Information sources and further reading

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Infographic 1: What is chronic pain?

Chronic pain is a significant global health burden

In terms of years lived with disability (YLDs), low back pain, headache disorders, and dietary iron deficiency were the leading Level 3 causes of YLD counts in 1990, whereas low back pain, headache disorders, and depressive disorders were the leading causes in 2017 for both sexes combined.

Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

Global Health Metrics | Volume 392, ISSUE 10159, P1789-1858, November 10, 2018

Across the globe low back pain causes more disability than any other condition

The global burden of low back pain: estimates from the Global Burden of Disease 2010 study


The Lancet Series on low back pain

Facts about pain: Acute pain alarms us about potential tissue damage and typically comes on suddenly as a result of a specific incident such as surgery, childbirth, a fracture, or trauma.

Chronic pain serves no biologic purpose as it is not related to the threat of tissue damage. Chronic pain can be considered a disease state and can persist for months or years.

An American Physical Therapy Association White Paper, June 1, 2018

Definitions of chronic pain

https://www.csp.org.uk/conditions/chronic-pain
https://www.csp.org.uk/publications/physiotherapy-works-chronic-pain

Physiotherapy helps people with long term (chronic) pain develop the skills they need to manage their condition, increase their activity and improve their quality of life.

Being active with chronic pain. Chartered Society of Physiotherapy

Exercise therapy is included in all guidelines for the treatment of chronic pain

Phys Ther. 2018;


Cochrane Collaboration, 1, 1–62.

Cochrane Database Syst Rev. 2014;

Cochrane database Syst Rev. 2005;

Phys Ther. 2018;

Infographic 2: Chronic pain – the myths

The following resources were used in the production of this infographic:
http://www.lowbackpaincommunication.com/
https://www.csp.org.uk/conditions/back-pain/back-pain-myth-busters
https://www.physio-pedia.com/Exercise_and_Activity_in_Pain_Management

Although an X-ray, CT or MRI scan may occasionally be helpful, findings such as disc degeneration, arthritis, disc bulges and fissures are common in the pain free population and are not necessarily the reason for your pain.


Darlow B, Dean S, Perry M, Mathieson F, Baxter GD, Dowell A. Easy to harm, hard to heal: patient views about the back. 
Spine 2015; 40:842e50.


Geisser M, Roth R. Knowledge of and agreement with chronic pain diagnosis: relation to affective distress, pain beliefs and coping, pain intensity and disability. 

The level of pain experienced is often a poor measure of injury or tissue damage. Even if an activity is painful, it is not an accurate sign of doing harm. A physical therapist can help develop a programme for you to move safely.


It may be painful to bend and lift with back pain, but developing the mobility and strength to bend and lift is important. Many types of exercise, including weight training, can bring great benefits.


Returning to movement and work is better for recovery and preventing recurrence than bed rest. Immobility and bed rest for more than two days have never been shown to be beneficial.


Solutions that focus on opioids for managing pain at best mask people’s physical problems and delay or impede recovery and at worst may prove to be dangerous and even deadly.


Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health. An American Physical Therapy Association White Paper, June 1, 2018

Surgery and interventional procedures have a very limited role, if any, in the management of low back pain. Only about 1-5% of low back pain is caused by serious disease or injury.


People who catastrophise about the meaning of pain become trapped in a vicious cycle of avoidance behaviour, pain and disability. A physical therapist can help interpret pain and use exercise to break the cycle and reduce pain.


Infographic 3: Taking control of pain

Physical therapists work with people to help them take control of their pain using several tools including pain education, coping strategies, problem solving, pacing activities, sleep hygiene and relaxation.


People with negative beliefs about their pain report higher levels of pain intensity and disability.

Urquhart DM, Bell RJ, Cicuttini FM, Cui J, Forbes A, Davis SR. Negative beliefs about low back pain are associated with high pain intensity and high level disability in community-based women. BMC Musculoskelet Disord. 2008;


People with positive beliefs of pain have attitudes that positively influence a prognosis.

Wertli MM, Held U, Lis A, Campello M, Weiser S. Both positive and negative beliefs are important in patients with spine pain: findings from the Occupational and Industrial Orthopaedic Center registry. Spine J. 2018;


**People with musculoskeletal pain often view their body as being a fragile or vulnerable structure which is easy to (re)injure.**


**People who attribute their pain to a structural cause are more likely to have higher levels of disability and poor recovery expectations.**


**Physical therapists will help you understand how pain is a built-in alarm system that with chronic pain is often too easily triggered.**

They will help you reduce the fear attached to pain and explore long-term strategies to build confidence through engaging in avoided activities that are threatening or painful to regain control.


Poster 1: Chronic pain

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An American Physical Therapy Association White Paper, June 1, 2018

Poster 2: Chronic pain and exercise; and Flyer: Taking control of chronic pain

The following articles demonstrate the role of physical activity and physical therapy in chronic pain

Regular exercise programmes can have beneficial effects for people with chronic pain.


Physical therapists should encourage physical activity in chronic pain conditions.


Nijs J, Roussel N, Paul van Wilgen C, Köke A, Smeets R. Thinking beyond muscles and joints: Therapists’ and patients’ attitudes and beliefs regarding chronic musculoskeletal pain are key to applying effective treatment. Man Ther. 2013;

Physical therapists have unique skills to evaluate patient-specific movement dysfunction in chronic pain conditions.
**Postcard: Chronic pain and the opioid crisis**

Prescribing opioids for chronic pain conditions has been associated with a significant increase in opioid-related deaths, a high risk of dependency and addiction, and other side effects associated with long-term opioid use.


An estimated 27 million people suffered from opioid use disorders in 2016.

The number of opioid overdoses has increased in recent years, in part due to the increased use of opioids in the management of chronic non-cancer pain.

In the United States of America alone in 2016, there were an estimated 63,632 deaths due to drug overdose, a 21% increase from previous years. This was largely due to a rise in deaths associated with prescription opioids.

https://www.who.int/substance_abuse/information-sheet/en/

Information on side 2 was taken from the paper below:

Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health. An American Physical Therapy Association White Paper, June 1, 2018

**Additional resources**

https://www.knowpain.co.uk/
https://noijam.com/
https://www.painscience.com/
https://bodyinmind.org/
http://www.iasp-pain.org/