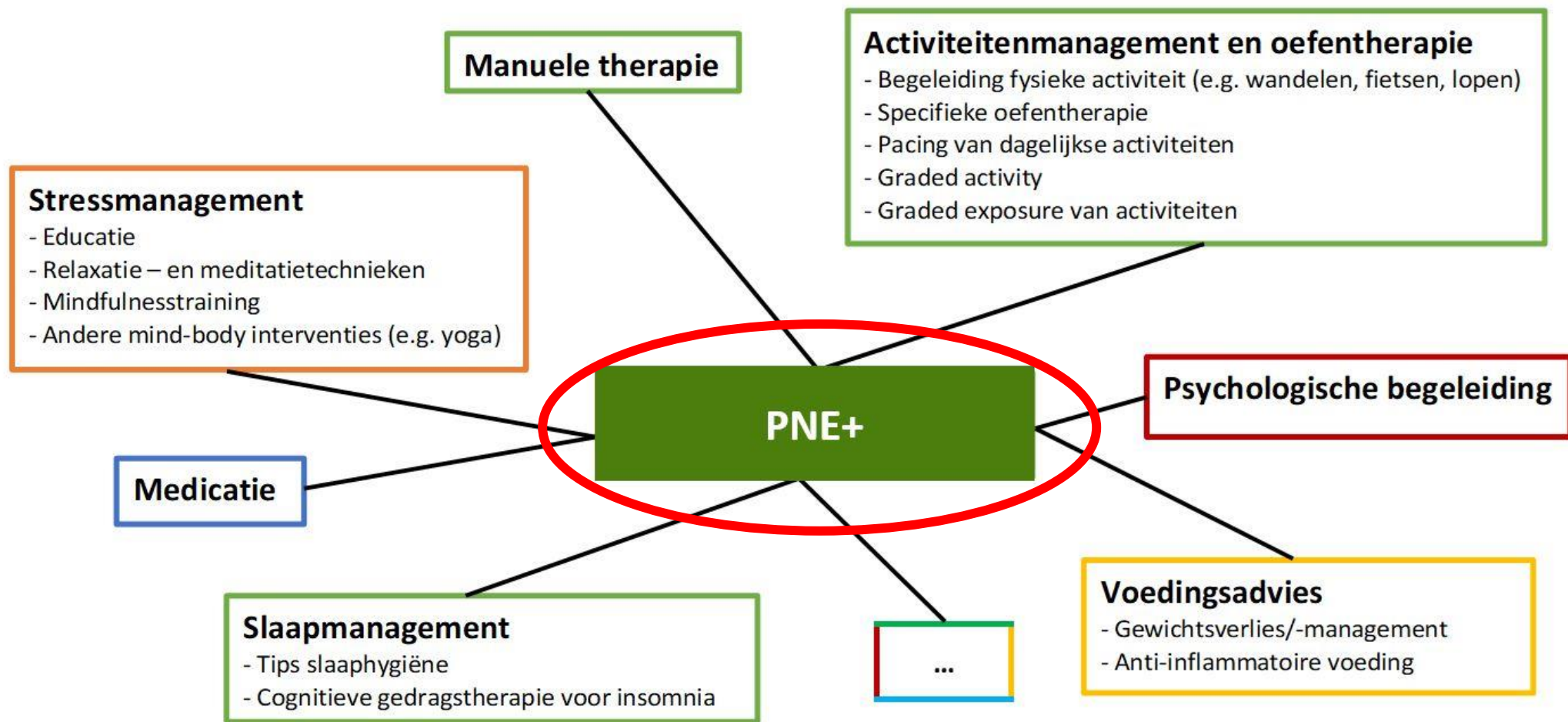


💬 10

↻ 51

❤️ 215





Kinesitherapeut

Psycholoog

Kinesitherapeut en/of psycholoog

Diëtist en/of kinesitherapeut

Arts

Pain neuroscience education

Objective

to help patients better understand the biological and physiological elements of the experience of pain, with the goal of **reconceptualizing** an individual's understanding of their pain

- To decrease the threat value of pain
- To diminish catastrophic thinking
- To facilitate a more active coping strategy
- To restore the balance pain facilitation and pain inhibition
- To increase functioning and general health status
- To decrease the use of health care

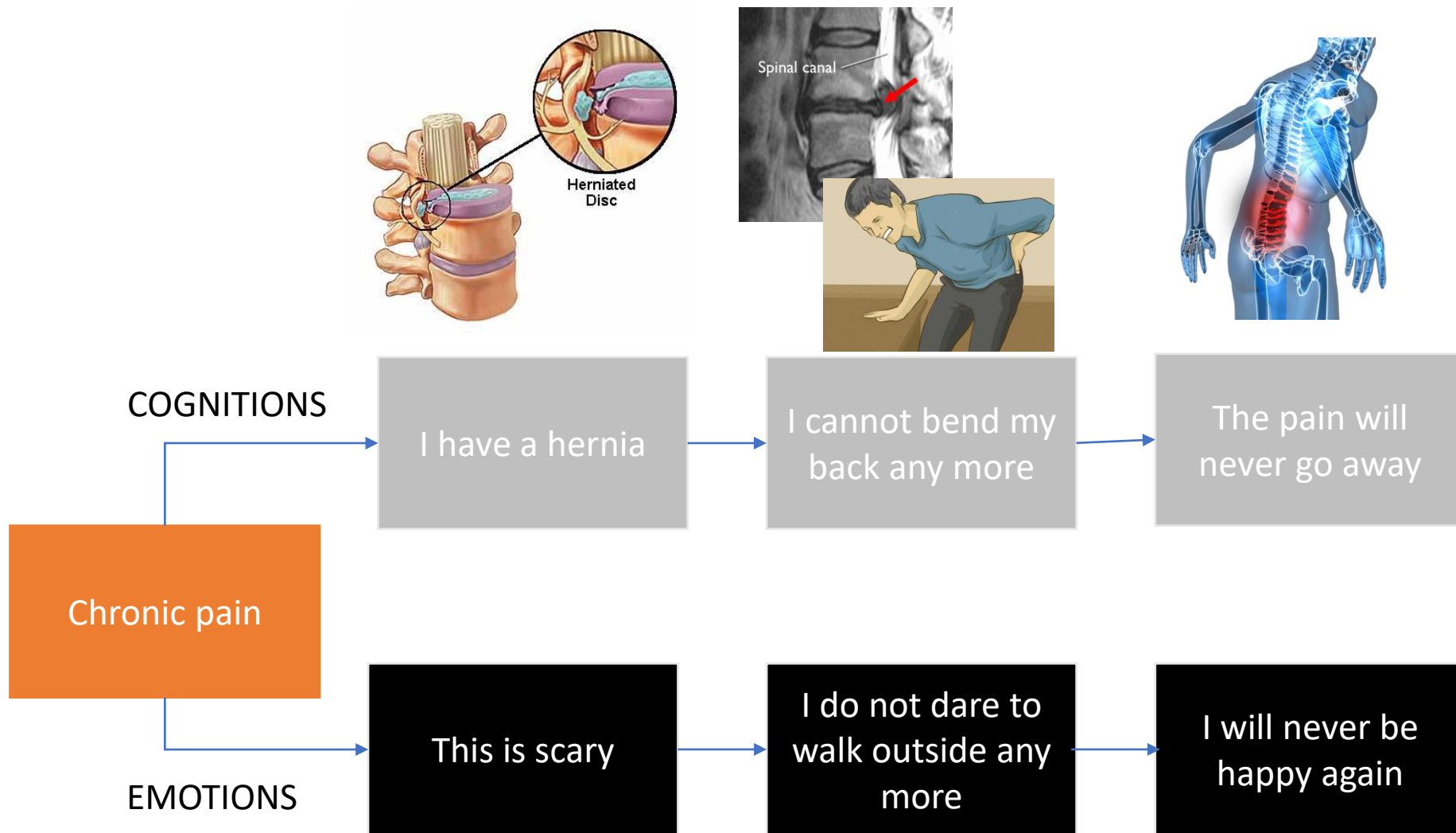
Pain neuroscience education

Pain patient



**Negative and
maladaptive
cognitions and
attitudes**

Treatment of pain and other impairments



Common sense model (Cameron en Leventhal 2003), fear-avoidance model (Vlaeyen 2000)

Table 1. Suggested Common Misconceptions and the Accurate Conceptions About EP

<i>MISCONCEPTION</i>	<i>ACCURATE CONCEPTION</i>
EP is teaching people how to manage their pain, similar to, for example, coping skills training, relaxation training, goal setting, or problem solving skills	EP is teaching people about the biological processes underpinning pain. EP does not include instruction on strategies or skills with which to reduce the impact of pain on one's life. EP draws on instructional design and multimedia principles to present pain biology information
EP is advising people to move despite their pain	EP is teaching people that pain can be overprotective
EP is advising people that pain messages are turned up and down at the spinal cord	EP is teaching people that danger messages are turned up and down at the spinal cord
EP is describing the pain gate control theory	EP is teaching people that the brain can turn down the danger message at the spinal cord
EP is explaining that central sensitization is causing their pain, and there are no known cures for central sensitization	EP is teaching people that their danger transmission system can become very sensitive, which can lead to more danger messages, but it is always the brain that decides whether or not to produce pain
EP is reassuring people that the pain they perceive to be there is not really there at all	EP is reassuring people that their pain is completely real even although the tissue may not be in danger
EP is a discrete intervention that can be delivered effectively alongside treatments based on a structural pathology model	EP can be effectively provided only under a biopsychosocial paradigm, which integrates treatment of peripheral and central nociceptive drivers
EP relates only to chronic pain, not acute pain	EP relates to pain
EP throws out biology and biomedical models to focus only on the psychosocial	EP is a pragmatic application of the biopsychosocial model of pain, which integrates treatment of peripheral and central nociceptive drivers alongside other contributions to pain

Pain neuroscience education

Evidence musculoskeletal pain

- ✓ Facilitation of patients' ability to cope with their condition
- ✓ Clinically significant decreases in kinesiophobia
- ✓ Clinically significant decreases in catastrophizing
- No clinically significant decreases in pain
- No clinically significant decreases in disability

Pain neuroscience education

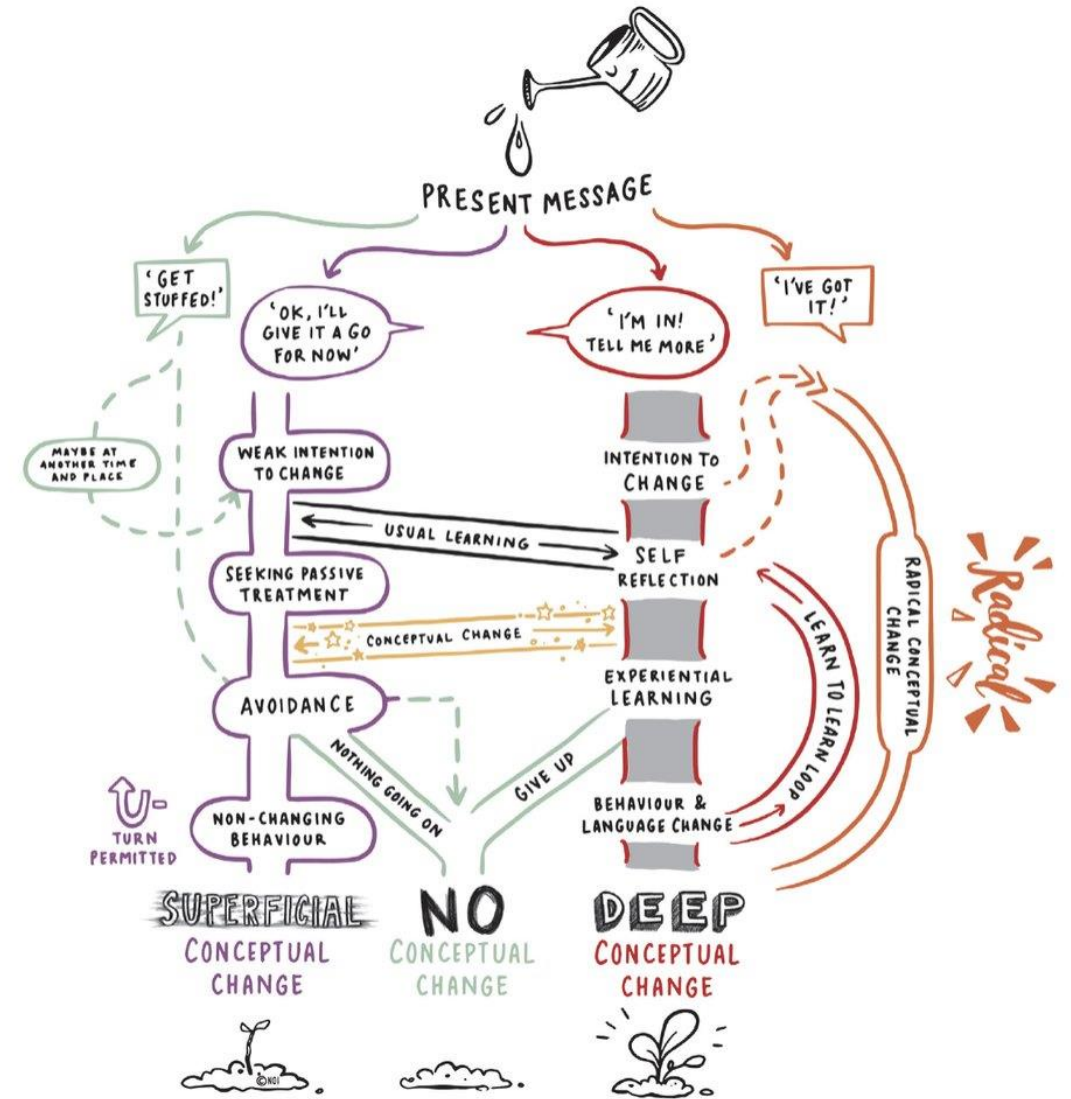
How

- Clarify that you will explain why he/she is experiencing pain
- Individually tailored (combined with a group session is possible)
- Verbal / visual info
 - To stimulate auditory & visual memory
 - PowerPoint, pictures, drawings, diagrams, metaphors...
- Interactive



Pain neuroscience education

- Conceptual change learning



From Moseley and Butler (2017) Explain Pain Supercharged. © Noigroup Publications

<https://www.noigroup.com/noijam/to-change-or-not-to-change/>

Pain neuroscience education

Research Paper

PAIN

What do patients value learning about pain? A mixed-methods survey on the relevance of target concepts after pain science education

Hayley B. Leake^{a,b,*,}, G. Lorimer Moseley^a, Tasha R. Stanton^a, Edel T. O'Hagan^{b,c}, Lauren C. Heathcote^d

Content: target concepts

- **Theme 1: Pain does not mean my body is damaged**
→ captured the importance of abandoning preexisting ideas that pain indicated damage
- **Theme 2: Thoughts, emotions and experiences affect pain**
→ captured the value of recognizing multifactorial influences on pain
- **Theme 3: I can retrain my overprotective pain system**
→ captured the importance of conceptualizing pain as a heightened protective response that could be lessened

Pain neuroscience education in cancer

Table 1 Cancer-specific target concepts for pain science education for persistent post-breast cancer pain

Cancer-specific target concept	Explanation/Content	Learning goals	Metaphor
Unusual sensations related to scars	The mechanisms involved in scar tissue formation, related sensations, psychological impact, and how to manage and soften scars are addressed [89]	• Understanding that tissues heal in days/weeks • Reinforcement/revisiting of the concept that the brain can produce pain without tissue damage • Introducing the idea that it is now safe (and beneficial) to move • Understanding how to manage and soften scars • Reframing every scar as a story of strength and survival	'The skill to heal: cuts heal fast' 'Move scars into stars'
Damaged nerves send false danger messages	The mechanisms behind neuropathic pain (and related unusual sensations). This concept is relevant in the context of (painful and non-painful) neuropathies related to surgery, radiotherapy and chemotherapy [49]	• Understanding the mechanisms behind neuropathic pain • Learning about and setting/updating expectations for recovery time (and implications for helpful or unhelpful strategies)	'Nerves heal slow, fuel the grow'
Side effects related to radiotherapy	The mechanisms behind radiotherapy-related fibrosis and related sensations in radiated area are explained [50]	• Skin and soft tissue effects of radiotherapy • Skin care and scar management following radiotherapy • Understanding flare-ups without re-injury	'From radiation to rehabilitation' 'Sunburn?'
Side effects of hormone therapy	This session gives information about the mechanisms and side effects of hormone therapy and the role of the endocrine system in (persistent) pain [51, 52]	• Explaining how these mechanisms can result in and explain unusual symptoms experienced • Importance of movement in managing hormone therapy-related arthralgia	'Don't blame the hormones'
(Physical) deconditioning due to cancer treatments	This session gives information about the toll that breast cancer treatments and inactivity can have on the body's tolerance for exercise	• General tips for getting started on becoming more active • Understanding some of the signs and symptoms that people might experience when resuming exercise	'Use it or lose it'
Cancer-related fatigue	In case of cancer-related fatigue, this session offers an explanation on the mechanisms of cancer-related fatigue as sign of increased level of protection. [69, 70]	• Practical strategies for becoming more active, adopting a 'slow and steady wins the race' approach • The importance of pacing and planning your activities • Tips and resources for setting goals and introduces the idea of energy-givers and energy-takers (and how to identify these on an individual basis)	'How to charge up your batteries'
Living with pain-related uncertainty	Interpreting everyday aches and pains as a sign of cancer recurrence will substantially increase the threat value of pain [58, 59]	• Beware over-monitoring daily aches and pain • Learning skills and strategies to manage these uncertainties	'In the shadow of the volcano'

Pain neuroscience education in cancer



Research Paper

PAIN[®]



Effect of pain neuroscience education after breast cancer surgery on pain, physical, and emotional functioning: a double-blinded randomized controlled trial (EduCan trial)

Lore Dams^{a,b,c,*}, Elien Van der Gucht^{a,b,c}, Nele Devoogdt^{b,d}, Ann Smeets^e, Koen Bernar^f, Bart Morlion^{f,g}, Lode Godderis^{h,i}, Vincent Haenen^{a,b,c}, Tessa De Vrieze^b, Steffen Fieuws^j, Niamh Moloney^{k,l}, Paul Van Wilgen^{c,m,n}, Mira Meeus^{a,c,o}, An De Groef^{a,b,c}

Supportive Care in Cancer (2023) 31:119
<https://doi.org/10.1007/s00520-022-07557-7>

RESEARCH



Feasibility and pilot testing of a personalized eHealth intervention for pain science education and self-management for breast cancer survivors with persistent pain: a mixed-method study

An De Groef^{1,2,3} · Margaux Evenepoel² · Sophie Van Dijck^{1,3} · Lore Dams^{1,3} · Vincent Haenen^{1,2,3} · Louise Wiles^{4,5,6} · Mark Catley⁴ · Anna Vogelzang⁴ · Ian Olver⁷ · Peter Hibbert^{4,5,6} · Bart Morlion⁸ · G. Lorimer Moseley⁴ · Lauren C. Heathcote⁹ · Mira Meeus^{1,3}

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Pain neuroscience education in cancer



Welkom op het Pecan platform

Meld je aan

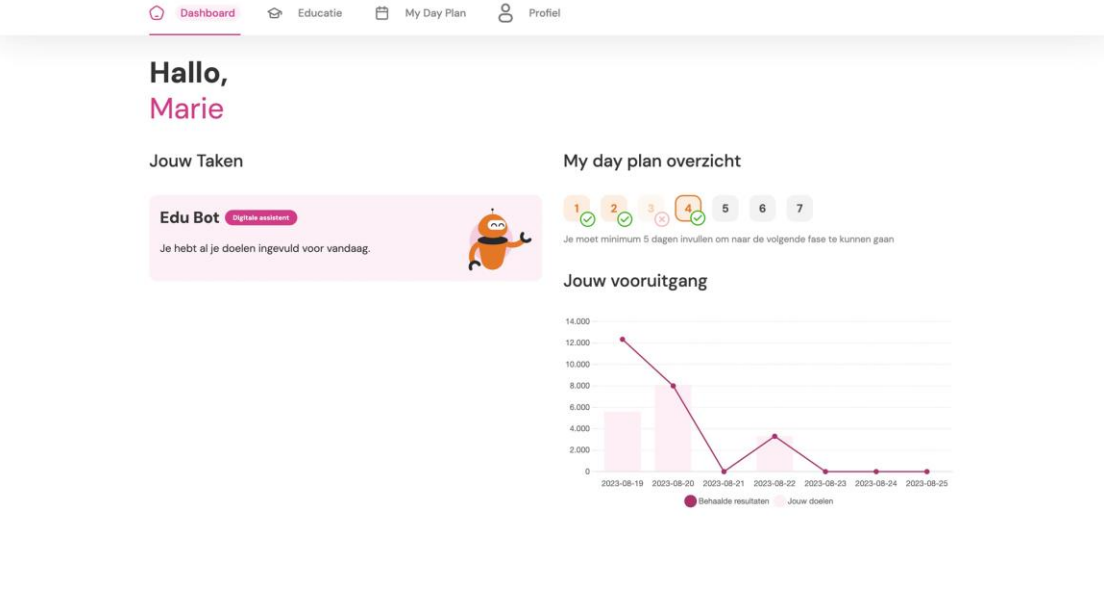
Email

Wachtwoord

Login



Kinesitherapeuten gezocht!



Dashboard

My Day Plan

PECAN # Altijd actief

Les: Fase 1

Een toertje gaan fietsen

Oké

Denk goed na over welke moeilijkheden of hindernissen zich kunnen voordoen. Je kan er uit het lijstje kiezen, of kan er zelf formuleren:

Slecht weer

Nu je hebt nagedacht over mogelijke hindernissen, is het ook belangrijk om na te denken over wat kan helpen om deze hindernis te overkomen. Wat zijn mogelijke oplossingen? Kies uit het lijstje, of formuleer ze zelf.

Je gerief klaarzetten Een herinneringsbriefje Een alarm zetten Inplannen in je agenda

Beweging verplaatsen Je prioriteit duidelijk maken Vervangactiviteit zoeken

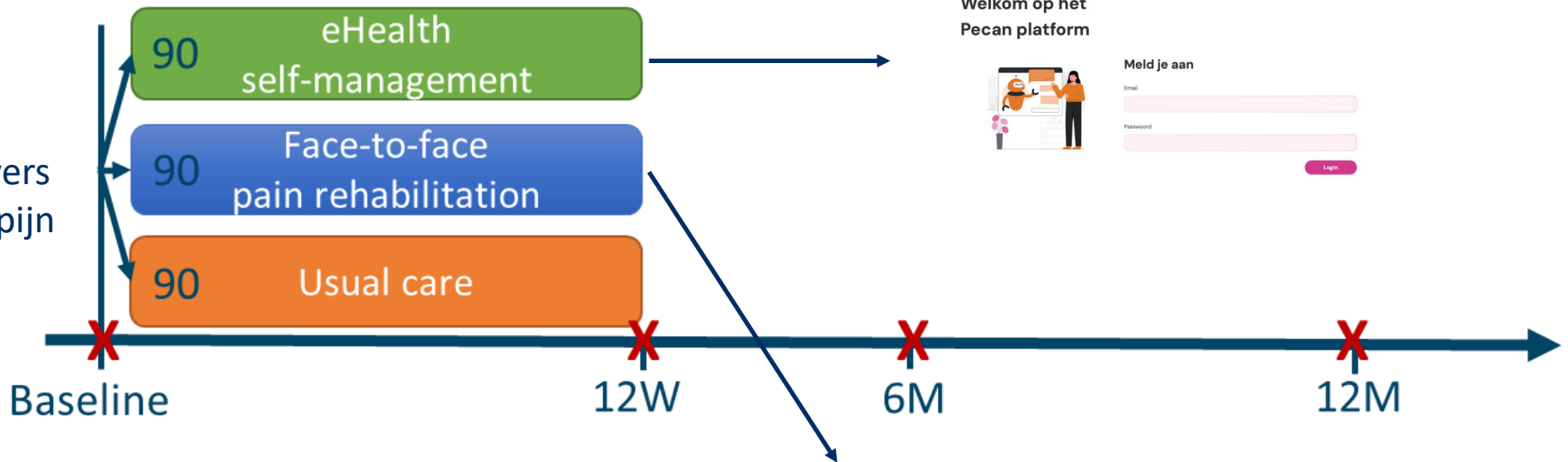
Een motiverende quote ophangen Partner zoeken

Activiteiten opsplitsen over meerdere momenten en/of sub-taakjes

Pain neuroscience education in cancer



270
Borstkankeroverlevers
met aanhoudende pijn

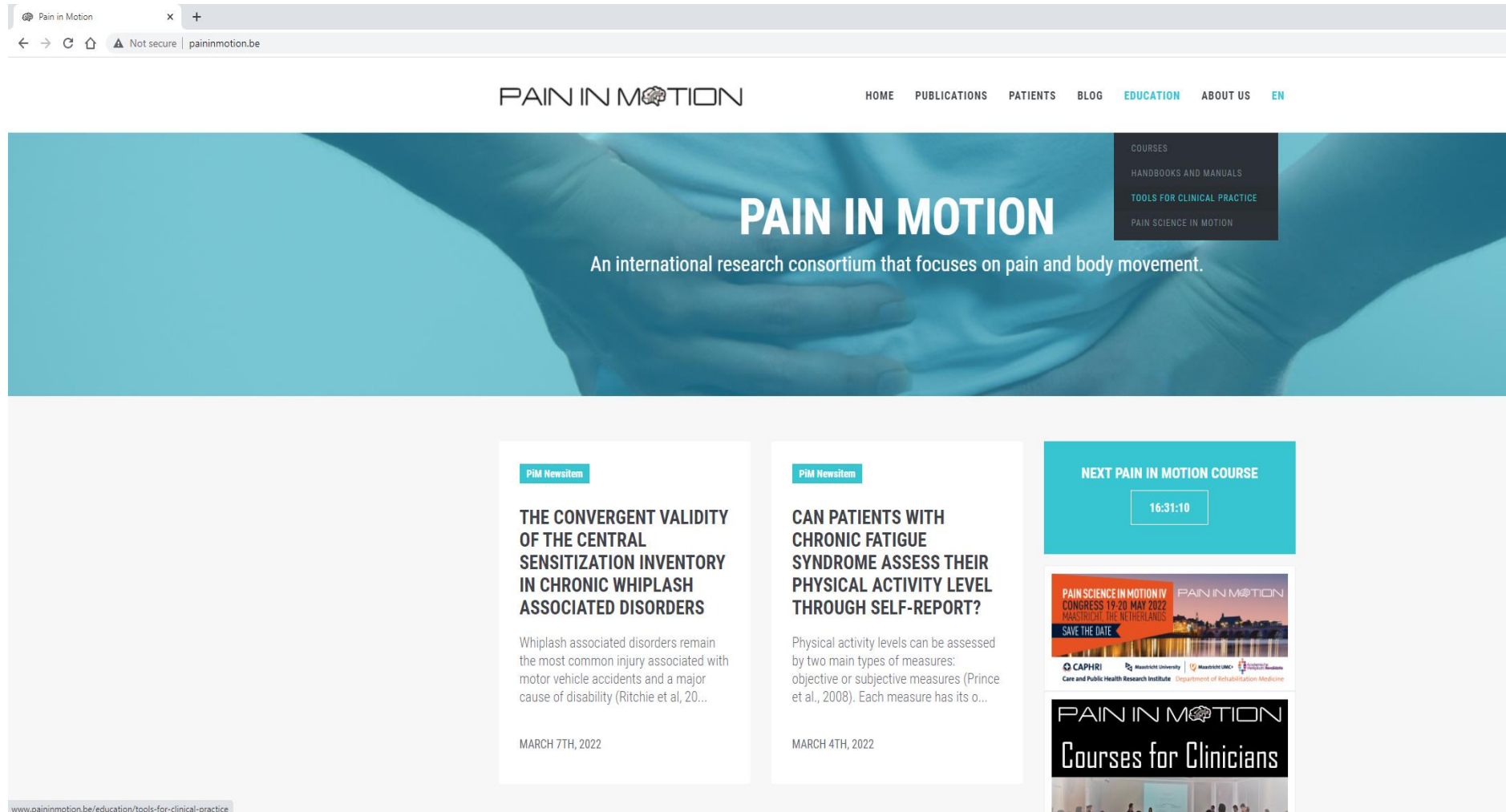


Door kinesitherapeuten in de 1^{ste} lijnszorg (vanaf januari 2024)

Interesse/meer informatie?

Laat alvast je gegevens achter via PECANeHealth@gmail.com

Links pijneducatie



The screenshot shows the Pain in Motion website. The browser tab is 'Pain in Motion' and the address bar shows 'paininmotion.be'. The website has a navigation bar with links: HOME, PUBLICATIONS, PATIENTS, BLOG, EDUCATION (highlighted), ABOUT US, and EN. The main banner features the text 'PAIN IN MOTION' and 'An international research consortium that focuses on pain and body movement.' Below the banner, there are two featured articles and a course announcement.

Navigation Bar: HOME, PUBLICATIONS, PATIENTS, BLOG, **EDUCATION**, ABOUT US, EN

Main Banner: PAIN IN MOTION
An international research consortium that focuses on pain and body movement.

Featured Articles:

- THE CONVERGENT VALIDITY OF THE CENTRAL SENSITIZATION INVENTORY IN CHRONIC WHIPLASH ASSOCIATED DISORDERS**
Whiplash associated disorders remain the most common injury associated with motor vehicle accidents and a major cause of disability (Ritchie et al, 20...)
MARCH 7TH, 2022
- CAN PATIENTS WITH CHRONIC FATIGUE SYNDROME ASSESS THEIR PHYSICAL ACTIVITY LEVEL THROUGH SELF-REPORT?**
Physical activity levels can be assessed by two main types of measures: objective or subjective measures (Prince et al., 2008). Each measure has its o...
MARCH 4TH, 2022

Next Pain in Motion Course: 16:31:10

Pain Science in Motion IV Congress 19-20 May 2022 Maastricht, The Netherlands
SAVE THE DATE

PAIN IN MOTION Courses for Clinicians

www.paininmotion.be/education/tools-for-clinical-practice

NEDERLANDS

- PNE4Kids: pijneducatieprogramma voor kinderen met chronische pijnklachten
- Pijneducatie: informatiebrochure om mee te geven aan pijnpatiënten ter ondersteuning van de pijneducatie
- Pijneducatie: power point slides om de pijneducatie te illustreren
- Pijneducatie voor pijn na whiplash: informatiebrochure om mee te geven aan patiënten met pijn na whiplash ter ondersteuning van de pijneducatie
- Pijneducatie voor mensen met fibromyalgie: informatiebrochure om mee te geven aan fibromyalgiepatiënten ter ondersteuning van de pijneducatie
- The Injustice Experience Questionnaire: Nederlandstalige consensusvertaling
- Retraining Pain Memories in Chronic Pain Patients: the Next Generation of Exercise Therapy – met voorbeelden in het Nederlands
- Central Sensitization Inventory – Nederlandse consensusvertaling
- De Pijn Neurofysiologie Test – Nederlandse vertaling
- Activiteitendagboek
- Tampa Schaal Kinesiofobie – aangepast voor CVS
- Symptomenlijst CVS
- Nederlandstalige versie van de CFS-APQ (Chronic Fatigue Syndrome Activities and Participation Questionnaire)
- Motiverende gespreksvoering combineren met pijneducatie: script en handleiding
- Waarom blijft mijn pijn aanhouden en wat kan ik er aan doen? Informatiebrochure voor patiënten met aanhoudende pijn
- Poster voor in de wachtzaal 'Blijft je pijn aanhouden'
- Video's voor patiënten om pijn te begrijpen

ENGLISH

- PNE4Kids: Pain Neuroscience Education program for children with chronic pain
- Pain neuroscience education: slides for supporting/illustrating your explanation (English version)
- 'A journey to learn about pain' – Pain education book for children
- Tampa Scale Kinesiophobia – version chronic fatigue syndrome (in English)
- CFS Symptom List
- Osteoarthritis Balancing Handson Handsoff - English
- Retraining Pain Memories in Chronic Pain Patients: the Next Generation of Exercise Therapy
- DolorÔmeter Game: board for women
- DolorÔmeter Game: board for men
- DolorÔmeter Game: rules
- DolorÔmeter Game: cards

Hieronder vind je een informatiebrochure, video's en een poster die ondersteuning bieden in het begrijpen van pijn. Het geeft extra toelichting over aanhoudende pijn; het verschil tussen acute en aanhoudende pijn, hoe het komt dat we pijn ervaren en waarom we meer of minder pijn kunnen ervaren. Daarnaast geeft het adviezen over wat je zelf kan doen, of met ondersteuning van een professional, om beter met de pijn om te gaan.

Brochure

[DOWNLOAD BROCHURE](#)

Videos



#1 Waarom voelen wij pijn



#2 De rol van de hersenen



#3 Een overgevoelig alarmsysteem



#4 De rol van aandacht



#5 Het verleggen van aandacht



#6 Pijn uit het middelpunt halen



#7 De invloed van slaap



#8 Medicijnen



#9 De invloed van sociale relaties

MOE VAN HET WACHTEN TOT DE PIJN OVER GAAT?

DEZE GRATIS ONLINE CURSUS LEERT U OP EEN WETENSCHAPPELIJK ONDERBOUWDE MANIER HET VERMINDEREN VAN DE SYMPTOMEN EN HET TERUGKEREN NAAR HET LEVEN DAT U WILT LEVEN.

BEGRIJP PIJN

8 lessen (elk een minuut)



1. Waarom voelen wij pijn



2. Wat veroorzaakt chronische pijn



3. Een simpele metafoor voor de behandeling



4. Laten we eens een taboe bespreken



5. Rare pijn en magie in de hersenen

RETRAIN PAIN FOUNDATION

Tired of waiting for pain to go away?

This **free** online course will teach you a science based approach to reducing symptoms and getting back to the life you want to live.

Français | Italiano | Nederlands | Svenska | Türkçe

START THE COURSE

<https://www.retrainpain.org/nederlands>

Links pijneducatie Nederlands



https://www.youtube.com/watch?v=w_QMovjlzmk



https://www.youtube.com/watch?v=qWoQpgt7m_E

Links pijneducatie Engels

Zoeken



 **Brainman**
@HunterBrainman 3,4K abonnees 21 video's
Following his award winning performance in "Understanding Pain and Wha... >

Abonneren

HOME VIDEO'S PLAYLISTS COMMUNITY KANALEN OVER >

Uploads ▶ Alles afspelen



Brainman stops his opioids (Japanese subtitles) (日本...
2,8K weergaven • 8 jaar geleden



Understanding pain and what to do about it in less than 5...
7,5K weergaven • 8 jaar geleden



Understanding pain: Brainman chooses (with...
1,3K weergaven • 8 jaar geleden



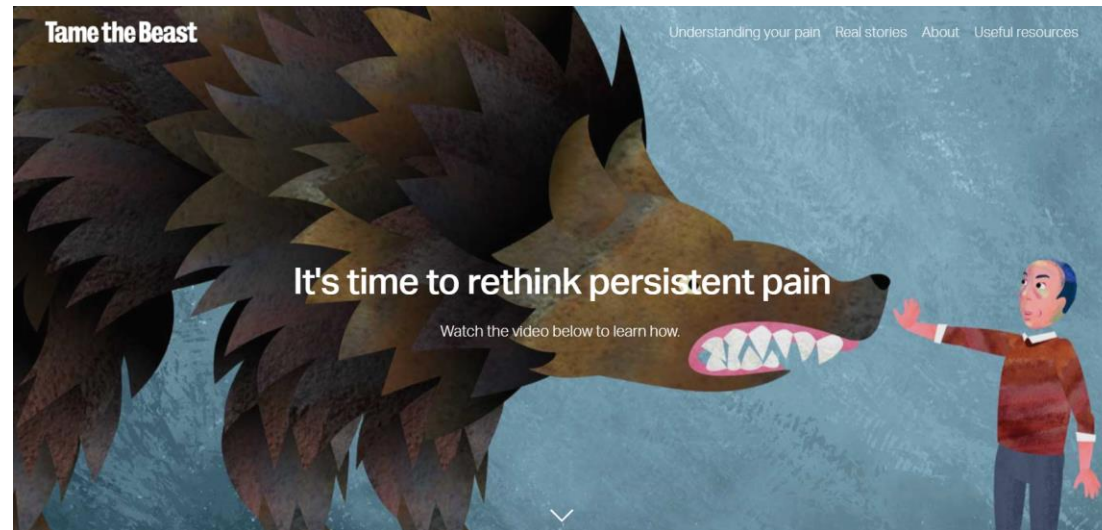
Understanding Pain & what to do about it in less than 5...
1,8K weergaven • 8 jaar geleden



Understanding Pain: Brainman chooses (French...
1K weergaven • 8 jaar geleden

<https://www.youtube.com/channel/UCAfjSufXOnORMLMtSid6CQQ>

Links pijneducatie Engels



<https://www.tamethebeast.org/>

Links pijneducatie Engels

Factsheets Archive

On the basis of 10 years of feedback from over 350 consumers who have benefited from an education based approach to chronic pain, our resources have been through many iterations. You can learn about that process [here](#). You can find the older versions of our factsheets [here](#).



1. Pain is always real

- [English](#)
- [Arabic](#)
- [Estonian](#)
- [Italian](#)
- [Japanese](#)
- [Portuguese](#)
- [Spanish](#)



2. Learn more about your pain

- [English](#)
- [Arabic](#)
- [Estonian](#)
- [Italian](#)
- [Japanese](#)
- [Portuguese](#)
- [Spanish](#)



3. Pain doesn't equal tissue damage

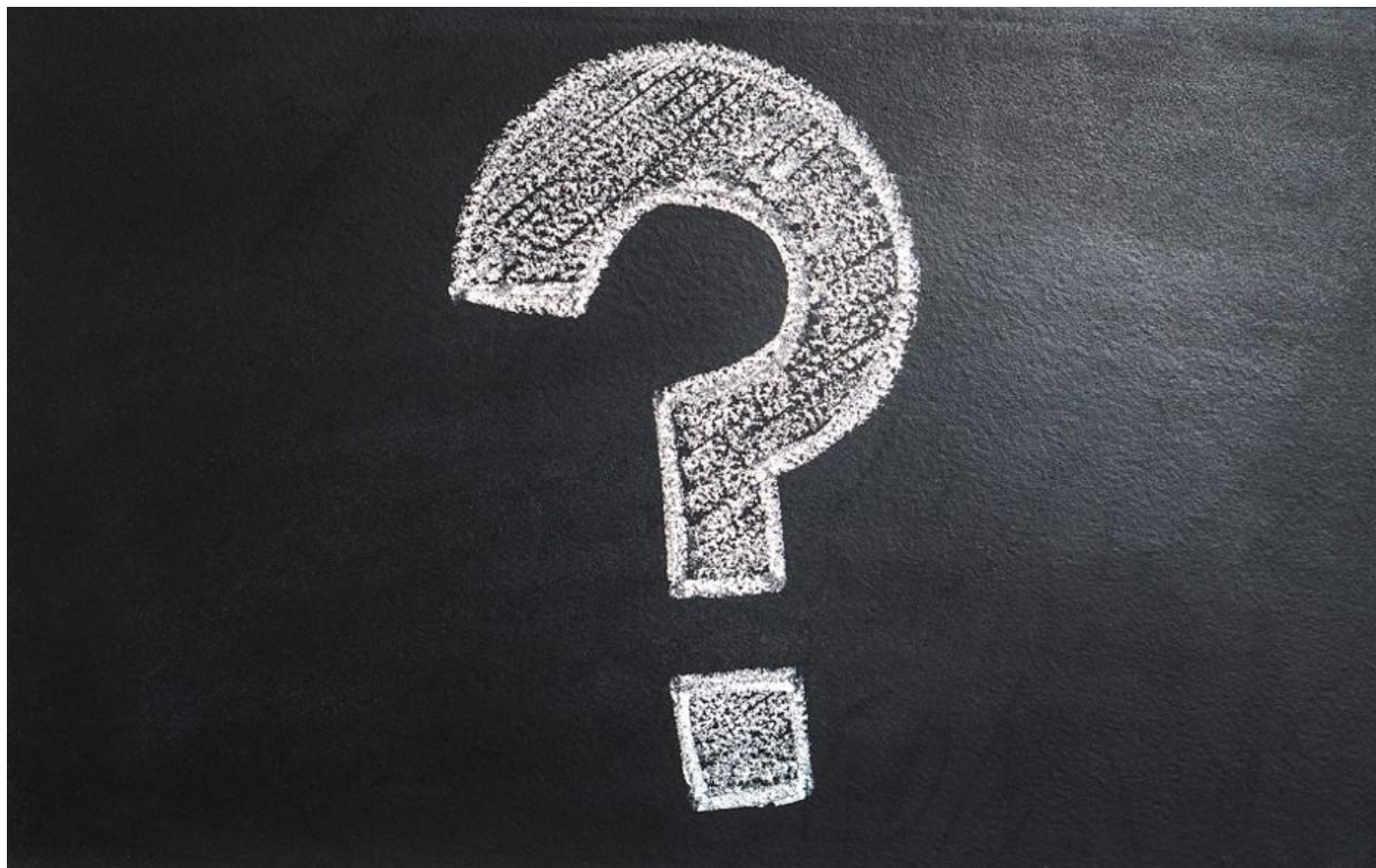
- [English](#)
- [Arabic](#)
- [Estonian](#)
- [Italian](#)
- [Japanese](#)
- [Portuguese](#)
- [Spanish](#)



4. Pain equals protection

- [English](#)
- [Arabic](#)
- [Estonian](#)
- [Italian](#)
- [Japanese](#)
- [Portuguese](#)
- [Spanish](#)

<https://www.painrevolution.org/factsheets>



lore.dams@uantwerpen.be

Aanvullende informatie – Communicatie bij pijn

<https://europeanpainfederation.eu/wp-content/uploads/2022/05/HL-Booklet-New-Illustrations.pdf>



Aanvullende informatie – Communicatie bij pijn

Heeft mijn patiënt de gegeven informatie begrepen?
→ Probeer de Teach-Back methode

Limit information to
3 TO 5 MESSAGES
per session



'USE THE TEACH-BACK METHOD'

- ✓ Provide clear information in shorter segments
- ✓ Ask your patient to repeat the information back to you
- ✓ Assess the repeated information for accuracy
- ✓ Rephrase the information until your patient demonstrates they understand

Encourage your patients to ask questions using

'Ask Me 3'[®]

What is my main problem?
What do I need to do?
Why is it important for me to do this?

Facilitate patients to become active decision makers in their healthcare



Aanvullende informatie – PiM Masterclasses

PAIN IN MOTION



A promotional poster for PiM Masterclasses. The background is a solid light orange color. At the top left, there are three concentric circles. At the top right, there are three wavy lines. The text is centered and reads: 'DID YOU KNOW THAT WE REGULARLY ORGANIZE' in blue, 'PIM MASTERCLASSES' in large red letters, 'AND THAT THESE ARE FREE TO ATTEND' in blue, 'AND' in blue, 'CAN BE REWATCHED ON OUR YOUTUBE CHANNEL?' in blue. Below this, there are three large blue chevrons pointing right. To the right of the chevrons, it says 'GO CHECK IT OUT!' in blue, followed by the YouTube logo (a red play button icon) and the word 'YouTube' in black. Below that is the URL 'www.youtube.com/@PainInMotion_International' in blue. At the bottom, the 'PAIN IN MOTION' logo is repeated in a smaller font.

DID YOU KNOW THAT WE REGULARLY ORGANIZE

PIM MASTERCLASSES

AND THAT THESE ARE **FREE** TO ATTEND
AND
CAN BE **REWATCHED** ON OUR YOUTUBE CHANNEL?

GO CHECK IT OUT!

 **YouTube**

www.youtube.com/@PainInMotion_International

PAIN IN MOTION

<https://www.youtube.com/playlist?list=PLHx9lrSYOpklImXito4UTYCuri1uoLqYq>