



**Reactivation Program  
MDC 342  
Pain Management Program**

Integrated Rehab and Performance Ltd is proud to offer a Physician supervised, Veteran Only, Interdisciplinary Pain Management Program. This program aims to assist veterans with chronic musculoskeletal injuries and pain with returning to behaviors that are consistent with being well, rather than behaviors that are consistent with suffering. Our goals are: (a) to decrease distressing symptoms, (b) increase engagement in the community and ability to complete daily tasks, (c) reduce patient disability in both short and long term, (d) and most importantly give veterans better control and understanding of their pain and health challenges. This, as the medical literature continues to show, is the key to reducing chronic pain and improving function.<sup>1,2</sup>

***Program Rationale:***

Medical release from the military is associated with having a harder time adjusting to civilian life. Musculoskeletal injuries account for between 43% and 66% of all 3b medical releases. According to the research, more than half of those become chronic.<sup>3</sup> This data from the Transition to Civilian Life Survey suggests there is a need to address chronic/persistent pain among this population.<sup>4</sup>

While the risk factors for chronic physical conditions are varied, one of the reasons for the prevalence of persistent pain is the shift in understanding what causes pain and how to address it. Physiologically, most injuries have fully healed after 12 weeks.<sup>5</sup> That means structures that may have been damaged during the injury will have returned to normal (but not necessarily to pre-injury state in terms of strength and endurance capacities). Persistent pain is a situation in which, despite this return to normal, the patient still reports pain. The current approach to treating pain, known as the “biomedical model”, does not conceptually explain this experience. Said approach assumes ‘damage’ to a structure (disc degeneration, herniation, etc) as it appears on medical imaging, providing visual evidence of the pain source. It is not uncommon however, for pain to remain even after tissues have healed. Research is also demonstrating that a large number of people examined by various techniques show structural changes (disc herniations, meniscal or ACL injuries, narrowing of the spinal canal, etc.) which are later shown to have low relevance because they do not cause acute or chronic problems.<sup>6</sup> In other words, structural impairments do not necessarily result in pain. With this understanding, a new model is needed to help treat pain: the biopsychosocial model.



The biopsychosocial model recognizes that there are other mechanisms contributing to pain. Our program is built on this premise and explores what veterans understand concerning the pain they feel. Education on the processes behind pain- what it is, how it develops and what veterans can do to help themselves, as well as exercise, nutrition coaching and manual therapy, have been proven to be efficacious for improving quality of life measure.

### ***Program Overview***

The program draws on the expertise of various disciplines: kinesiology, physiotherapy, physiatry, massage therapy, and dietetics. Our team will combine to deliver:

- Education on key concepts behind the biology of pain
- Education on motions, postures and loads that may be contributing to pain
- Strategies on improving movement and establish active lifestyles
- IMS
- Manual Therapy
- Strategies for weight management as well as any possible gastrointestinal related health conditions.

The program requires veterans to be at the clinic 5 days a week, approximately 90 minutes per day, over a 12-week period (90 hours). During this time, veterans will learn and train with others, up to four participants per group. **All participation hours take place in our veterans only space, at #107-2787 Jacklin Road, Langford, BC V95 5E3.**

### ***Benefits of the Program***

Graduates of the program consistently report

- Reduced pain
- Increased strength
- Increased endurance
- Increased functionality
- Increased enjoyment of other active pursuits (like hiking)
- Healthier/more positive relationships
- Improved sleep quality
- Weight loss
- Increased confidence in moving/working out without getting injured

### ***Program fees and eligibility***



The program runs for twelve weeks. It is delivered in a small group format, which due to the individualized nature of the program is capped at four veterans per cohort, with fixed treatment times and days. It includes one-on-one physiotherapy and occupational therapy in addition to group treatments. Reports are provided at admission, midway and at discharge.

**TO BE ELIGIBLE:**

- 1) Approval from our multi disciplinary team based on the results of the initial assessment
- 2) Approval from their family physician or a regular walk-in clinic that will provide follow up care
- 3) Prospective participant is under the care of a psychologist and/psychiatrist for the duration of the program, unless ruled unnecessary by a psychologist/psychiatrist.

**ADDITIONAL INCLUSION CRITERIA:**

- Pain has persisted for more than 3 months
- Pain must be orthopedic or psychosomatic in origin
- All appropriate initial investigations have been performed\*
- Veteran and/or caregiver are cognitively capable and willing to participate in the program
- Veteran must be medically cleared to be able to participate in a light-moderate exercise program

**EXCLUSION CRITERIA:**

- Veteran has an orthopedic condition and is awaiting surgical intervention related to the pain problem.
- Veteran is hemodynamically unstable or suffers from other medical conditions requiring inpatient care and monitoring.
- Veteran has an ongoing infection source without appropriate antimicrobial therapy. Veteran has an infection that constitutes a significant hazard to medical personnel and other veterans.
- Veteran has an untreated/uncontrolled addiction to controlled substances.
- Veteran has an uncontrolled mental illness without clearance by psychology/psychiatry, leaving them unable to comply with pain management regimen.
- Pain is non-musculoskeletal or non-psychiatric in origin

**\*MANDATORY INITIAL INVESTIGATION DIAGNOSTIC TESTS (As per assessing clinicians clinical judgement):**

1. ***History of a significant malignancy, indolent infection, or immunosuppression:***  
Nuclear med bone scan of pain area < 6 months



**2. Radicular symptoms, pain radiating down a limb:**

CT or MRI New scan required if the patient has had surgery for a problem but pain persists.

**3. All veterans with Chronic Headaches:**

CT or MRI head X-ray

Cervical spine neurological assessment < 12 months for all

Please include a neurologist consult with the referral

**WAYS TO REFER VETERANS INTO THE PROGRAM:**

- Fax: 250.483.1964
- Email: [info@rehabandperform.com](mailto:info@rehabandperform.com)
- To discuss a potential participant and/or program call Steven Inglefield at 250.661.1564

***We look forward to working with you in helping veterans reclaim their health.***

***Sincerely,***

***The Rehab and Performance Team***

***Citations***

1. Butler AC, Chapman JE, Forman EM, Beck AT: The empirical status of cognitive-behavioral therapy: a review of meta-analyses. *Clin Psychol Rev* 26:17-31, 2006
2. Moseley GL: Evidence for a direct relationship between cognitive and physical change during an education intervention in people with chronic low back pain. *Eur J Pain* 8: 39-45, 2004.
3. Hébert LJ. Are MSK injuries a hidden threat to the Canadian Armed Forces? *J. Mil Vet Fam Health*. 2016;2(1):2-4. <http://dx.doi.org/10.3138/jmvfh.0021>. [Link](#), [Google Scholar](#)
4. El-Gabalawy R, Thompson JM, Sweet J, et al. Comorbidity and functional correlates of anxiety and physical conditions in Canadian Veterans. *J. Mil Vet Fam Health*. 2015;1(1):37-46. <http://dx.doi.org/10.3138/jmvfh.2014-03> [Link](#), [Google Scholar](#)
5. Harstall C., and Ospina M. [How Prevalent is Chronic Pain?](#) June 2003 (Volume 11, Issue 2)



6. P. Kolar, et al., *Clinical Rehabilitation* (2013).
7. Butler DS, Moseley GL. *Explain Pain*. Adelaide City West: NOI Group Publications; 2003.