

# Alternative Therapies for Geriatric Pain Management

Dave Lishinsky, PT, VP of Clinical Compliance



# Disclaimer

Please note that this presentation is for informational purposes only. The information is intended for the recipient's use only and should not be cited, reproduced or distributed to any third party without the prior consent of the authors. Although great care is taken to ensure accuracy of information neither the authors, nor the Advantage companies can be held responsible for any decision made on the basis of the information cited. No one should act upon such information without appropriate professional advice after a thorough assessment of the individual situation.

# Objectives

- Learn why the MDS has a dedicated pain assessment section
- Understand how to differentiate systemic and musculoskeletal pain
- Learn how the interdisciplinary team can assess pain
- Learn integrative care techniques to treat chronic pain
- Understand how managing pain in the elderly will positively impact quality of life

'Pain lets you know you are still  
alive.'

Man, I feel so, so, so Alive right  
now.

Making Invisible  
Disabilities Visible  
somee cards  
user card



# Pain Definition

Revised by IASP (International Association for the Study of Pain) in 2020 for first time since 1979:

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”

And expanded by the addition of these 6 notes:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person’s report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

# Pain Definition

CMS's RAI Version 3.0 Manual defines pain:

Any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective; pain is whatever the experiencing person says it is and exists whenever he or she says it does.

# What is Pain?

- Pain is your body's way of telling you something is wrong
- Pain is the main reason that people seek medical care
- There are two kinds of pain: acute and chronic
- Pain is not a natural part of aging



# What are the Effects of Pain?

Pain can have an effect on multiple areas of your health and well-being:

- **Physical** – Decreased activity causes decreased flexibility and strength
- **Social** – Decreased interaction with family and friends due to fear of increasing pain
- **Emotional** – Pain can cause sadness, frustration, anger, and even depression

# Pain Statistics

- 20.4% of adults suffer from chronic pain (67M)
  - 7.4% had chronic pain that frequently limited life or work activities (24M)
- 30.8% of adults 65 and older suffer from chronic pain (101.5M)
- 58.9% of adults experience pain of any kind
  - 39% back pain
  - 36.5% lower limb pain
  - 30.7% upper limb pain
  - 22.4% headache / migraine
  - 9.8% abdominal, pelvic, genital pain
  - 9.2% tooth or jaw pain
- American Pain Society estimates annual cost of chronic pain = \$635B

From a 2019 report by the CDC's National Center for Health Statistics  
Population 2021 – 329.5M

# Acute Pain

- Acute pain is pain that usually begins suddenly, lasts for a short time, and diminishes as the body heals.

- Causes of acute pain range from:

- Surgery
- Fractures
- Infections
- Burns
- Musculoskeletal injuries – i.e. muscle strains and ligament sprains from overdoing an activity or even sleeping “the wrong way”



# Acute Pain

- An important biological function that warns us of the potential for or extent of injury
- Protective reflexes accompany acute pain
  - Withdrawal
  - Muscle spasm
  - Autonomic responses
- Brief episodes of acute pain can lead to suffering, neuronal remodeling, and chronic pain
- Associated behaviors like bracing and abnormal postures can lead to chronic pain

# Chronic Pain

- Chronic pain is pain that lasts for at least 3 to 6 months or beyond
- Chronic pain can disrupt your normal daily routine and activities
- It is associated with common conditions such as
  - arthritis
  - low back problems
  - complex regional pain syndrome
  - muscle strains/spasms (Fibromyalgia)
  - nerve damage from diabetes (neuropathy)

# Chronic Pain Affects Daily Life

- Normal daily activities such as dressing or bathing become more difficult
- Sleeping and eating habits are disrupted
- Work and/or leisure interests decline
- May cause feelings of anxiety and depression
- May lead to decreased activity, which can then lead to reduced flexibility, strength, and stamina
- Decreased quality of life

“Living with chronic pain is hard, but dealing with those who don’t care or understand is harder.” – Unknown

# Pain in the Elderly

- Persistent pain is common in geriatric residents because of:
  - The cumulative effect of progression of chronic painful diseases
  - The frequency of many painful conditions increases with age
- Defining and treating pain in the elderly is often complicated by the existence of multiple medical conditions and the increased incidence of treatment related side effects

# Pain in the Elderly

- Detection and management of chronic pain remains inadequate as one study reports 66% of geriatric SNF residents had chronic pain but it was not detected by the treating physician in 34% of the cases
- Elderly residents are reluctant to report pain due to:
  - A belief that pain is a necessary part of older life
  - A fear of being negatively judged for having pain
  - The expectation that the clinician will give a low priority to pain compared to other medical problems
  - A fear that pain is a sign of death or serious illness
- It is imperative for the clinician to ask elderly residents directly about the presence of pain as well as pay attention to nonverbal pain behavior

\*Sengstaken E. A., King S. A. The problems of pain and its detection among geriatric nursing home residents. J Am Geriatr Soc. 1993;41((5)):541-544.

# Opioid Use Statistics

- In 2019, an estimated 10.1 million people aged 12 or older misused opioids in the past year
- Specifically, 9.7 million people misused prescription pain relievers and 745,000 people used heroin

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

# COVID-19 Impact on Pain

COVID-19 →

isolation / loneliness, depression, decreased activity,  
prolonged postures →

decreased flexibility, decreased strength →

increased pain

# COVID-19 Impact on Pain

- SNF residents with COVID may require additional attention to pain management due to:
  - Headache / muscle pain
  - Limited mobility due to infection control practices
  - Psychosocial stress
  - Depression
  - Anxiety
  
- Narcotic prescriptions increased during the pandemic
  - Opioids can affect the immune response
  - Opioids can also suppress cough associated with COVID infection



# Deep Breathing / Relaxation

- Perform daily to help reduce stress and anxiety
- Comfortably sitting or lying supine
- Diaphragmatic breathing
- One hand on upper chest and other hand on belly
- Slowly breath in through your nose for 4 seconds feeling your hand on your belly rise (hand on chest should remain relatively still)
- Slowly breath out through pursed lips for 4 seconds feeling your hand on your belly fall
- Complete for 2 minutes (work up to 10 minutes)
- Complete 1 – 4 times daily

# Pain and the MDS

## Section J: Health Conditions

- Intent of Section J is to document health conditions that impact the resident's functional status and quality of life
- Items include:
  - Pain assessment – resident or staff interview
    - Presence of pain
    - Pain frequency
    - Effect on function
    - Intensity
    - Management and control
  - Dyspnea
  - Tobacco use
  - Prognosis
  - Problem conditions
  - Falls
  - Prior surgery
  - Surgery requiring active SNF care

# Pain and the MDS

## J0100: Pain Management (5-Day Look Back)

J0100. Pain Management - Complete for all residents, regardless of current pain level	
At any time in the last 5 days, has the resident:	
Enter Code <input type="checkbox"/>	A. Received scheduled pain medication regimen? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Received PRN pain medications OR was offered and declined? 0. No 1. Yes
Enter Code <input type="checkbox"/>	C. Received non-medication intervention for pain? 0. No 1. Yes

CMS's RAI Version 3.0 Manual states in Section J:

- Pain can cause suffering and is associated with inactivity, social withdrawal, depression, and functional decline
- Pain can interfere with participation in rehabilitation
- Effective pain management interventions can help to avoid these adverse outcomes

# Pain and the MDS

## J0200: Should Pain Assessment Interview Be Conducted?

<b>J0200. Should Pain Assessment Interview be Conducted?</b>	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code <input type="checkbox"/>	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
	1. Yes → Continue to J0300, Pain Presence

- Most residents who are capable of communicating can answer questions about how they feel
- Obtaining information about pain directly from the resident, sometimes called “hearing the resident’s voice,” is more reliable and accurate than observation alone for identifying pain
- Information about pain that comes directly from the resident provides symptom-specific information for individualized care planning

# Pain and the MDS

## J0300-J0600: Pain Assessment Interview



Pain Assessment Interview	
<b>J0300. Pain Presence</b>	
Enter Code <input type="checkbox"/>	Ask resident: <b>"Have you had pain or hurting at any time in the last 5 days?"</b> 0. <b>No</b> → Skip to J1100, Shortness of Breath 1. <b>Yes</b> → Continue to J0400, Pain Frequency 9. <b>Unable to answer</b> → Skip to J0800, Indicators of Pain or Possible Pain
<b>J0400. Pain Frequency</b>	
Enter Code <input type="checkbox"/>	Ask resident: <b>"How much of the time have you experienced pain or hurting over the last 5 days?"</b> 1. <b>Almost constantly</b> 2. <b>Frequently</b> 3. <b>Occasionally</b> 4. <b>Rarely</b> 9. <b>Unable to answer</b>
<b>J0500. Pain Effect on Function</b>	
Enter Code <input type="checkbox"/>	<b>A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?"</b> 0. <b>No</b> 1. <b>Yes</b> 9. <b>Unable to answer</b>
Enter Code <input type="checkbox"/>	<b>B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?"</b> 0. <b>No</b> 1. <b>Yes</b> 9. <b>Unable to answer</b>
<b>J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)</b>	
Enter Rating <input type="text"/> <input type="text"/>	<b>A. Numeric Rating Scale (00-10)</b> Ask resident: <b>"Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine."</b> (Show resident 00 -10 pain scale) <b>Enter two-digit response. Enter 99 if unable to answer.</b>
Enter Code <input type="checkbox"/>	<b>B. Verbal Descriptor Scale</b> Ask resident: <b>"Please rate the intensity of your worst pain over the last 5 days."</b> (Show resident verbal scale) 1. <b>Mild</b> 2. <b>Moderate</b> 3. <b>Severe</b> 4. <b>Very severe, horrible</b> 9. <b>Unable to answer</b>

# Pain and the MDS

J0700: Should the Staff Assessment for Pain be Conducted?  
(5-Day Look Back)

J0700. Should the Staff Assessment for Pain be Conducted?	
Enter Code	
<input type="checkbox"/>	0. No (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
<input type="checkbox"/>	1. Yes (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain

- Resident interview for pain is preferred because it improves the detection of pain. However, a small percentage of residents are unable or unwilling to complete the pain interview.
- Persons unable to complete the pain interview may still have pain.
- Even though the resident was unable to complete the interview, important insights may be gained from the responses that were obtained, observing behaviors and observing the resident's affect during the interview.

# Pain and the MDS

## J0800: Indicators of Pain (5-Day Look Back)

*Complete this item only if the **Pain Assessment Interview (J0200-J0600)** was not completed.*

Staff Assessment for Pain	
J0800. Indicators of Pain or Possible Pain in the last 5 days	
↓ Check all that apply	
<input type="checkbox"/>	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
<input type="checkbox"/>	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)
<input type="checkbox"/>	C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
<input type="checkbox"/>	D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
<input type="checkbox"/>	Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)

# Pain and the MDS

J0850: Frequency of Indicator of Pain or Possible Pain (5-Day Look Back)

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days	
Enter Code	Frequency with which resident complains or shows evidence of pain or possible pain
<input type="checkbox"/>	1. Indicators of pain or possible pain observed 1 to 2 days
	2. Indicators of pain or possible pain observed 3 to 4 days
	3. Indicators of pain or possible pain observed daily

- Unrelieved pain adversely affects function and mobility contributing to dependence, skin breakdown, contractures, and weight loss
- Pain significantly adversely affects a person's quality of life and is tightly linked to depression, diminished self-confidence and self-esteem, as well as to an increase in behavior problems, particularly for cognitively impaired residents

# Pain Assessment

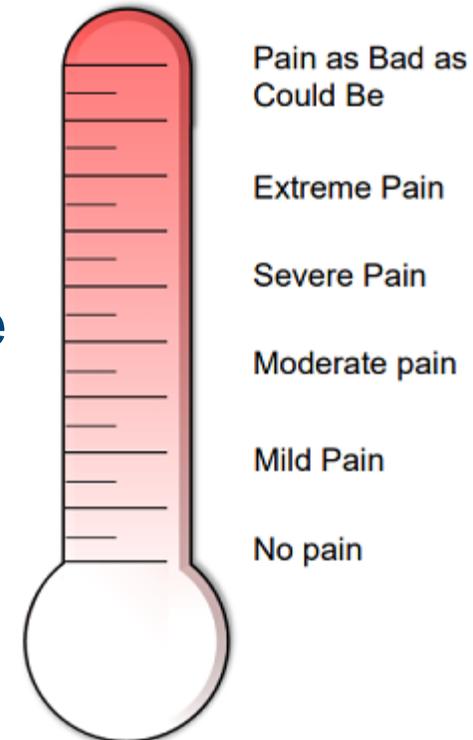
- All residents should have an adequate pain assessment that includes documentation of:
  - Location
  - Intensity
  - Frequency
  - Quality
  - Onset / duration
  - Manner of expressing pain
  - Aggravating and relieving factors
  - Effects of pain
  - Pain plan

# Pain Assessment

- Location of Pain
  - Localized pain usually indicates musculoskeletal problem
  - Radiating pain usually indicates systemic, visceral, or nerve root problem
- Frequency of Pain
  - Musculoskeletal and localized pain tends to be intermittent
  - Systemic, visceral, and mechanical/compression pain is often more constant
- Duration of Pain
  - Acute vs Chronic

# Pain Assessment

- Intensity of Pain
  - Resident self-report is the “most reliable indicator of the existence and intensity of pain” (National Institutes of Health)
  - Pain Thermometer Scale
  - Geriatricpain.org reports “research indicates this is the best choice for most older adults” and
  - Good for use with residents with moderate to severe cognitive impairment

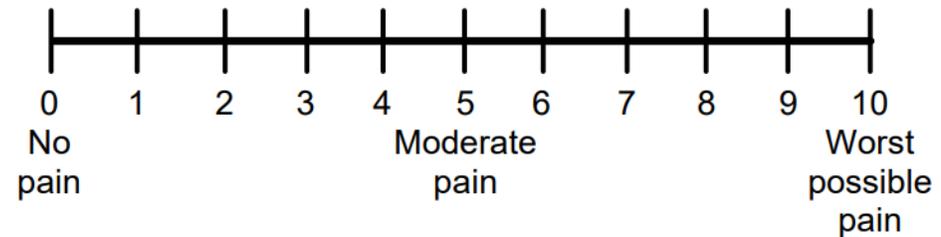


# Pain Assessment

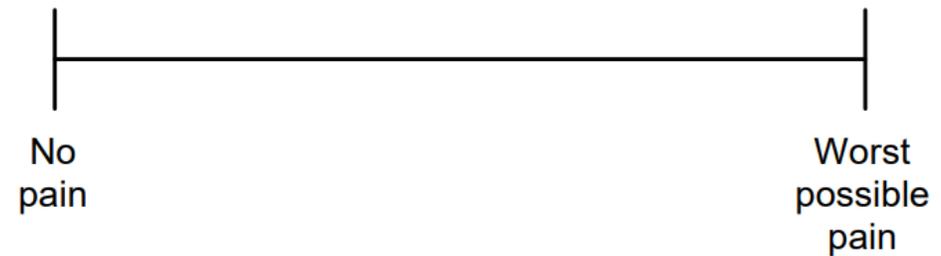
- Intensity of Pain

- Other assessment tools for residents without dementia

- Numeric Rating Scale



- Visual Analog Scale



# Pain Assessment

- Intensity of Pain
  - Other assessment tools for residents with dementia

- FACES Pain Scale



- Pain Assessment in Advanced Dementia (PAINAD) Scale

Items*	0	1	2	Score
<b>Breathing independent of vocalization</b>	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.	
<b>Negative vocalization</b>	None	Occasional moan or groan. Low-level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
<b>Facial expression</b>	Smiling or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
<b>Body language</b>	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
<b>Consolability</b>	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
			<b>Total**</b>	

# Systemic vs. Musculoskeletal Pain

## Systemic

- Onset
  - Recent, sudden
- Description
  - Knifelike, cutting, gnawing, throbbing, bone pain, unilateral or bilateral

## Musculoskeletal

- Onset
  - Sudden: acute overload, trauma, repetitive motion
  - Gradual: chronic overload, maybe be on/off for years
- Description
  - Local tenderness, achy/cramping, stiff after periods of rest but pain decreases, usually unilateral

# Systemic vs. Musculoskeletal Pain

## Systemic

- Intensity
  - Dull to severe
- Duration
  - Constant, doesn't change, awakens at night

## Musculoskeletal

- Intensity
  - Mild to severe
  - May depend on anxiety level
- Duration
  - More likely intermittent
  - Depending on activity or position

# Systemic vs. Musculoskeletal Pain

## Systemic

- Aggravating factors
  - Depends on involved organ
- Relieving factors
  - Usually none
  - Exceptions: gallbladder (lean forward), kidney (lean to involved side), pancreas (lean forward / sit upright)
  - Usually any relief is short-lived

## Musculoskeletal

- Aggravating factors
  - Altered by movement
  - Pain usually becomes worse with movement but some myalgia decreases with movement
- Relieving factors
  - Short periods of rest with resulting stiffness
  - Stretching



# Systemic vs. Musculoskeletal Pain

Associated symptoms present with systemic pain – indicative of a red flag underlying medical problem

- Bowel/bladder symptoms
- Diaphoresis
- Difficulty breathing
- Difficulty swallowing
- Dizziness
- Fever/chills
- Headaches
- Heart palpitations
- Hoarseness
- Nausea
- Night sweats
- Numbness
- Painless muscle weakness
- Skin lesions, rashes, itching
- Vision problems
- Tingling
- Unusual vital signs
- Unexplained weight loss
- Vomiting
- Bilateral symptoms

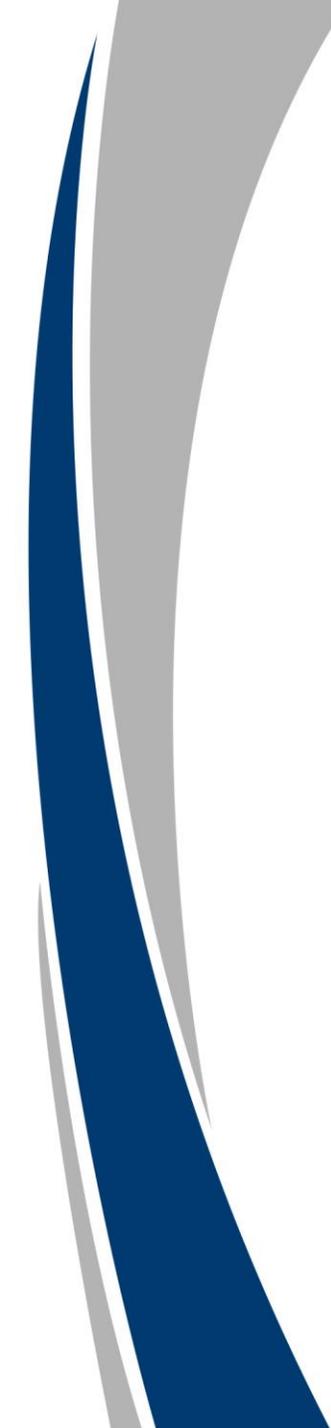


# Postural / Flexibility Exercises

- Slow movement
  - Should feel a slight stretch
  - Don't hold your breath
  - Hold 10-30 seconds
  - Repeat 3-5 repetitions
- Neck / Cervical Rotation
  - Shoulder Rotation 90/90 against wall
  - Chest Expansion / Scapular Retraction (arms at shoulder height)
  - Seated Torso Twist
  - Seated Hamstring Stretch
  - Standing Calf Stretch
- \*Always talk to your physician before starting any new exercise

# Pain Management Goals

- Treat acute pain aggressively and prevent chronic pain
- Identify and address the cause of pain
- Treat chronic pain aggressively with the entire IDT
- Teach self-management of controlling pain
- Improving function and sustaining quality of life
- Treat noninvasively as much as possible



“Pain is inevitable, suffering is optional.” – Buddhist proverb

“If I woke up in the morning and nothing hurt, I would worry I was dead.” – Unknown

# Pain Management Strategies

- Physical / Occupational Therapy
  - Physical agent modalities (moist heat, US, ES, SWD)
  - Manual therapy and massage
  - Orthotics / splints
  - Compression therapy
  - Therapeutic exercise and functional activities
  - Positioning / posture / pressure relief
  - Compensatory / Adaptive equipment / gait devices
  - Activity management
  - Environment management (chairs, bed, WC, ADL equipment)
  - Caregiver education
- Speech Therapy
  - Communication strategies for pain
  - Staff training of resident specific needs in communication
  - Activity planning, pacing, and scheduling
  - Tracking medication schedule
  - Visualization, meditation, breathing techniques



# Pain Management Strategies

- Nursing
  - Weekly / quarterly pain assessments
  - Pain medication requests
  - Weekly / quarterly skin assessments
  - Documented CNA reports
  - Nursing rounds
  - Resident interviews
  - Vitals
  - ADL or mobility decline
  - Medication management (effectiveness and changes)



# Integrative Care Techniques for Chronic Pain Management

- Defined as the blend of complementary / alternative medicine and traditional Western medicine used for chronic pain management
- Combines the concepts of mind, body, spirit, and community and supports the theory of healing and wellness – not always attempting to cure an illness
- Holistic and person-centered approach

# Integrative Care Techniques

- Acupuncture

- Stimulation of anatomical points on the body most commonly used with thin, solid, metallic needles manipulated by hand or electrical stimulation



- Biofeedback

- Special monitoring equipment used to teach control of certain body functions including muscle contraction and relaxation to help decrease headaches and chronic pain

# Integrative Care Techniques

- Massage Therapy

- Pain relief, stress reduction, increased relaxation, addressing anxiety and depression, and aids general wellness



- Meditation

- Mind-body technique that teaches a person to focus attention and relate to the flow of emotions and thoughts in the mind; promotes relaxation, physiological balance, coping, and overall wellness

# Integrative Care Techniques

- Physical Therapy / Occupational Therapy
  - Utilizes therapeutic exercise, massage/mobilization, patient education, water therapy, adaptive equipment, physical agent modalities to improve function, increase flexibility and strength, and decrease pain



# Integrative Care Techniques

- Tai Chi
  - Chinese discipline derived from martial arts rooted in self-control and performed through a series of slow, soft, graceful movements; thought of as a combination of yoga and meditation; promotes relaxation, providing both physical and psychological benefits
    - Improved cognition
    - Improved balance
    - Decreased risk of falls
    - Decreased fear of falling
    - Decreased pain

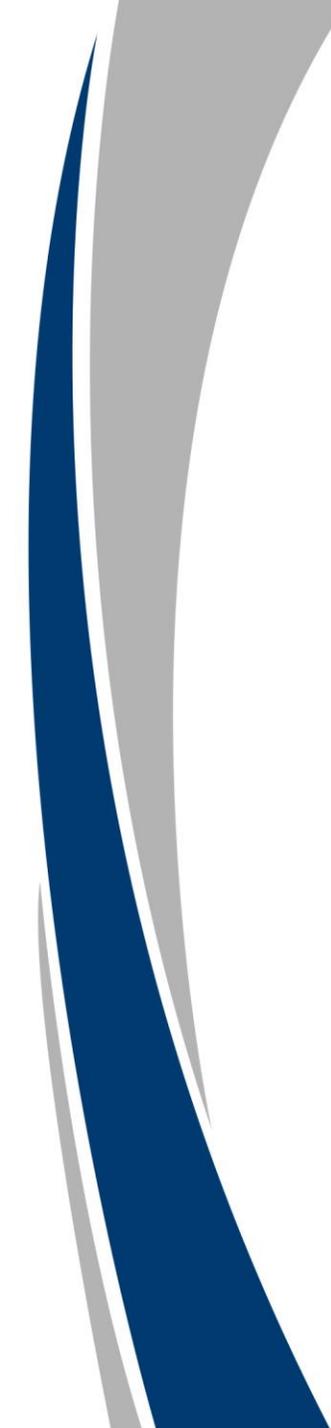


# Integrative Care Techniques

- Hypnosis
  - Heightened state of concentration and focused attention to help gain control over behavior, emotion, or physical well-being by remaining relaxed and calm
- Yoga
  - Ancient Indian discipline that teaches balance, flexibility, and meditation; cultivates stillness and relaxation to decrease stress and pain; focus on breathing
- Patient Responsibility
  - Research pain management options; self-care methods of pain management include herbal products (tea), topical creams, yoga, meditation, exercise, and walking

# Integrative Care Techniques

- Self-care Apps
  - Calm
  - Lumosity
  - Stretch Timer
- Pain Management Apps
  - Manage My Pain
  - Pathways Pain Relief
  - Curable



“Pain is weakness leaving the  
body.”

– Chesty Puller (June 26, 1898 – October 11, 1971),  
United States Marine Corps officer

# Tai Chi

## One-with-Nature Tone Ch'i

- Relax by standing with feet parallel with arms at your sides
- Breathe smoothly and naturally; do nothing extra
- Bend knees slightly and evenly to feel connected with the ground (Earth) and feel the body's weight on the feet
- Turn the palms out and raise your hands slowly to temple height
- Turn the palms down and close the eyes
- Lower the hands down to the sides slowly and evenly
- Always relax, breathe, feel the earth, and do nothing extra

# Tai Chi

## Penetrating heaven and earth

- Feet should be hip-distance apart; rest your hands to your sides
- As you inhale, lift both hands, palms up, fingertips pointing in toward each other, to chest height; when you get there, relax and exhale briefly
- As you inhale, send your right-hand palm up, above your head; send your left-hand palm down, back to your pelvis
- As you exhale, pull them back to meet, keeping them in the midline of your body; as you inhale, switch the movement, your left hand rising and your right hand lowering
- Repeat this movement at least 8 times as you breathe slowly with control
- <https://www.healthline.com/health/senior-health/ta-chi#penetrating-heaven-and-earth>

# Alternative Therapies for Geriatric Pain Management

# Questions



# Thank You



Dave Lishinsky, PT, VP of Clinical Compliance  
[dlishinsky@feeltheadvantage.com](mailto:dlishinsky@feeltheadvantage.com)  
(724)840-4843



# References

- Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7837612/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5842573/>
- <https://geriatricpain.org/>
- <https://www.nia.nih.gov/health/exercise-physical-activity>
- Lee, Ph.D., Martin, Lee, Emily, Lee, Melinda and Joyce. *The Healing Art of Tai Chi Becoming One with Nature*. Sterling, 1996.