

Pain Management Planning Worksheet

Use the 4 Ps to plan pain self-management

Step 1: Look through the list of 4 P's on the back of this sheet.

Step 2: Add your own strategies to the list that you've found helpful.

Step 3: Complete the 4 P's chart below.



Step 5: Discuss any questions or concerns with your healthcare team.

Step 5: Add one new strategy at a time per column to find out what works for you, e.g., in the “Before” column, add only one of the 4 P's at a time. Remember, some treatments take time and practice to be effective.

Step 6: Refer to this chart regularly and modify your strategies as needed. Practice skills to build a toolbox of strategies to help manage your pain.

Pain management plan for physical activity			
Strategy	BEFORE	DURING	AFTER
Psychological			
Physical			
Pharmacological			
Preventative			

Four P's of Pain Management

Pharmacological	Psychological
<ul style="list-style-type: none"> • Match medications to the types of pain (e.g., nociceptive, neuropathic, nociplastic) • Goal of medications is to make you more comfortable when you move or sleep while avoiding adverse effects such as constipation, drowsiness, or increased nervous system sensitivity. • Medications will not likely get rid of your pain. 	<ul style="list-style-type: none"> • Pain neurophysiology education (i.e., how and why the brain produces pain) • Mindfulness practice • Spiritual practices or rituals (e.g. prayer, meditation, smudging, finding purpose in life) • Relaxation exercises (e.g. imagery, breath control exercises, progressive relaxation) • Cognitive behavioral therapy • Acceptance based therapy • Stress management • Hypnosis • Social support
Physical	Preventative
<p>Passive</p> <ul style="list-style-type: none"> • Thermal applications (heat/cold packs) • Manual therapies (e.g. massage, joint mobilizations or manipulations) • Electrical (e.g. TENS) • Acupuncture <p>Active</p> <ul style="list-style-type: none"> • Therapeutic exercises (e.g. flexibility, strength) • General activity (e.g. cardiovascular fitness) • Interrupt sedentary time (e.g. 5 minutes/hour of gentle movement such as shoulder shrugs, arm raises and marching on the spot) • Physical activity goals: <ul style="list-style-type: none"> • Start low and go slow • Begin with 50% of amount of activity that causes pain to flare. Increase by 5-10% every few days. • Some people experience an increase in pain while moving and for 2-3 days after. • The best cure for increased pain with activity is more activity. • Aim for daily activity participation 	<ul style="list-style-type: none"> • Modify exercises to improve comfort while remaining active. • Splints, braces, or orthotics recommended or prescribed by a healthcare provider • Mobility aides (e.g. cane, walker) • Postural or positioning changes (e.g. body mechanics during lift; chair) • Activity pacing (e.g., balance housework or work with physical activity) • Ergonomic set up of work stations • Sleep hygiene education and training • Lifestyle changes (e.g. healthy eating, smoking cessation) • Condition/disease management (if applicable)

Physical Activity Adherence Promoting Skills

- Know your physical activity motivators – what benefit will you get from being active today?
- Set specific, measureable, achievable, relevant, and time-based goals
- Identify possible barriers to physical activity and make plans to overcome those barriers
- Review your physical activity progress monthly. Lapses in activity participation are normal; however it is important to keep practicing the skills that will help you remain active.