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THE INSIGHT HUB

MEET THE EXPERT

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What is the best professional advice you have received?

The best advice I received was from my dad who would frequently say "control what you can and influence the rest." I live by this advice and attempt to "influence" to optimize outcomes for my patients, students, and program whenever I find the opportunity. To further this message, if you are influencing for the right reasons and your motivations are rooted in kindness and authenticity, you will likely be successful.

What is one article all therapists should read?

The Mechanisms of Manual Therapy for the Treatment of Musculoskeletal Pain: A Comprehensive Model (2009, updated in 2018) by Joel Bialosky and colleagues. This article was inspiring because it freed me from the antiquated idea that mechanical stimulus solely results in peripheral mechanisms. It illustrates the cascade of events following physical touch and explains it from a scientific and mechanistic perspective that we should all be able to summarize and explain to our patients.

What is one book all therapists should read and why?

I highly recommend Being Mortal and What Matters in the End by Atul Gawande. It dives into mortality, dignity, and how medical providers should ideally navigate end-of-life processes and decision making. This book was instrumental for me when I made end-of-life decisions for my mother in 2022. This incredible narrative describes how to navigate the complexities surrounding death and dying and highlights the importance of quality of living; something many of us discuss with our patients daily.

What are you working on right now?

I am finishing up a clinical trial with Chad Cook and Bryan O'Halloran titled Specific and Shared Mechanisms Associated with Treatment for Chronic Neck Pain. We are investigating the specific and potential shared treatment mechanisms of two interventions (manual therapy and resistance exercise) for managing individuals with chronic neck pain to better understand the mechanistic influence of the interventions we use while also understanding shared mechanisms including contextual factors. I am also currently working on a collaborative project with three institutions, describing our respective transitions to a competency-based physical therapy education framework. Our goal with this research is to help other institutions recognize how to navigate implementing various options within the CBEPT framework.

Do you have any advice for early-career therapists?

Having established mentors can result in increased satisfaction, productivity, and longevity in one's career. Further, I would recommend working alongside others on a team which affords the opportunity to observe various treatment approaches and to talk through clinical cases and scenarios. If practicing on a team is not possible, residency and fellowship programs offer similar support and comradery, which I believe is instrumental to professional growth and satisfaction.

BOOK CLUB

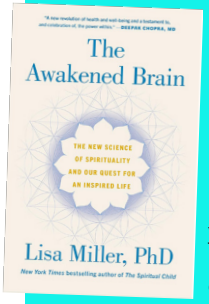
My pain program cohort reading club just finished *The Awakened Brain, the New Science of Spirituality and Our Quest for an Inspired Life* by Lisa Miller PhD. This book discusses the power of spirituality and how impactful it can be to anyone, but especially for those with chronic pain. I have found it to be a great tool to recommend to clients without crossing the bridge of religion, but just harnessing having a higher power in their lives.

-Truly Sweet Moore, PT, DPT, TPS

About the book:

Whether it's meditation or a walk in nature, reading a sacred text or saying a prayer, there are many ways to tap into a heightened awareness of the world around you and your place in it. In The Awakened Brain, psychologist Dr. Lisa Miller shows you how.

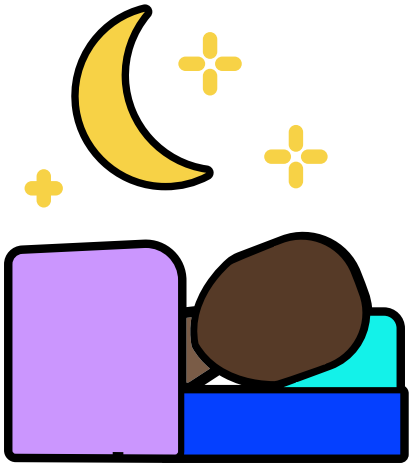
Weaving her own deeply personal journey of awakening with her groundbreaking research, Dr. Miller's book reveals that humans are universally equipped with a capacity for spirituality, and that our brains become more resilient and robust as a result of it. For leaders in business and government, truth-seekers, parents, healers, educators, and any person confronting life's biggest questions, The Awakened Brain combines cutting-edge science (from MRI studies to genetic research, epidemiology, and more) with on-the-ground application for people of all ages and from all walks of life, illuminating the surprising science of spirituality and how to engage it in our lives.



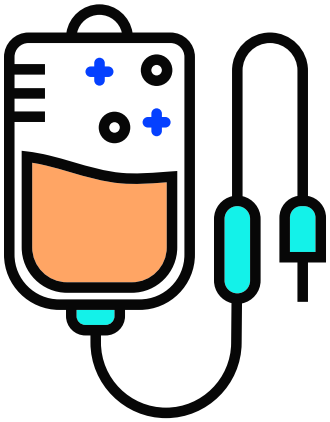
Absorbing, uplifting, and ultimately enlightening, The Awakened Brain is a conversation-starting saga of scientific discovery packed with counterintuitive findings and practical advice on concrete ways to access your innate spirituality and build a life of meaning and contribution.

HEALTH & WELLNESS CORNER: PRO TIPS

In this month's health & wellness corner, we asked EIM senior faculty to share what single health activity has been a cornerstone in helping them balance work and health:



Pain Science Faculty:
Kory Zimney PT, DPT, PHD, CSMT, TPS, CAFS, ACCIP
Sleep has become a key cornerstone. I have a consistent bedtime between 9:30 and 10:00, and I usually do a 10- to 15-minute mindfulness meditation before bed. Wake time is between 5:45 and 6:15. My morning routine typically consists of a 5-minute stretching routine and a 10- to 15-minute prayer time to help prepare for the day. I use the Oura ring for sleep tracking to ensure no major disruptions.



Functional Dry Needling® Faculty:
Doug Meyer PT, DPT, FDNS
When I get home (or at least starting around 5pm Sunday-Thursday), I place my phone upstairs in the bedroom on the charging stand to disconnect. I wear an Apple Watch so I can get notifications as needed in the event I get an important text or call that I need to address ASAP, but other than that, I try to be completely present. I have my phone set to "sleep" mode starting at 8pm until 4am so I get no notifications (calls from my family will still go through).

I also try and do a monthly IV therapy session, providing hydration, vitamins and nutrients as a "reset." It's great because you can vary the IV based on what you are wanting or needing at the time. It is my version of "spa" time.

Sports Faculty:
Teresa Schuemann DPT, SCS, ATC, CSCS
True rest one day a week, usually Sunday. No work emails or duties and no strenuous exercise with an emphasis on family time.

I added strength training to my exercise routine 3-4 times a week. Mostly body weight right now with some plyometric stuff for bone health.

I am also strict about getting seven to eight hours of sleep a night and no screens before bed. I read a real book for 30 minutes before turning off the light. I'm always looking for good book recommendations!

RESEARCH CORNER

Living with pain-a systematic review on patients' subjective experiences.

Maria Christidis, Essam Ahmed Al-Moraissi, Tasnim Miah, Laura Mihasi, Artin Razavian, Nikolaos Christidis, Giancarlo De la Torre Canales

Understanding the subjective experiences of patients living with chronic, acute, and cancer pain can significantly enhance the selection of treatment approaches, care, and support, ultimately improving their quality of life. This qualitative systematic review aimed to analyze if the patients' subjective experiences of living with pain differ between acute, chronic, and cancer pain states.

Four main themes were identified: (1) impact of pain on social life, work life, and family life; (2) challenges in healthcare access; (3) psychological impact and emotional struggles from pain; and (4) barriers to effective pain management.

Taken together, patients with chronic, acute, or cancer pain face challenges in social, work, and personal lives. They often lack recognition and support from healthcare providers, relying on self-managed methods and facing barriers to effective management. Therefore, future research examining how the different pain types affect the lives of the patients and at the same time exploring personalized and collaborative treatment approaches is warranted. In conclusion, patients' experiences of living with pain remain unexplored in clinical practice. Understanding the impact of various pain types on mental health, self-esteem, daily life, and relationships is crucial.

The prevalence of low back pain among former elite cross-country skiers, rowers, orienteerers, and nonathletes: a 10-year cohort study.

Ida Stange Foss, Ingar Holme, Roald Bahr

Some cross-sectional studies have suggested that the prevalence of low back pain may be high among endurance athletes with repetitive back loading, but there are no large, prospective cohort studies addressing this issue.

This study compares the prevalence of symptoms of LBP among former endurance athletes with different loading characteristics on the lumbar region: cross-country skiing (flexion loading), rowing (extension loading), and orienteering (no specific loading), as well as a nonathletic control group.

Low back pain was not more common among former endurance athletes with specific back loading compared with non-athletes. The results indicate that years of prolonged and repetitive flexion or extension loading in endurance sports does not lead to more LBP. However, a large training volume in the past year and previous episodes with LBP are risk factors for LBP. Comparing the sports of rowing, cross-country skiing, and orienteering, it appears that whereas orienteering is protective, rowing can provoke LBP.

People with low back pain want clear, consistent and personalised information on prognosis, treatment options and self-management strategies: a systematic review

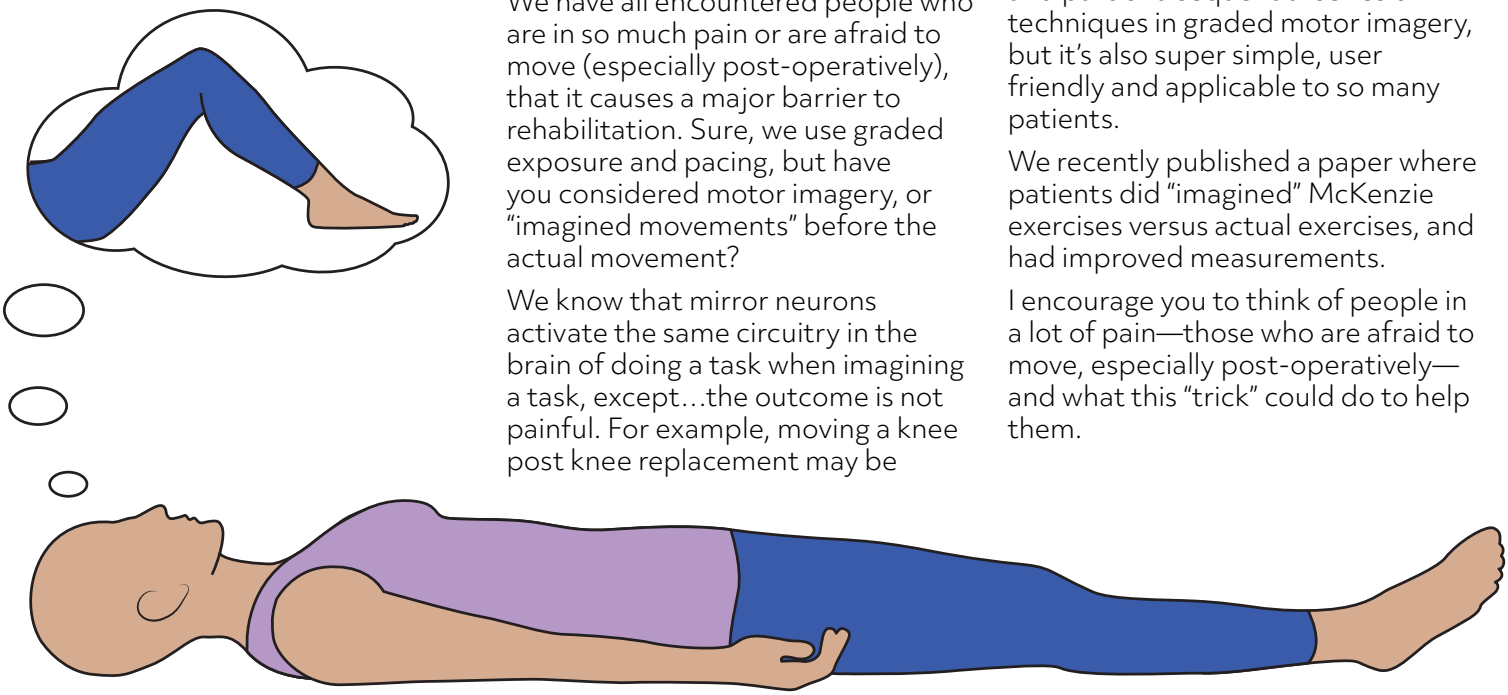
Yuan Z Lim, Louisa Chou, Rebecca Tm Au, Kl Maheeka D Seneviwickrama, Flavia M Cicuttini, Andrew M Briggs, Kaye Sullivan, Donna M Urquhart, Anita E Wluka

Forty-one studies (34 qualitative, four quantitative and three mixed-methods) were identified and two major areas of perceived health information needs for low back pain emerged. The first major area was general information related to low back pain: its cause and pathology; strong desire for diagnosis and imaging; prognosis and future disability; management of flares; self-management strategies; prevention; and support services. The second major area of needs related to how the information was delivered. People with low back pain wanted clear, consistent information delivered in suitable tone and understandable language.

Available data suggest that the information needs of people with low back pain are centered around their desire for a diagnosis, potentially contributing to expectations for and overuse of imaging. People with low back pain expressed a strong desire for clear, consistent and personalised information on prognosis, treatment options and self-management strategies, related to healthcare and occupational issues. To correct unhelpful beliefs and optimise delivery of evidence-based therapy, patient and healthcare professional education (potentially by an integrated public health approach) may be warranted.

CLINICAL PEARL

Adriaan Louw, PT, PhD



I am not sure if this is really a clinical pearl, since most people likely know about it, but maybe you don't think about it in therapy: Motor imagery for pain and fear of movement.

We have all encountered people who are in so much pain or are afraid to move (especially post-operatively), that it causes a major barrier to rehabilitation. Sure, we use graded exposure and pacing, but have you considered motor imagery, or "imagined movements" before the actual movement?

We know that mirror neurons activate the same circuitry in the brain of doing a task when imagining a task, except…the outcome is not painful. For example, moving a knee post knee replacement may be super painful, but running though a series of 10 imagined knee flexion movements uses the same circuit, yet it does not hurt. Yes, of course it's way more complicated than that and part of a sequential series on techniques in graded motor imagery, but it's also super simple, user friendly and applicable to so many patients.

We recently published a paper where patients did "imagined" McKenzie exercises versus actual exercises, and had improved measurements.

I encourage you to think of people in a lot of pain—those who are afraid to move, especially post-operatively—and what this "trick" could do to help them.

Louw A, Farrell K, Nielsen A, O'Malley M, Cox T, Puentedura EJ. Virtual McKenzie extension exercises for low back and leg pain: a prospective pilot exploratory case series. J Man Manip Ther. 2023 Feb;31(1):46-52. doi: 10.1080/10669817.2022.2092822. Epub 2022 Jun 23. PMID: 35739614; PMCID: PMC9848382.

"The fear of pain is worse than pain itself."

- Gordon Waddell, MD, PhD