CANADIAN PAIN COALITION NEWSLETTER

Volume 4, Number 1 Winter 2011

Inside this issue:

NATIONAL
PAIN
AWARENESS
WEEK:

NOVEMBER 6-12, 2011

The President's Letter

Dear Members,

I hope that this letter finds you enjoying and looking forward to all of the opportunities that this new year has to offer. If this winter has been challenging as it quite often can be for people living in pain, I hope you see the days getting longer. Spring will be here before we know it, hold on!

We bring you a newsletter filled with information in our regular columns, feature article and book review to help you to live easier with chronic pain and to inspire you to live your best life in spite of the pain. CPC member updates will keep you informed about the great work and upcoming events of several of our members organizations. Submissions to "Pain Inspires Art" keep life with pain "real" while letters to "We're Listening" are uplifting and encouraging.

As president, I am thinking about the opportunities that CPC has in 2011 and beyond to improve awareness about pain, provide education about pain management, support our members and above all make the lives of people with pain easier, mine included. As you will read in "CPC Updates", our organization is becoming stronger and more influential in Canada while continuing to support our members through education, advocacy and grants.

With this issue we welcome Mr. David Sumpton as CPC newsletter editor. David has already started the organizing for the remaining 2011 newsletters. I thank him for volunteering to do this important work for CPC.

As I finish this letter to you today from Southern Ontario, the sun is shining brightly and a February thaw has cleared the sidewalks of ice and snow. Luci, my little red miniature pincer, and I are going for a little walk.

Sincerely,

Lynn Cooper
President

CPC Updates

Submitted by Lynn Cooper BES, President

The Canadian Pain Coalition began 2011 with a flurry of activity. We are pleased to provide you with an update of our new and ongoing initiatives. New work includes launching the CPC Report on Pain and our General Pain Survey. Ongoing work includes organizing the Canadian Pain Summit and the third *Pennies for Pain* Walk to End Pain. CPC is collaborating with member organizations on education and awareness projects. This year promises to be very busy for CPC and its member organizations.

CPC Leadership for Changes to Pain Care in Canada

CPC continues to work towards the objectives of the *CPC Advocacy Plan* that involves:

a. Having pain recognized as a chronic disease in Canada
b. Championing equitable access to services for people with pain with the first focus on medications
c. Working toward a National Pain Strategy by approaching the Canadian Pain Society as a partner

Having Pain Recognized as a Chronic Disease in Canada

CPC has learned from ACTION West, a CPC member organization, that chronic pain has been declared a chronic disease in Alberta. CPC congratulates the work of advocates and the receptivity of government in Alberta to make this happen!

Championing Equitable Access to Services for People with Pain

Common Drug Review (CDR) Patient Input Process

As part of its mandate to champion equitable access to services for people with pain CPC has provided its second submission to the CDR Patient Input Process. This submission is for the pain medication, Nucynta. To create a well informed document, CPC used data gained from the CPC General Pain Survey and interviews with people who had completed a clinic trial of Nucynta.

CPC Review of Medications on Canadian Formularies

CPC has recently completed its analysis and comparison of medications covered on Canadian Formularies for the management of pain. A pilot advocacy plan has been developed for the provinces of British Columbia, Alberta, Quebec and Ontario. CPC is looking for individuals in each of these provinces to assist with responsible and sensitive advocacy toward equitable access to pain medications as part of a well rounded pain management plan for people with pain. To learn more, please contact office@canadianpaincoalition.ca.

National Pain Strategy and Canadian Pain Summit

Organizing toward the first ever National Pain Summit by the Canadian Pain Coalition and the Canadian Pain Society is well under way. The Summit is scheduled for April 24, 2012 in Ottawa. In December 2010, the steering committee welcomed Jacques Laliberte, president of l'association québécoise de la douleur chronique, a CPC member organization, to be the voice of French Canadians living in pain. The review process of the National Pain Strategy by Canadian stakeholders has begun. The National Pain Strategy will be announced at the Summit. Visit www.canadianpainsummit2012.ca for more information.

The National Voice of Canadians Living with Pain

Declaration of Montreal

During the International Pain Summit held in Montreal on September 3, 2010, CPC Board members Sandra Gartz and Lynn Cooper added their voices to the collective Summit statement that. "Access to effective pain care is a fundamental human right." The International Association for the Study of Pain has released the final Declaration of Montreal based on collective feedback from the Summit participants. Visit www.canadianpaincoalition.ca to read this world changing document.

CPC Report on Pain

On January 10, 2011, CPC announced the release of the CPC Report on Pain. The Leger Marketing online survey conducted in October 2010 resulted in a total of 1,717 interviews with Canadian adults, 18 years of age and older. Of those interviewed 818 were classified as living with chronic pain. Findings from the survey have been the focus of numerous print, television and radio interviews by Dr. John Clark, CPC Medical Advisor, and Lynn Cooper, President. Statistics from the survey have already assisted CPC with advocacy initiatives.

Continued on page 3

CPC commissioned the survey because we wanted to find out how involved Canadians are in their pain care and if they have a pain treatment plan. Since 2003, with the creation of the Charter of Pain Patient Rights and Responsibilities, CPC has highlighted the importance of people with pain becoming active participants in their pain care.

Survey results were both encouraging and concerning. We learned that 54 per cent of respondents have a treatment plan. The good news is that 91 per cent of the people with a plan play an active role in their pain care. The concerning news is that almost half of respondents believe there are no treatment options that can help them with their condition. As well, 67 per cent were unsure what kind of support or resources they would like to see available to them.

Clearly there is much work yet to be done by the CPC and our member organizations with respect to:

- Improving awareness and education about management strategies and treatments that people with pain can use to reduce the effects of chronic pain in their lives
- Encouraging people with pain to proactively seek out information about their condition
- Championing timely and equitable access to best practice treatment of all types of pain

General Pain Survey

On January 17, 2011, CPC launched its General Pain Survey. There has been a great deal of interest in the survey with over 525 people participating in less than one month. CPC will use the information from the survey to:

- Make decisions about its future education and support programs,
- Direct the expansion of the ***Pain Resource Centre***, Canada's central, medically reviewed web resource for pain and pain management located on the CPC website, and
- Provide the person with pain perspective to government regarding health policy.

We encourage you to complete the survey and to send the link to others who might wish to participate. You will find the link at www.canadianpaincoalition.ca. Your input adds strength to CPC, *The National Voice of People with Pain.* ***Your input is painfully important!***

CPC in the Media

The Statistics Canada Report about pain in people aged 12-44 released on December 14, 2010 provided CPC and the Canadian Pain Society many opportunities to speak about pain issues in December and January. The "What a PAIN" article featured across the country in Sun Media newspapers on January 3, 2011, highlighted the person with pain perspective about the report.

Media attention for the CPC Report on Pain included coverage in the National Post featuring Dr. John Clark, CPC Medical Advisor and an article in Hospital News that is available in hospitals across Canada.

Education and Outreach

Conference Attendance

It is important for CPC to strategically attend conferences to promote awareness about CPC resources, like the ***Pain Resource Centre*** located at www.canadianpaincoalition.ca, to health professionals who can pass along the information to their clients.

The CPC will host the display booth at:

- Canadian Pain Society, Education Special Interest Group refresher course in Ottawa on February 25 – 27, 2011
- Canadian Aquafit Leadership Alliance Conference in Kitchener on March 25-27, 2011
- Canadian Pain Society Annual Conference in Niagara Falls on April 12-16, 2011

CPC Board Members Speak Out

On January, 18, 2011, Board member Janice Sumpton, pharmacist, met with policy advisors of Ontario Health Minister Deb. Mathews to highlight the state of Ontario's pain care. Mrs. Sumpton's presentation sparked interest in an official meeting with the Canadian Pain Coalition that will take place in the near future where CPC will address the need for an Ontario Pain Strategy. Improved coverage on the Ontario Formulary to medications approved in Canada for the treatment of pain will be an agenda item for CPC.

Upcoming Public Forum

On Monday, **March 7, 2011** in Hamilton, Ontario, the Canadian Pain Coalition and The Arthritis Society are co-hosting a free public pain forum entitled, "Overcome Pain – Live Well Again". The forum features Neil Pearson, physiotherapist and regular CPC newsletter columnist. To view the poster, visit www.canadianpaincoalition.ca. To register, please call 1-800-344-6926.

Continued on page 4

Fund Development and CPC Grants

Pennies for Pain Walk To End Pain

The Canadian Pain Coalition has once again registered as a Charity Challenge Member of the Scotiabank Toronto Waterfront Marathon. This year, the marathon is scheduled for **Sunday, October 16**. Based on the growing success and interest from the past two years CPC has set its fundraising goal at **$80,000**. The Marathon Committee expects 100+ runners/walkers and cheer team members to help raise funds for CPC and awareness about pain issues.

This year CPC has chosen to host an extremely busy and highly visible water station at Ontario Place. This location offers the CPC volunteers more opportunities to cheer on our teammates participating in the full and half marathons. For more information about how you or one of your support people can become involved visit www.canadianpaincoalition.ca. Create your own team or join CPC's central team, CPC Pennies for Pain, which ranked 3rd in 2010 for fundraising by a single team.

Feature Article

By Tamara Rader

New Cochrane website provides patient-friendly access to the best evidence in arthritis, osteoporosis and musculoskeletal treatments

February 17, 2011 – Ottawa, Canada. The Cochrane Musculoskeletal Group, part of the international Cochrane Collaboration, has launched an updated website with the latest evidence on arthritis and musculoskeletal conditions for researchers, health care providers and the public.

"We're pleased to present this gateway to high-quality information which compiles key evidence in musculoskeletal conditions and includes links to multimedia resources from the Cochrane Collaboration" says Lara Maxwell, Managing Editor. The new site (http://musculoskeletal.cochrane.org/) boasts a clean, modern look with access to the best evidence on interventions for rheumatoid arthritis, osteoarthritis and osteoporosis. The re-designed siteembodies the Musculoskeletal Groups's forward–thinking vision and commitment to the meet the health information needs of its audience. Based on consultation with librarians and Cochrane users, the site offers:

- direct access to the abstracts and plain language summaries of Cochrane Reviews
- links to patient decision aids which help people make better use of Cochrane evidence
- a modern interface and intuitive navigation
- rich content provided by staff from across the globe

One of the most exciting features of the website is the collection of patient decision aids. These are an evidence-based tool which helps prepare consumers to make a decision about their health or treatment. Itprovides evidence-based information about a treatment option including the chances of benefits and harms, identifies scientific uncertainties and helps to clarifyone's personal values. They are designed to complement, not replace, counseling from a professional health practitioner. Ten decision aids are now available for download by the public at http://musculoskeletal.cochrane.org/decision-aids. Visit the website to learn more about your musculoskeletal health.

About the Cochrane Collaboration

The Cochrane Collaboration, established in 1993, is an international network of people helping healthcare providers, policy makers, patients, their advocates and care-givers, make well-informed decisions about human health care by preparing, updating and promoting the accessibility of Cochrane Reviews – over 4,000 so far, published online in The Cochrane Library at http://www.cochrane.org/glossary/5#term159

Ask a Pharmacist

Pharmacist Pain Tips

By Janice Sumpton RPh, BScPhm

Acute Pain On Top of Chronic Pain

- During this time extra pain meds may be needed. Discuss with your doctor and pharmacist what to take, how often, and for how long.
- It is understood that during this acute pain period more medication may be necessary. 24-48 hour regularly scheduled medication may be required to control pain back to baseline.

Making the most out of your doctor visit

Focus on 1 symptom (most bothersome) per doctor visit

- For example; pain, sleep, fatigue, medication side effect.

Keep a pain diary for a few weeks

- At the beginning of each day record how you slept the night before.
- Record your pain score 0-10 with 0 meaning no pain, and 10 meaning worst pain.
- Record your activity at the time of pain scoring and methods used to relieve pain.
- Record if your intervention improved the pain (0-10 scale). How long did the pain last? Describe the nature of the pain (location, does it travel, dull, sharp, achy, piercing, burning, numbness, throbbing, deep, did the pain wake you up?).
- Review your diary before the visit for patterns of pain to discuss with your doctor. Take the diary to your appointment.

Internet information and printed patient information on medication and natural therapies

- Information you read may not apply to your specific needs, medical history or medication history.
- If prescribed an "anti-depressant" or "anti-convulsant" for pain it does NOT mean you necessarily are depressed or that you have seizures.
- Most drug information sheets are very general and all items may not pertain to you. Discuss the specifics with your doctor and pharmacist.
- Be wary of "cures" advertised on the internet. Therapies (non-medication and medication) require scientific research to provide unbiased information.

Travelling with your Medications

- Ask your pharmacist to supply each medication in 2 split vials, one with the quantity needed for the duration of your trip plus a couple extra days (in the event of a delay).
- The second vial is the larger supply that you can leave at home.
- This will give you a much smaller, less bulky supply to carry.
- Always have your medication in their original containers from the pharmacy.
- Always travel with your medications in your carry-on luggage.

OVERCOME PAIN

Live Well Again

DATE: Monday March 7, 2011
TIME: 6:45 pm—8:30 pm
LOCATION: Courtyard Marriott Hamilton
1224 Upper James Street
Hamilton, ON L9C 3B1

Attend this FREE lecture to:

- Get an overview of chronic pain management
- Discover treatment options to ease your pain
- Learn about the programs and resources offered by The Arthritis Society and Canadian Pain Coalition

Presenter: Neil Pearson, PT, MSc, BA-BPHE, CYT, RYT500, Physiotherapist, Yoga Therapist, Clinical Assistant Professor UBC, Chair, Pain Science Division of CPA

REGISTER TODAY! Space is limited

1-800-344-6926

Ask a Psychologist

By Ann Gamsa, Ph.D., pain specialist, MUHC Pain Centre, CPC Board Member

Question: I've heard so much about Cognitive-BehaviourTherapy. Does this method really help people who live with pain?

Anonymous

Cognitive-Behaviour therapy (CBT) is the most commonly used psychological intervention for people with chronic pain. It is efficient, goal oriented, concrete, pragmatic, and also, lends itself well to research. CBT helps to change the self-defeating way people think (cognition) and what they do (behaviour) so that they can live life more fully and feel better overall. This form of psychological therapy can relieve multiple problems that result from living with pain; problems such as stress, depression, anxiety, anger, guilt, and loss of confidence, amongst others. As part of this process, pain recedes into the background, such tat the person may well feel less pain. Typically, this technique takes less time than many other forms of therapy, directed as it is towards changing current self-defeating behaviours and ways of thinking, and spends much less time delving into the past, as some other therapies do. CBT focuses on changing your thoughts about pain and illness, while helping you learn effective ways of coping.

For example, a person, unable to work because of pain, may start thinking "I'm useless; I can't do anything," then stay home doing nothing, feeling miserable, isolating him or herself from family and friends, and focusing only on pain. When there is nothing else to occupy the mind, pain tends to feel much worse, and the person is likely to feel progressively more useless, miserable, and depressed. Thinking "I can't do anything; I'm useless", together with the accompanying behaviour—doing nothing, remaining isolated—helps no one, certainly not the person with pain. Unless the appropriate changes are made, the entire situation spirals downwards, sometimes out of control. Furthermore, feelings of stress create physiological changes in the body, such as rise in blood pressure, release of stress hormones, and muscle tension, all of which increase pain.

To reverse this self-destructive pattern, a CBT therapist will point out the inaccuracy of the statement "I can't do *anything";* it's simply untrue that the person can do nothing at all. It may be true that they can't do everything they did before, but there are still many things the person *can* do. For example, it may be possible to help out at home, read to the children, or do simple volunteer work. Once you "reframe" the statement "I can't do anything" to "I may not be able to do what I did before, but there are some useful and enjoyable things I still *can* do," you are thinking in a realistic and healthy direction, one that can promote behaviour change and improve well-being. You can start *doing* some of the things you now know you *are* able to do. When your thinking and behaviour change in this way, you will no longer *feel* useless; you'll feel better about yourself, and while you are engaged in a chosen activity, you will feel less pain. The CBT therapist also teaches relaxation techniques, such as deep abdominal breathing, visualization, and self-hypnosis. These techniques slow stress-related physiological reactions, which in turn, help reduce pain.

In another example, a person who used to jog on a daily basis may believe he or she can no longer do any physical activity or stay in shape because of pain. This can become a self-fulfilling prophecy if the person holding this "irrational" belief, stops all physical activity. They will become completely deconditioned, lose energy, and with even the smallest attempt at exercise, pain will get worse. (This would be true for anyone—with or without pain who starts to exercise after a period of inactivity). Since pain now increases with any movement, the person avoids activity and becomes depressed. The depression, in turn, depletes motivation to do anything, and thus the cycle continues. The CBT therapist will point out that the thought "I cannot do any physical activity," is a distorted one. The reality is different: true, jogging is no longer possible, but walking, starting with short distances, and gradually working up to longer ones is a realistic option. Changing the false belief to a true and realistic one enables the person to become sufficiently active to regain fitness (even if not at pre-pain levels), improve energy and mood, and begin to "live" again.

Here's how it works:

At the first meeting the cognitive-behaviour therapist asks questions of the client to gain an understanding his or her life situation, and the problems to be addressed in therapy. The therapist explains the rationale behind CBT for chronic pain: how a person thinks (cognition) and what they do (behaviour) affect pain, suffering, and disability. Changes in the way a person thinks about problems can significantly improve coping and help diminish pain. The

Continued on page 7

Ask a Psychologist (cont'd)

Specific techniques and concepts are taught during each session to help clients attain their goals. Thus, CBT is not just a “talking” therapy; rather, it is directive and educational. Homework, a regular component of CBT, is assigned on a weekly basis, and may include readings, practice of learned techniques, and work towards behavioural goals. For example, assignments may include a) a reading that reviews CBT techniques discussed in a sessions, b) an exercise to record each time a self-defeating or distorted thought arises as well as a more productive, realistic thought to replace it, c) two 10-minute walks 5 out of 7 days, and d) daily relaxation. Changes are attained much more quickly with practice throughout the week rather than only discussed in therapy sessions.

Unfortunately, psychological therapy is not usually covered by government medical insurance, but private insurers usually provide at least partial coverage. If you not able to see a professional for CBT, the following chart may serve as a starting point for making changes on your own or with support from a friend or family member.

Here are some examples of how CBT can help a person living with pain.

Problem	Distorted self-destructive thought	Maladaptive behaviour	New productive, realistic thought	Behaviour change
Depression	“There’s no point trying to do anything.”	Stays home; does nothing; gets more depressed	“I’m depressed now, so it’s hard to get up the energy or desire to do anything, but if I find a way to start doing *something*, I might feel better. I’ll start taking a few photographs outdoors, even though I don’t really feel like it.”	Continues to photograph spring as it unfolds →, ↑ mood ↑energy ↑motivation, ↑overall well– being
Anxiety	“Everything makes me nervous and stresses me out.”	Stays home; isolates self; becomes increasingly anxious about the thought of going anywhere	“I’ve been too anxious to go out of my house since this pain started, but if someone I trust accompanies me, I could probably go to the corner store. I know I’ll be nervous the first time, but after a couple of times, I’ll probably get used to it. I can also do my deep breathing exercise if I feel stressed.”	Goes out with sister; gets a little anxious, but with deep breathing, copes well. Feels less anxious the second time out with sister. Third time she goes out, meets sister half way and doesn’t feel anxious at all.
Feeling useless	“I can’t do anything; I’m useless.”	Does nothing; becomes useless.	“I can’t do what I did before, but there are still some things I *can* do .”	Helps children with homework; Makes X-Mas cards; Wraps X-Mas presents. Feels useful.
Low self-esteem	“I used to be the life of the party; now I’m nothing. I’m sure no one wants to be with someone who has pain all the time, is in a bad mood, and only complains.”	Isolates self; doesn’t answer phone calls; declines all invitations. People stop calling. Self-esteem plummets further.	“It’s hard for me to be the funny sociable guy I was before the accident. I hurt too much, but maybe I can invite my two best friends over. I know they’ll understand. It’s just me that doesn’t accept the changes. I just have to convince myself that I don’t always have to be the guy at the centre of things. And I’ll try not to complain while my friends are here. It doesn’t help me, & must irritate them.”	Invites friends. Explains limitations and asks them to stay only an hour. While they visit, pain takes a back seat. Starts joking & is pleased he can still be the “funny guy.” Gradually accepts he can feel good about himself even if he isn’t always the leader of the pack .

Continued on page 8

Problem	Distorted self-destructive thought	Maladaptive behaviour	New productive, realistic thought	Behaviour change
Catastrophising	"My life is horrible! There's nothing in it but pain that gets worse and worse all the time."	Feels miserable all the time and does little except complain about his misery, thereby making self feel even worse and alienating others.	"It's true my life has changed dramatically since the pain started. I'm not the person I was; I can't do what I used to do, but it's not true that the pain keeps getting worse. I have days--sometimes even a week--when it's not too bad. I need to take advantage of these better days, and find ways to have some fun."	Lets family know when it's a "good day" and she is available to participate in moderate activity. Enjoys watching her kids play hockey, football, and even gives does a little coaching.
Insomnia	"I haven't been able to sleep for days. The minute I put my head on the pillow, my mind starts buzzing, and I can never get comfortable. I'll never be able to get a good night's sleep again."	Anticipates sleeplessness before going to bed. Feels edgy the moment light is out, believing sleep will never come. Worrying thoughts keep her awake. Becomes more agitated. Falls asleep 5:00 a.m. & sleeps until noon. Takes long nap in afternoon.	"I feel awful when I haven't slept at night, and sometimes it feels as though I'll never sleep again. I know that can't be true. I could try some coping strategies I've learned: write out all the things I worry about before I go to bed; do deep breathing to relax myself in bed or do some visualization; I could also ask my doctor for a medication to induce sleep. Above all, I should not sleep more than half an hour during the day, as I have been doing. I will exercise and try to keep a normal day's schedule."	At first it's difficult to not sleep in all morning, but night time sleep improves. Other strategies also improve sleep. There are still some poor nights, but sleep overall is better than before, as is mood and energy.

Sometimes, CBT techniques used alone, are not sufficient to help a person whose pain has created major devastation in their life, leading them to question their very identity, their purpose in the world, and the very essence of everything they have come to know about themselves. It's not always easy to change the way one thinks—and really *believe* and *feel* it—even when the rational mind knows a different way of thinking makes logical sense. Our emotional minds often don't accept what our rational minds know. Therefore, other, less technical forms of therapy may be used in combination with CBT, to help a person grieve their many losses, accept their new reality, regain their sense of identity, purpose, and meaning, and get back to feeling alive.

What are the Principal Steps in a Lawsuit?

By Neil P. Wheeler, Lerners LLP

Overview

Every year in Ontario, thousands of people suffering from pain related limitations are obliged to hire a lawyer and start a lawsuit to protect their right to obtain compensation for their losses. The losses may arise from a traumatic event such as a car accident, or from a chronic condition. If you are considering whether you need to hire a lawyer to start a lawsuit, you may be anxious about what a lawsuit will involve. This may largely be because of "fear of the unknown." The objective of this article is to alleviate any anxiety you may have by providing some information about the principal steps in a lawsuit.

Pleadings

Once you hire a lawyer, he or she will meet with you and obtain necessary background information and documents. Your lawsuit is then generally started with a "statement of claim." As the party starting the lawsuit, you are referred to as the "plaintiff." The statement of claim sets out the main allegations that support your lawsuit. The statement of claim is served on the "defendant" (i.e. the party you are suing). In most cases involving personal injury or disability, the defendant has an insurance company. The insurance company will hire a lawyer to defend the lawsuit. That lawyer will then prepare and serve a "statement of defence." The statement of defence sets out the general reasons why the defendant opposes your lawsuit. The statement of claim and statement of defence are called "pleadings." The exchange of pleadings is usually the initial stage in a lawsuit. There can be a number of pleadings in addition to a statement of claim and a statement of defence, but the statement of claim and statement of defence are the "bread and butter" pleadings that are served in most lawsuits involving personal injury and disability.

Productions

The next step in a lawsuit is typically for the parties to exchange "productions." Productions generally refer to documents and records that are relevant to the lawsuit and that are not protected by "privilege." An example of a privileged document is generally any correspondence between you and your lawyer regarding the lawsuit.

In a claim involving pain and related disability, the plaintiff's productions almost always include medical records. They may also include financial records and employment records. A defence lawyer will also provide the defence productions. Typically, each party swears an "affidavit of documents" which confirms among other things that he or she has made efforts to obtain relevant productions. The parties continue to exchange productions throughout the lawsuit.

Discovery

The next step in a lawsuit is typically for the parties to hold "examinations for discovery." Examinations for discovery are question and answer sessions under oath, where each party is asked questions relevant to the lawsuit. The party who is being asked questions attends with his or her lawyer, who can object to any inappropriate questions. Not every lawsuit involves discoveries. Certain types of lawsuits, such as Small Claims Court lawsuits, do not have discoveries. In other cases, such as "Simplified Procedure" lawsuits where $100,000.00 or less is claimed for losses, discoveries can occur but they are very limited in duration.

Post-Discovery Productions

Following discovery, there is generally a further exchange of productions. These productions are usually made in response to requests that were made at the discoveries. The parties also generally produce "expert reports" commenting on the various issues in the lawsuit. Although expert reports can be served earlier prior to discoveries, very often parties do not exchange expert reports until after discoveries. In a personal injury lawsuit, a very common example of an expert report is a report from a doctor commenting on the extent of impairment and the prognosis for the plaintiff.

If the parties are not able to agree on production issues and expert reports, there can be "motions" (i.e. Court attendances) to sort out these issues. Motions can occur at any stage in a lawsuit but very often occur after discovery.

Mediation/Pre-trial Conference

Following discovery and post-discovery productions, the parties will usually proceed to a mediation. In some jurisdictions such as Toronto, mediation is mandatory. Mediation involves the parties attending before a mediator to try and resolve the issues in a lawsuit. Mediation occurs on a "without prejudice" basis, meaning it is essentially an "off the record" event.

Continued on page 10

Ask a Lawyer (cont'd)

Mediation can occur at any stage in a lawsuit but generally occurs in the later stages of a lawsuit. The lawsuit will also proceed to a "pre-trial conference" (sometimes called a "settlement conference"). This is somewhat similar to a mediation except that it involves an attendance in front a judge. The judge meets with the parties and their lawyers and reviews the case. The judge attempts to see if the parties can settle some or all of the issues in the lawsuit or, if not, whether various procedural issues can be resolved.

Trial

If the parties cannot settle their differences, the case will eventually proceed to a trial. The trial will sometimes be in front of a judge, and sometimes in front of a judge and jury. Only a minority of lawsuits (less than 10%) proceed to a trial in Ontario. It can often take several years from the time a lawsuit starts until it proceeds to trial.

Appeal

Following a trial, one side may decide to appeal the result to a higher Court. If one side appeals, the other side may decide to "cross-appeal" on various issues.

Summary

Hopefully, the general information about lawsuits discussed above will reduce the anxiety you may be feeling if you are considering whether to hire a lawyer and start a lawsuit due to losses arising from pain and disability. Two additional points should reduce your anxiety as well. Firstly, as noted, the vast majority of lawsuits in Ontario do settle before reaching trial. Secondly, if you hire a lawyer, he or she takes charge of moving your lawsuit through the various steps noted above.

Neil Wheeler is a partner at the law firm of Lerners LLP in Toronto. He is also the Practice Group Leader for the Personal Injury Group at Lerners LLP. He acts for injured and disabled persons in litigation matters throughout Ontario. He has conducted trials that have changed the law for the better for injured and disabled persons.

If you wish to contact Neil with an idea for a column or with a legal question, you may reach him at (416) 601-2384 or nwheeler@lerners.ca.

Ask a Physiotherapist

By Neil Pearson, MSc, BScPT, BA-BPHE, CYT

Since a car crash four years ago, I have suffered from daily neck, upper back, shoulder and arm pain. It's worse on the left than right, but not too much worse. I even get tingling through my left arm and into my fingers. Some physios have told me that my pain is coming from a disc bulge, even though the MRI did not show this. Other health care people tell me I am out of alignment, even though this wasn't shown on the MRI or Xray. My specialists have told me they cannot identify any reason for my pain. The one thing every agrees on is that I should exercise. That would be a great idea, but…

Everyone gives me different exercise instructions. I try to exercise, and so far I have made little progress. One of the biggest problems is that I am confused by all the different advice you health care people give me. What exercises are the best for me to do?

Betty

Hello Betty,

This well-meaning and confusing information is a symptom of one of the key troubles we have in helping you…we (health care people) often do not communicate well as a team. I can understand your frustration and anger about this, and I have no doubt that it is a worse situation for you than I can fully grasp.

I will do my best to answer your question, however I need to warn you that I think the best way for me to start is to change the question. Instead of what exercises are best, let's start with "what is the best way to exercise?'
The reason I am changing the question is this…recent reviews of scientific research suggest that many different types of exercise will assist people with chronic pain. So it may not be the type of exercise that is most important. The key is most likely how you perform the exercise, and how you set your exercise goals.

Continued on page 11

Exercise Goals

You have chronic pain. We believe this means your pain has as much to do with sensitized nervous systems as it has to do with the tissue that was injured in the car crash. The nerves in your neck muscles, skin and joints, in your spinal cord and your brain are all much more reactive than they were before. You likely find the pain is easily irritated by movements and positions, and maybe also by muscle tension, temperature, stress and worries. If this sounds like your situation, the first goal of exercise is to make the nervous systems less sensitive. Rather than using exercise to get stronger and more flexible right away, you can start more gently and use movements and activity to decrease the reactivity of your body's protective systems. After you have made some progress, then you can exercise with the goals of getting more flexible and stronger. Whatever type of exercise or activity you choose, you need to start small. Start with the idea of gently teaching your body that it is safe to move, and teaching it that the exercise will not lead to worse pain. If you try to get stronger right away, will likely push too hard, ignore your body, ignore the pain, and have a flare up of the pain. Of course, on the other hand if you stop as soon as you have more pain, that won't help you move forward either. Somewhere between these extremes is the answer.

How to approach exercise?

Whether you choose walking, pool exercises, gym exercises, tai chi, pilates or yoga,..., it is important to follow some simple guidelines that will increase your success. Start with the understanding that practice is required. Improvements in movement and decreases in your pain typically happen slowly with persistent practice.

'There are four P's of success'.
Practice, patience, persistence and compassion.

When you exercise, do the following:

- keep your breathing as calm as possible
- keep your body (face, neck, jaw, eyes, tongue) as relaxed, as soft, as calm, as possible
- divide your attention between sensations of breathing, of body tension and of the pain
- don't ignore the pain, and don't fester on it, find the middle road here

What type of exercise is best?

The simple answer is "exercise or activities you will consistently do". Make the exercise or activity something:

- *you enjoy*
- *that gives you some sort of reward, or you can see as a step towards exercise that will help you improve*
- *that is easy to progress*
- *you can perform when you want, and with some ease*
- *that demands your attention – is not mindless*
- *that is easy to modify*

Betty, I hope you have a physiotherapist or other trained health care professional who can work with you on all this. Regaining movement is possible, but not easy in the face of persisting pain. Having someone to guide you who understands chronic pain and how it affects every aspect of you will give you better success.

Once you have more practice calming your nervous systems, they will be less protective. Your body will become less sensitive to normal movements. Then you can start to work on getting more flexible and strong, with even better success since you now know how to practice keeping you body, breath and mind calm while you exercises.

Remember the four P's.

We encourage readers to send in their questions to the Ask a Physio column.

Neil Pearson, MSc, BScPT, BA-BPHE, CYT, is a physiotherapist, certified yoga therapist, and Clinical Assistant Professor at The University of British Columbia. He is the founding chair of the Pain Science Division of the Canadian Physiotherapy Association and an active member of Pain BC Society.

Neil travels extensively teaching pain science and pain management to health care professionals, yoga teachers, and people in pain.

His clinical work, in Penticton British Columbia, is exclusively with people with complex pain problems.

www.lifeisnow.ca

News from CPC Members

Arthritis Society Online Advocacy Campaign

The Arthritis Society has organized an online advocacy campaign and is asking for your help in building awareness about arthritis and arthritis issues across Canada. Arthritis affects over four million Canadians just like you, your family and your friends. Through the ***Arthritis Fight It, Arthritis Write It!*** campaign, you can tell your provincial health minister to know that arthritis is important and affects YOU. The campaign will be online until the end of February and can be accessed in both English and French on our website. Remember, politicians listen when you write to them, so please make your voice heard: ***Arthritis Fight It, Arthritis Write It!***

For more information please call 1-800-321-1433 or visit our website at www.arthritis.ca. (You can also find us on Facebook and follow us on Twitter.)

Ottawa 2011 Conference – Call for Papers

The IACFS/ME is calling for papers for the the 10th International IACFS/ME research and clinical conference "Translating Evidence into Practice, hosted by the National ME/FM Action Network, is now calling for papers and invites potential presenters to submit abstracts and/or workshop proposals for their next biennial meeting which will be held in Ottawa, Ontario, Canada, September 22-25, 2011.

Integrative conference themes will focus on fatigue, pain, sleep, pediatrics, cognition, and brain function in CFS/ME, Fibromyalgia, and Related Illnesses (e.g., cancer fatigue). In addition, different sessions will address advances in assessment and treatment (from biological to behavioral), as well as new developments in virology, immunology, and neuroendocrinology.

Papers will be reviewed by the Conference Planning Committee for selection as an oral lecture, short oral presentation, or poster presentation. Professional workshop proposals will also be accepted. Attendees to IACFS/ME conferences are primarily biomedical and behavioral professionals, including clinicians, researchers, and educators. Papers should reflect this level of experience and expertise. It is anticipated that this event will be accredited for continuing medical education for Category 1 CME (physicians), CNE for nurses, and CPE for pharmacists. Please E-mail abstracts or workshop proposals, CV, and the two required presenter forms to Brandon@iacfsme.org no later than **March 1, 2011** for workshops, **March 15, 2011** for abstracts, and **July 15, 2011** for Late Breaking Communications (posters only).

The presenting author will be contacted in April, 2011 and advised if submitted abstract(s) or workshop proposals is / are accepted with the type of presentation selected. Authors will be advised of the date and time of their presentation. If selected as a poster presenter, presenting author will be provided with specifications for presentation and display.

Questions regarding papers or the submission process should be directed to IACFS/ME Administrative Office,
Attention: **Brandon Pacyna**
E-mail: Brandon@iacfsme.org
Phone: **847-258-7248**
[Ed. Note: For detailed conference information, please view the IACFS/ME website at http://www.iacfsme.org/ For information on National ME/FM Action Network, please see www.mefmaction.net]

Virtual Education Forum

Osteoporosis Canada and the Canadian Osteoporosis Patient Network (COPN) would like to invite members of the Canadian Pain Coalition to join us and register for our upcoming Virtual Education Forum: *Bone Health Nutrition: Calcium, Vitamin D, and so much more.*

What is a Virtual Education Forum?
A virtual education forum is essentially an informative presentation broadcasted over the internet: an interactive webcast. Virtual forums allow people across Canada online access to professionally led educational presentations about how to live well with osteoporosis. This presentation will take place on **Wednesday, March 23, 2011 (2:30 p.m. to 4:00 p.m. ET)** led by Dr. Susan Whiting, PhD. The Virtual Education Forum can be viewed in the comfort of your own home/office. All you need is Windows Media Player and Internet Explorer 6. Register for this event and have questions about nutrition and osteoporosis answered in real-time.

How do I register?
Visit www.osteoporosis.ca and click on COPN Patient Network, then click Virtual Forum. Space is limited.

Questions?
cPatientNetwork@osteoporosis.ca

News from CPC Members (cont'd)

Chronic Pain Management Service, Sudbury Regional Hospital

The Sudbury Regional Hospital's Chronic Pain Management group programs are continuing full steam ahead into 2011, with referrals received from the WSIB, personal injury lawyers, family physicians as well as Veteran's Affairs. Individuals from North Eastern Ontario suffering from chronic pain can be referred to the service.

Our physician-led multi-disciplinary rehabilitation team includes an occupational therapist, psychometrist, pharmacist, physiotherapist, dietitian and recreation therapist. Working together, the team is successfully helping to make a difference for patients living with chronic pain. Patients are assisted to develop functional goals both at home and in the community. The team then provides the tools and strategies to help them reach their goals. This typically includes participation in weekly group education classes, an individualized medication review with our pharmacist, supervised community activities, and ongoing discussion to ensure that strategies introduced are practiced in 'real-life' settings.

We would be happy to respond to any questions regarding the services available, or to forward our program referral form. You can contact us as follows:

Chronic Pain Management Program
Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, ON P33 5J1
(705) 523-7100 ext. 7289
or toll free at 1-866-469-0822 ext. 7289
http://www.hrsrh.on.ca/portalEn/ProgramsandServices/MedicineandRehabilitation/tabid/562/Default.aspx

Chronic Pain Management Workshop, The Arthritis Society

Monday March 14, 2011
10:00 am—12:00 pm

Kitchener Public Library Main Branch
85 Queen Street North, Kitchener
Limited parking available.

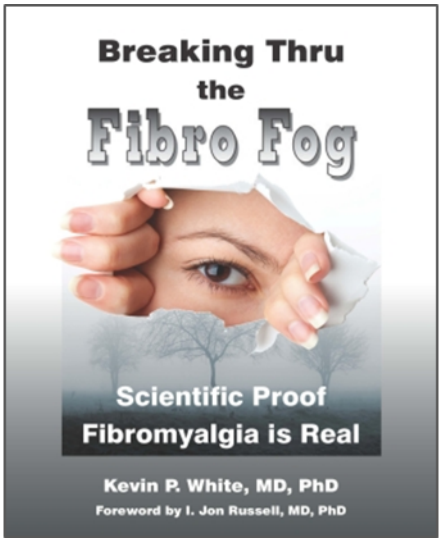
To register call 1-800-321-4311 or visit http://www.arthritis.ca

Book Review

By Janice Sumpton RPh, BScPhm

Breaking Thru the Fibro Fog – Scientific Proof Fibromyalgia is Real

By Kevin P. White, MD, PhD



Dr. White has written an excellent book leaving no doubt in the minds of the naysayers who do not believe that fibromyalgia is real. The book is for fibromyalgia patients, their family, doctors, health care providers, lawyers, insurance companies and others looking for a concise book of facts putting to rest any question that fibromyalgia is real. This book will give the respect, dignity and rights to care that fibromyalgia patients deserve.

Dr. White is a Canadian medical physician who has personally cared for many fibromyalgia patients and researched fibromyalgia extensively, publishing his findings in scientific journals. The book is endorsed by several Fibromyalgia Associations and he is donating 15% of book proceeds to fibromyalgia research. The 250 page book is broken down into 3 parts; "Fibromyalgia: what it is & isn't", "Twelve scientific reasons fibromyalgia is real", and "Trauma, disability and Dylan".

Part 1 includes 3 chapters that explore what fibromyalgia is, how it is diagnosed and fourteen falsehoods about

Continued on page 14

fibromyalgia. Part 2 includes 12 chapters each providing scientific proof dispelling misunderstandings about fibromyalgia. Part 3 includes 3 chapters discussing the association of trauma and disability with fibromyalgia. The book's scientific facts are fully referenced to the medical literature and an extensive glossary of terms provides meaning to the medical terms used. An alphabetical index gives easy access to specific topics written in the book.

Dr. White uses easy to understand analogies throughout the text to help the reader understand medical details. This unique and comprehensive book is a must-have, and one that the reader will refer to often.

I recommend this book and challenge the fibromyalgia non-believers to continue to believe that fibromyalgia is "all in your head...it isn't real". Dr. White has laid to rest these arguments. FIBROMYALGIA IS REAL!

Janice Sumpton RPh., BSc.Phm., Pharmacist,
Fibromyalgia Support Group Leader, fibromyalgia patient
February 5, 2011

Details about the book and reviewer comments may be found at www.wortleyroadbooks.com

Reader Feedback – We're Listening!

Remembering the 2010 Olympics – Paula Orecklin

The CTV news special on the Olympics anniversary aired on February 13.

A year ago, I carried the Olympic torch, in Virden, Manitoba, on behalf of all Canadians who live with chronic pain. When I entered the Coca-Cola contest to win a chance to be a torchbearer, I said my personal goal was to walk the 300 meters with the flame on my own, without using the canes I use nearly all of the time for Complex Regional Pain Syndrome (CPRS).

Of course, when I entered the contest, it was summer and I didn't think about January being in the middle of the freezing Canadian prairie winter - but when chosen I kept my word. Right into the north wind, I walked, carrying the Olympic flame high, and didn't need to even be steadied once - though I was warned that I was about to set my hair on fire with the torch!

Only the larger cities were given official Olympic celebrations, but the celebration in Virden (population 3,100) was one of the warmest, kindest events I have ever seen. Hundreds of people lined the streets well before dawn, in the freezing winds, so they could watch us five torchbearers carry the flame.

Afterwards, what seemed like the entire town came for a pancake breakfast at the Legion Hall to welcome us. Most heartwarming was the celebration of why we were chosen as torchbearers. I was recognized for dealing with severe chronic pain for ten years now, since a simple twist of my ankle while running at age 13. The town gave me two standing ovations. More somberly, my mother was approached by another mother who said her son, only two years older than me, had the same disease.

Continued on page 15

Carrying the torch was difficult physically, but I was reminded that I can still do things, even if I don't feel like it. The help and medications of my pain doctor at the Pan Am Pain Clinic in Winnipeg were essential, as were the custom orthodics made for me by the engineers at Winnipeg's Health Science's Rehab Engineering Department. The skilled and very patient engineers there not only made orthotics for my running shoes, but they also made a pair for me to wear with high heel shoes, something I never, ever thought I could wear.

Since then, it has been a year of ups and downs. There is still no cure for CRPS, but there may be some therapies that show promise.

Listening to a CBC Radio interview with the author of the book, The Brain That Changes Itself, led us to the work of Dr. Lorimer Mosely, an Australian neuroscientist. He has developed and trained physiotherapists in a visualization therapy that goes with other therapies used to treat conditions such as phantom limb syndrome: Neuro Orthopaedic Institute Group Therapy. This is the first time a physiotherapist has said, "Pain is NO gain", instead of the usual, "No pain, no gain"! Two of the NOI group work at the Pan Am clinic in Winnipeg that I go to, and I'm really hoping that it can help me. I go at my own pace. It's the first nonprescription, noninvasive therapy for long term CPRS that I have found. I encourage other sufferers of neuropathic pain to look into this at www.noigroup.com

Paula Orecklin, by email February 3

Lynn's response:

Dear Paula,

Thank you for sending in the letter about your life changing experience as an Olympic Torch Bearer. Your very proud Mother sent in the picture of you carrying the torch. What memories you will have of this amazing accomplishment! Your courage and perseverance to reach for a dream in spite of the pain are inspiring.

Thank you,

Lynn Cooper
President

My sincere gratitude to the CPC – Suzanne Lalonde

Dear CPC,

My sincere gratitude for publishing my poem "Fly Away" in your newsletter. Although, it feels a bit strange to share my personal feelings with so many people, at the same time, strangely, it brings some kind of relief.

Thanks,

Suzanne Lalonde, by email, Jan 26

Pennies for Pain wins on Boxing day – Sandra Gartz

Dear CPC,

The Millie family, again this year, is sending a donation to the CPC *Pennies for Pain* Campaign. On Boxing Day sixty-nine family members gathered for our 61st anniversary of celebrating December 26th together. Since the inception of *Pennies for Pain,* my father, Ray Millie, has saved his pennies and asked his friends to donate their spare change to the campaign. As last year, our family followed Dad's example. Several saved pennies throughout the year and everyone dropped their spare change into Dad's *Pennies for Pain* can on Boxing Day. The Millie family is pleased to donate $94.00 to CPC. You really can make a difference one penny at a time!

Sandra Gartz

Lynn's response:

Dear Sandra,

Your family is amazing! I am adding the pennies that I have saved this year to round your donation up to $100.00. You are right, every penny counts and CPC will use the money that the Millie family has donated for our awareness and education programs. CPC thanks the Millie family for supporting CPC's *Pennies for Pain* fundraising and awareness campaign.

Sincerely,
Lynn Cooper
President

Blue Pain

Everything will be alright
Said the man in the blue outfit
It's an uncomplicated surgery
Having done so many.

Lying on my side
In this cold metal room
Waiting for an intervention
That would provide relief.

Needle inserted in a spine,
To freeze up body parts.
We missed, he said
Having to try a second time.

Eyes open throughout
Ears listening to every word
From the team in blue outfits
With good intents.

Lying in the recovery room
With this burning and squeezing pain
Right there, where the instrument was used
By the man in the blue outfit.

Eighteen months later
Hiding deep inside me, this evil pain
Still lies somewhere below
Already stolen my womanhood.

It's changed me as a person
For better or for worse
Unsure of who I am anymore
Lost my plan of life.

Keep wanting back the body
I used to have,
Hoping to be happy again
By having a day without pain.

Now having more time for my children
But it's too late, they have gone in body or soul
Alone in a silent home
Regretting my health and freedom.

Looking for an angel
With magic fingers removing this evil pain
Giving back my womanhood
And strengthening weakened legs.

If only I could go back in time
How my life would be different
Continuing my chosen path
With a smile on my face.

S. L. December 2009

CPC Bulletin Board and Information

The Canadian Pain Coalition: Present for Canadians Living with Pain Since 2004

The Canadian Pain Coalition is:
A partnership of person with pain groups, health professionals who care for people in pain, and scientists studying better ways of treating pain.

Mission Statement
The Canadian Pain Coalition is *THE National Voice of People with Pain* representing them at national government levels, partnering with patient and professional groups, and providing education about pain and pain management.

CPC Goals
- Increase recognition by the public and professionals that chronic pain is a disease.
- Promote Best Practice guidelines for the treatment of pain.
- Reduce new cases of chronic pain through better treatment of acute pain.
- Increase the number of specialized facilities to treat chronic pain adequately.
- Increase research activities into novel treatments of intractable pain.

Become a Member!
- You will have a voice in letting health care providers and government know your pain.
- Your voice will add weight in targeting pain as a health care priority.
- Your voice will be counted when conveying to government the number of people living with pain.
- Regular updates will keep you informed.
- Access to the website will keep you informed of CPC's progress and new initiatives.

Join online or download the membership application from the website at www.canadianpaincoalition.ca, complete the information and fax the application to (905) 404-3727 or send it by mail. Call our office, write, or email us to receive a membership form by mail. Donations are welcome.

Canadian Pain Coalition
1143 Wentworth Street West, Suite 202
Oshawa, ON L1J 8P7
T: (905) 404-9545 F: (905) 404-3727
Email: office@canadianpaincoalition.ca
Website: www.canadianpaincoalition.ca

Disclaimer

The intent of the CPC newsletter is to provide pertinent and helpful information relating to pain and pain issues. The CPC does not endorse, support or recommend any treatment, product, theory or person for our readers.

While every effort is made to post only accurate information, the Canadian Pain Coalition (CPC), does not guarantee that the information posted on the website or newsletter publication is always current. CPC does not warrant or make any representations as to the content, accuracy or completeness of the information, text, graphics, links or other items. The information contained may not represent the CPC, and they make no warranties, express or implied as to accuracy of the information for any purpose, or to results obtained by individuals using the information and is not responsible for any action taken in reliance on the information contained herein.

Call for Contributions

Contributions from all members to our newsletter are more than welcome: tips, articles, art, or other can be sent by mail or by email to our office.

Subscribe to the Free CPC Newsletter!

To add your name to the CPC Newsletter email or mailing list:
Email or write our office at any time. The newsletter is published every three months. Special editions will also be emailed or mailed as necessary.

See mailing and email addresses above.