

THE INSIGHT HUB

MEET THE EXPERT

Sharon Dunn PT, PhD - Dean of School of Allied Health Professions LSU



What is the best advice you have received in your professional journey?

"Keep your powder dry, kiddo." Advice given to me by Charles Magistro; In other words, your strategies are great, but they need the right environment to be successful. Until then, be careful when, how, and with whom you communicate them.

What is one article all therapists should read?

My suggestion is not a scientific or clinical article, but to read one McMillan Lecture per month until you're caught up to the most recent one.

These lectures provide inspiration and provocation by some of our most revered PT leaders across time.

You will find some professional challenges which we've long overcome, but others which are recurring or recalcitrant. Much of the advice of our legacy leaders remains relevant today.

What is one book all therapists should read and why?

When breath becomes air, by Paul Kalanithi. The author faced his own biases as a medical provider, coming to terms with the importance of humanism in medicine. Then he had to face his own mortality and deal with the impact of his revelation from the other side of the patient-provider relationship. This was a page-turner for me, I could not put it down.

What are you working on right now?

- Succession planning,
- Enhancing accessibility to academic pathways in higher education
- Creating practice models for top-of-scope practice

Do you have any advice for early-career therapists?

Engage in APTA to find your network of passionate colleagues locally (to improve scope and policy) and nationally (to improve practice) and make a difference in your communities. You don't have to focus solely on practice, education, or research – doing all three rounds you out and makes you better at each. Find a practice environment where your colleagues are growing and learning every day.

BOOK CLUB

I love *The Body Has a Mind of Its Own* by Sandra and Matthew Blakeslee and will recommend it to patients who show an interest in "geeking out" on the coolness of neuroplasticity and body schema (very relevant for my treatment populations-CRPS and sensory modulation disorders).

Kathryn Richardson, OTR/L, TPS, FPS

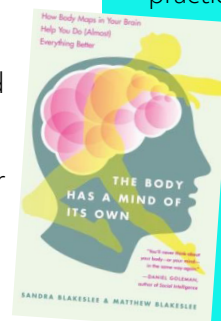
About the book:

The Body Has a Mind of Its Own: How Body Maps in Your Brain Help You Do (Almost) Everything Better by Sandra and Matthew Blakeslee explains how the brain creates and constantly updates body maps that govern movement, sensation, and self-awareness. These maps play a critical role in how we perceive pain. Pain is not just a direct response to injury, but a brain-generated experience shaped by how these internal maps interpret sensory input. When body maps are distorted—such as in phantom limb pain or chronic pain—the brain may continue to perceive pain even in the absence of physical damage. This understanding highlights the importance of treatments that focus on recalibrating the brain's perception of the body.

Because the brain is plastic and capable of change, therapies that aim to retrain or rewire how the brain processes pain can be effective. Techniques such as mirror therapy, graded motor imagery, mindfulness, and movement-based practices like yoga or tai chi help

restore accurate body maps and reduce pain perception.

The book emphasizes that pain is a multidimensional experience shaped by the brain's interpretation of physical, emotional, and psychological factors—offering a powerful framework for treating pain through both physical and cognitive approaches.



HEALTH CORNER: HUMOR

Adriaan Louw PT, PhD

When did you last have a belly laugh? So much that you started crying or your stomach hurt? As everyone probably knows, laughter is medicine. Humor and laughter-based interventions have shown promising effects on pain management, both physiologically and psychologically. Laughter stimulates endorphin release and relaxes muscles, leading to a temporary reduction in pain intensity. Psychologically, humor acts as a distraction, improves mood, and enhances pain tolerance by reframing the experience of discomfort. Therapeutic applications—such as laughter yoga, hospital clowning, and humor portfolios—have demonstrated positive outcomes, especially among populations dealing with chronic conditions or anxiety. However, the benefits depend on individual differences, cultural context, and the authenticity of the laughter. While not a standalone treatment, humor offers a valuable complementary approach within holistic pain management strategies.



AI provides some physical therapy-specific jokes – not sure they're any good!

Why did the physical therapist become a DJ?

Because they know how to get the joint jumping!

What's a PT's favorite coffee drink?

A tensor fascia latte.

Why did the patient bring a ladder to therapy?

They heard the exercises were on another level.

What did the femur say to the patella?

I kneed you.

Why are physical therapists always calm?

Because it's their job to exercise patience.



Various systematic reviews and meta-analyses have been published on the effect of humor on pain, depression, mental health and more.

1. Sarink FSM, Garcia-Montes JM. Humor interventions in psychotherapy and their effect on levels of depression and anxiety in adult clients, a systematic review. *Front Psychiatry*. 2022;13:1049476. doi:10.3389/fpsy.2022.1049476
2. Kafle E, Papastavrou Brooks C, Chawner D, Foye U, Declercq D, Brooks H. "Beyond laughter": a systematic review to understand how interventions utilise comedy for individuals experiencing mental health problems. *Front Psychol*. 2023;14:1161703. doi:10.3389/fpsyg.2023.1161703

RESEARCH CORNER



Changes in Burnout, Pain Attitudes and Beliefs, and Confidence in Treating Patients in Pain Following Pain Education for Healthcare Providers



Kory Zimney, Jed Droge, Adriaan Louw

Purpose: The study aimed to explore the effect of a pain neuroscience education (PNE) course on provider burnout, attitudes and beliefs about pain and confidence in treating patients with pain.

Subjects: 209 healthcare professionals taking a PNE course.

Methods: The healthcare providers were surveyed using the Oldenburg Burnout Inventory, Pain Attitudes and Beliefs Scale, and the Pain Care Confidence Scale before attending a PNE course and then at 1-week and 6-months post training.

Results: A small effect (Cohen's $d = 0.180$, $p = 0.024$) was found for females at 1-week post-training for the burnout exhaustion score; no other significant effects were found related to burnout. Pain Attitudes and Beliefs Biomedical and Biopsychosocial subscales had significant changes at 1-week ($p < 0.001$ and $p = 0.005$) and at 6-months ($p < 0.001$ and $p = 0.005$), respectively, moving toward a more biopsychological approach for care. Pain confidence scores significantly improved at both time periods ($p < 0.001$ and $p < 0.001$).

Conclusion: A significant finding was that the pain education course positively changed the healthcare providers' pain attitudes and beliefs along with confidence in pain care, but with minimal to no change in burnout scores.



Mind-set matters: exercise and the placebo effect

Alia J Crum, Ellen J Langer

In a study testing whether the relationship between exercise and health is moderated by one's mind-set, 84 female room attendants working in seven different hotels were measured on physiological health variables affected by exercise. Those in the informed condition were told that the work they do (cleaning hotel rooms) is good exercise and satisfies the Surgeon General's recommendations for an active lifestyle. Examples of how their work was exercise were provided. Subjects in the control group were not given this information. Although actual behavior did not change, 4 weeks after the intervention, the informed group perceived themselves to be getting significantly more exercise than before. As a result, compared with the control group, they showed a decrease in weight, blood pressure, body fat, waist-to-hip ratio, and body mass index. These results support the hypothesis that exercise affects health in part or in whole via the placebo effect.



CLINICAL PEARL Greg Alnwick PT, DPT, TPS, Fellow in Pain Science

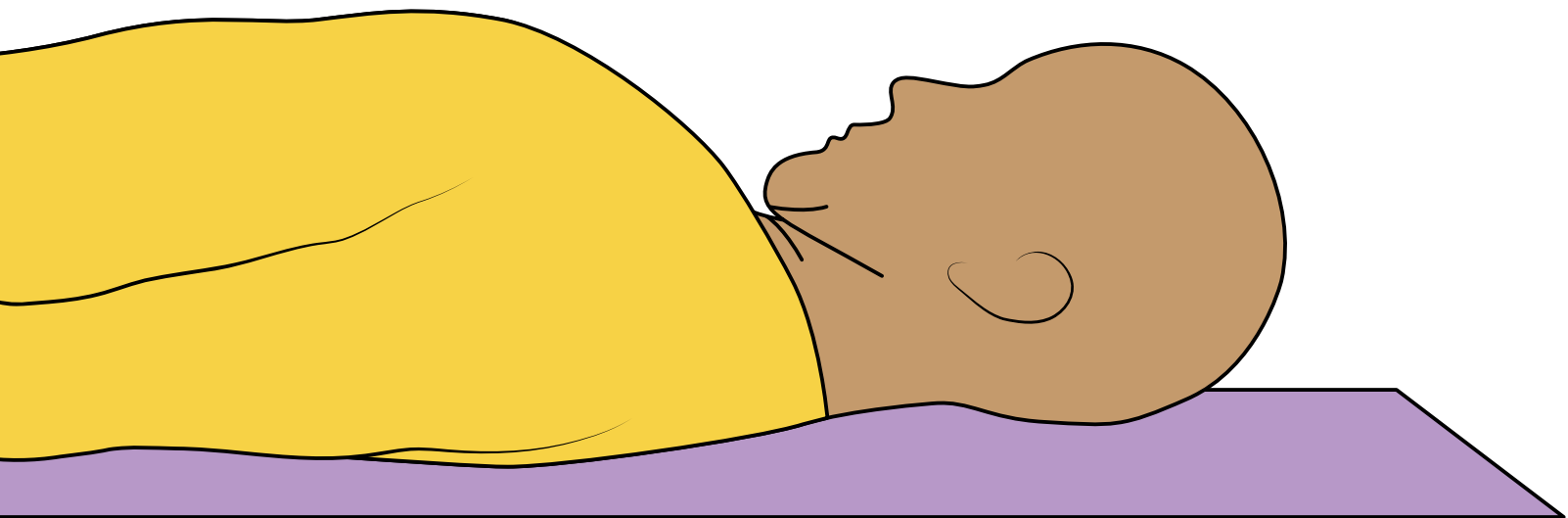
Something I do when I get the opportunity to treat people with TMJ disorders (which unfortunately isn't as often as I would like) is a simple but apparently effective technique.

I have them place their tongue on the roof of their mouth and simply open and close their mouth in a pain free, pop free range. If they do get a lot of popping, I may add in some chin protrusion. I tend to have them alternate between chin in neutral and chin protrusion.

I'll also have them work their deep neck flexors by doing a Supine Chin Tuck with Cervical Flexion.

Depending on how challenging this is, I'll have them start with 2 or 3 pillows and then gradually work towards a flat surface.

I am currently seeing a patient, at the first visit she had a lot of pain, popping and her Jaw Functional Limitation Scale score was -20. She had quite a bit of difficulty opening her mouth with tongue to roof of mouth. By the third visit about a month later, she could actually open her mouth and reported less popping with overall less pain.



1. Takahashi S, Kuribayashi G, Ono T, Ishiwata Y, Kuroda T. Modulation of masticatory muscle activity by tongue position. *Angle Orthod.* 2005 Jan;75(1):35-9. doi: 10.1043/0003-3219(2005)075<0035:MOMMAB>2.0.CO;2. PMID: 15747813.
2. Carlson CR, Sherman JJ, Studts JL, Bertrand PM. The effects of tongue position on mandibular muscle activity. *J Orofac Pain.* 1997 Fall;11(4):291-7. PMID: 9656904.
3. Effects of tongue position on mandibular muscle activity and heart rate function Schmidt, John E. et al. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontics*, Volume 108, Issue 6, 881 - 888

“Being socially disconnected poses comparable danger to smoking fifteen cigarettes a day and is more predictive of early death than the effects of air pollution or physical inactivity.”

- Dr. Julianne Holt-Lunstad

