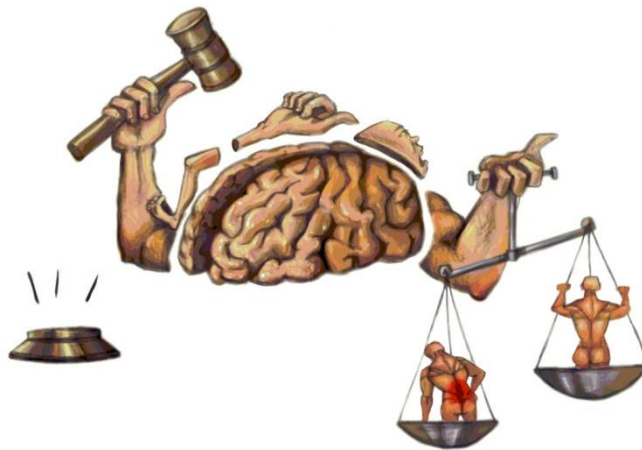


# The Pain Truth

... & Nothing but!

## Video #1, 2, 3 Trascripts

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The aim of the 6-week Pain Truth program is to improve the quality of your life and the management of your persistent pain. The *Pain Truth* videos may be viewed on [www.aptei.ca/pain-education](http://www.aptei.ca/pain-education) and on [www.youtube.com](http://www.youtube.com); search for “*The Pain Truth and Nothing But*”.

There are 3 parts to the *Pain Truth* videos and they must be viewed in sequence but there is no need to view them all in one day, as it can be overwhelming. If the information makes sense and resonates with you, you may ask your physiotherapist to help you complete the 6-week Pain Truth Program.

Light bulb story

<https://youtu.be/g-FmhXIT0b8>

Pain Truth video #1

<https://youtu.be/GPjv97unQu0>

Pain Truth video #2

[https://youtu.be/2GI4gTiuX\\_s](https://youtu.be/2GI4gTiuX_s)

Pain Truth Video #3

<https://youtu.be/MK9TBM2-7AM>

## VIDEO #1 TRANSCRIPT

**Please answer the following 10 True & False questions.**

1. The brain can produce pain even if there is no actual injury to the body  
 T  F
2. Pain does not necessarily mean that something in the body is injured  
 T  F
3. Pain can persist even when the tissues that were injured have healed  
 T  F
4. All pain is real; there is no such thing as imagined pain  
 T  F
5. It is possible to feel pain and have no physical injury or damage to the body  
 T  F
6. Pain is an alarm system that warns the body of actual or perceived danger  
 T  F
7. All pain is “in the head” (...in the brain)  
 T  F
8. Thoughts and fears can increase blood pressure, breathing, heart rate, muscle tension and spasms  
 T  F
9. Thoughts and fears can cause or increase swelling/inflammation  
 T  F
10. Just thoughts and fears can actually cause or increase pain  
 T  F

Note: The answers are all  True!

## VIDEO #2 TRANSCRIPT

To calculate Your “D” Score please circle the most accurate number AFTER reading the descriptions.

\_\_\_  **Pain stress**

- 0- You have full control over your pain; it is manageable and mild  
10- You have no control over your pain; it is unpredictable, constant and severe... it's as if the pain has a mind of its own

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹



\_\_\_  **Work stress**

- 0- You have no work stress, your job situation is perfect  
10- You have tremendous stress and anxiety at your work or your current lack of work

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Family stress**

- 0- You have no family stress or issues, everything is lovely  
10- You are dealing with a lot of family issues and stresses including spouse, parents, kids, in laws

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Friend/social stress**

- 0- You have a great social life and have close friends that you regularly see and get along with  
10- You do not have a social life at all and/or are dealing with conflicts with friends

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Financial stress**

- 0- You have no financial stresses or worries, money is not an issue  
10- You are dealing with a lot of financial stresses and have tremendous worries over your current money situation

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Insurance/legal stress**

- 0- You have no insurance or pending legal issues
- 10- You are very stressed because of your insurance company, adjustor, and/or lawyer and have an ongoing litigation

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Fear of not recovering**

- 0- You are 100% hopeful and optimistic of recovery
- 10- You are extremely fearful and worried about never getting better

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Low mood /sadness**

- 0- You rarely feel sad and rarely feel down
- 10- You have been diagnosed with depression and feel it is not still well controlled

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Worry over x-rays & MRIs**

- 0- You are not at all concerned about your x-ray or MRI
- 10- You are extremely worried about your x-ray and MRI results and have searched the internet to learn more, making things worse

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

\_\_\_  **Other health problems**

- 0- You have no other health problems outside of your current pain condition
- 10- You have other health issues such as diabetes, high blood pressure, digestion issues, heart issues, weight gain, etc.

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

**Now pause the video and add up all the scores for the questions**  
(Note: Every score of 10 is counted as 20)      Your current D Score: \_\_\_  
Your **Ideal D Score**: \_\_\_ (To be filled later)

To calculate Your “S” Score please circle the most accurate number AFTER reading the descriptions.

\_\_\_  **Current level of physical activity**

0- You are currently not involved in any physical activity and basically rest and lie down for most of the day

10- You do at least 1 hour of mild to moderate physical activity everyday such as walking, Yoga, swimming, gardening, etc.

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Level of family support**

0- You have no family support and feel no one cares about your situation

10- You have a great supportive family that is always there to listen and help you if needed

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Job/employer/co-worker satisfaction**

0- You hate your job, your employer and your coworkers

10- You absolutely love your job, your employer and all your coworkers

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺



\_\_\_  **Quality of diet/smoking/alcohol habits**

0- You skip meals, eat fast food for every meal, smoke and regularly drink more than 3 servings of alcohol

10- You eat fresh fruits and vegetables every day, don't smoke and occasionally drink one serving of alcohol

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Satisfaction with health care providers**

0- You are extremely dissatisfied with your doctors and therapists and regularly search for answers on Google/internet

10- You are extremely happy with your doctors and therapists; they're caring, knowledgeable and have your best interest in mind

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Time spent outdoors/in nature**

- 0- You are basically always indoors, either in your home or at work and spend no time outdoors  
10- You spend at least one hour a day outdoors with nature or in a park seven days a week

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Practicing relaxation & mindfulness**

- 0- You don't put any time aside for relaxation, are constantly on the go and your mind chatters the entire day and even nights  
10- You consciously put at least one hour aside every day for relaxation, breathing, meditation and mindfulness

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Quality and quantity of sleep**

- 0- You do not sleep well at all, your sleep is interrupted and every morning you wake up tired  
10- You are a perfect sleeper; get 7-8 hours of sleep every night and every morning you wake up fully refreshed

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Detailed life goals and plans set**

- 0- You don't have any specific short or long term goals with your recovery or with your life (being pain-free is not a goal)  
10- You have clear short term and long term health, social life and career goals; all written down on paper knowing exactly what you would like to achieve in 3 months, 1 year and in 5 years from now

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

\_\_\_  **Current level of "fun" in your life**

- 0- You don't put any time aside for fun activities and there is nothing that you consider as fun or enjoyable anymore  
10- You consciously put at least one hour aside every day for fun activities

☹ 0 1 2 3 4 5 6 7 8 9 10 ☺

**Now pause the video and add up all the scores for the questions**  
(Note: Every score of 0 is counted as a minus 10) Your current S Score: \_\_\_  
Your **Ideal S Score**: \_\_\_ (To be filled later)

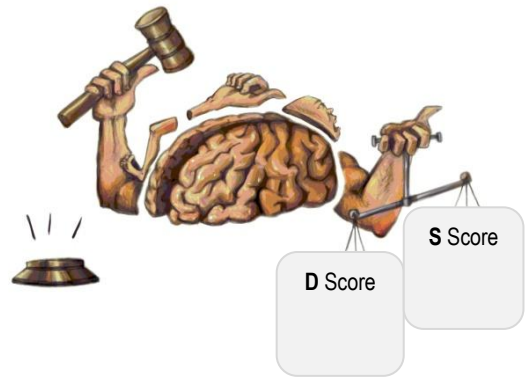
## Summary of Scores

Your **current D** score is \_\_\_\_\_

Your **current S** score is \_\_\_\_\_

Your **ideal D** score is \_\_\_\_\_

Your **ideal S** score is \_\_\_\_\_



Okay, now that you have re-answered the questions the way you would ideally like things to be, it is essential for you to accept that the ideal score is within your reach.

**On a scale of 0-10 how important is it for you to reach your IDEAL D & S scores?**

*(Not important at all)* **0 1 2 3 4 5 6 7 8 9 10** *(Extremely important)*

**On a scale of 0-10 how confident are you that you can positively change your D & S scores by even a small degree?**

*(Not confident at all)* **0 1 2 3 4 5 6 7 8 9 10** *(Extremely confident)*

In Part 3 of the Pain Truth video we will discuss direct actions you can take to positively tip your scale towards the Safety side.

**Based on what you have just learned, please check  the correct answers.**

**Your Safety or "S" score will increase when ...**

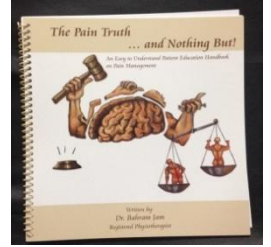
- ①  You do some form of physical activity on a daily basis, ideally 30-60 min. a day
- ②  You feel that you have a supportive family around you
- ③  You feel positive about and enjoy your work
- ④  You feel satisfied with your health care providers
- ⑤  You improve your current diet (i.e eat more fresh fruits & vegetables)
- ⑥  You spend more time outdoors (i.e. in the park)
- ⑦  You practice relaxation and meditation on a daily basis
- ⑧  You try to improve your sleeping habits
- ⑨  You can get back to some of the activities that you previously enjoyed
- ⑩  You have short and long-term goals that give a sense of purpose to your life

Addressing the above 10 interventions will be discussed in the next section.

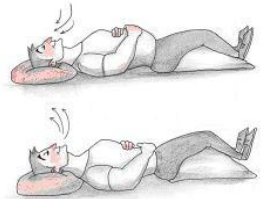
## VIDEO #3 TRANSCRIPT

Here are 10 actions you can take to help your brain feel safe and, in time, reduce your nervous system hypersensitivity and improve the quality of your life.

1. **Understand the truth about pain.** Understand and fully appreciate that, although your pain may be severe, it does not necessarily mean that you have a severe injury. Studies show that those who truly understand that their brain is a contributing factor to their pain recover much better than those who continue to believe that the problem lies only in the specific part of their body. There have even been cases where the brain calms down immediately in those who receive pain education and understand the concept of nervous system hypersensitivity. To learn more please read *The Pain Truth* book available on [www.amazon.ca](http://www.amazon.ca) or any of the other excellent books referenced at the end of this video.



2. **Breathe and be mindful.** Put one hour a day aside for relaxation, focused breathing or mindfulness meditation. You may or may have not done this in the past. There are so many studies to support those who do daily mindfulness meditation have significant reduction in their pain and a reduced need for pain medications. This is as easy as joining a Yoga class or typing "Mindfulness meditation" on Youtube (specifically look into Jon Kabat-Zinn).



3. **Drink water.** I don't know exactly how many cups, but a few cups of plain water. Limit your caffeinated drinks, sugary drinks and juices. You can surely appreciate that highly sugary and caffeinated drinks stimulate nerves and can increase nervous system hypersensitivity that you are trying to decrease.



4. **Eat food.** By food I mean anything that looks like real actual food and that is not out of a box, package or out of a drive through window. It's simple: have **2 servings of fruit and 2 servings of fresh vegetables every day**, or consider seeing a registered dietician. I know it's a cliché, but what you eat does affect how you feel. So do your best to eat well for your pain.



5. **Start moving.** You must devote at least **one hour each and every day** to consciously moving. This doesn't mean that you have to do the one hour all at once. You could break it up into four 15 minute sessions or six 10 minute sessions in a day. The movement can be walking in the park, Tai chi, Yoga, aqua fitness, lifting dumbbells – whatever works for you. A physical therapist can help you set realistic physical goals and help prescribe the ideal physical activity for you.



6. **Sleep well.** Try every trick in *The Pain Truth* book to help you sleep better; things as simple as going to bed at the same time every night and avoiding computer or phone screens before bed time. Speak to your doctor about your sleep issues; perhaps go to a sleep clinic. Prescription sleep medications should be the last resort.





7. **Spend time outside.** Did you know that humans now are the only true generation of cavemen? At no time in the history of mankind have we ever spent more time indoors than we do now. The human body was meant to be outside, not locked up day and night in a room or an office with artificial lighting. **We need to see real light**, we need to see and feel the sun. If plants had our lives most of them would surely wilt away. Have your doctor check your vitamin D levels; you may benefit from supplements, but that still doesn't replace going for a walk or sitting outside **for one hour!**



8. **Write down your DIMs, stresses and emotions.** Certainly stress can increase pain, but did you know that buried or suppressed emotions may be the reason your pain is not getting better? Sit down and write a list of all the emotional issues you can think of (e.g. *anger, hurt, shame, fear, guilt, etc.*). Don't underestimate the power of writing therapy. There is no right or wrong way of writing out your feelings... just write whatever you feel. There is no need to "fix" anything, it's only important that you become aware of your emotions. If there are issues in your life that make you feel angry or guilty for feeling angry, write them down. No longer hide them. There is no need to share your writings with anyone; you have the option of tearing the paper and throwing it out. Do this for **15 minutes every day**; you may be surprised how good writing therapy feels and how it can reduce your pain. If your current job is a major source of stress, then make a plan to do something. Staying at a stressful job because you feel like you have no other options can be emotionally draining; you can't just keep ignoring the stress ...your health depends on it.



**My top 3 current stresses are...**

- .....
- .....
- .....

**Please complete this "contract" to yourself.**

I, \_\_\_\_\_ understand certain emotional stresses can  
 (your name)  
 contribute to my pain. The emotions may be ( check the boxes that may apply to you)

- Anger; because of..... *e.g. my work*
- Sadness; because of..... *e.g. I don't know*
- Guilt; because of..... *e.g. My father*
- Fear; because of..... *e.g. My disc bulge*
- .....

I also understand that identifying stressful emotions is essential for my recovery. I do not necessarily have to "fix" anything, for now just acknowledging is needed. If required, I may of course see my physician and request counselling and professional help.

9. **Write down SIMs and do fun things.** Write a list of everything that you've ever enjoyed doing or have considered fun. These could be activities you did when you were a child or many years ago. Do something fun for at least **an hour every day**. It doesn't have to be expensive, exotic or physical. Make a point of listening to music or an old record that you once enjoyed, draw, paint, go dancing, join a walking group, go to a movie with a friend, play an instrument, meet an old friend for lunch and talk **about anything but your pain**, sing in the shower, smile for no reason.



Although hard to believe, just keeping a constant 'fake' smile can make a person feel better and reduce pain. Try it for **one whole minute**. Then try a 'fake' laugh for **15 seconds**. You've got to try it...endorphins are very powerful painkillers without any side effects!



Focus on bringing joy to someone else; compliment others, hold the door open for the person behind you, hug someone, volunteer in a hospital or seniors' home, etc. It is really the single best way of focusing away from your DIMs, problems and stresses. **It is guaranteed to make you feel better.**

Write down below 3 potentially enjoyable and fun activities that you could do to make you feel better.

**My top 3 potential enjoyable / fun activities are...**

- .....
- .....
- .....

**Please complete this "contract" to yourself.**

I, \_\_\_\_\_ understand that regularly doing activities I find enjoyable or used to find "fun" can help me with my pain. I can ( check the boxes that may apply to you)

- Listen to music and/or gently dance daily e.g. ....
- Go out with family or a friend e.g. ....
- Go for a walk or short hike e.g. ....
- Help someone even in a small way e.g. ....
- .....

I also understand that identifying and focusing on all the activities that I am still able to do is essential for my recovery. I don't have to do any activity for a long period of time; any amount of joy is valuable. If I cannot think of a single fun or enjoyable activity that I could do today to uplift my mood, I need to discuss this with my physician.

## What I Can Do About my Pain?

<b>Areas of S Score to improve in</b> <input checked="" type="checkbox"/> the areas that apply to you	<b>What you could do to improve</b> <input checked="" type="checkbox"/> whatever you think is realistic for you	<b>What about the change is important to me?</b> <input checked="" type="checkbox"/> whatever you think is accurate for you
① <input type="checkbox"/> <b>My current level of physical activity</b>	<input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Swim <input type="checkbox"/> Gym <input type="checkbox"/> Yoga <input type="checkbox"/> Tai chi <input type="checkbox"/> Jog <input type="checkbox"/> Garden <input type="checkbox"/> Dance <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my pain <input type="checkbox"/> Improve my sleep <input type="checkbox"/> Improve my mood <input type="checkbox"/> .....
② <input type="checkbox"/> <b>My level of family support</b>	<input type="checkbox"/> Ask a family member to remind me and support me to do my daily exercises <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my pain <input type="checkbox"/> Improve my mood <input type="checkbox"/> Reduce my stress <input type="checkbox"/> .....
③ <input type="checkbox"/> <b>My job/employer/co-worker satisfaction</b>	<input type="checkbox"/> Be more positive at work <input type="checkbox"/> Apply for a new position <input type="checkbox"/> Consider career change <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my pain <input type="checkbox"/> Improve my mood <input type="checkbox"/> Reduce my stress <input type="checkbox"/> .....
④ <input type="checkbox"/> <b>Satisfaction with my health care providers</b>	<input type="checkbox"/> Change my MD or therapist <input type="checkbox"/> Accept that they are doing their best and they really care <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my stress <input type="checkbox"/> .....
⑤ <input type="checkbox"/> <b>Quality of my diet / smoking / alcohol habits</b>	<input type="checkbox"/> Stop smoking <input type="checkbox"/> ↓alcohol <input type="checkbox"/> Eat 2 fresh fruits /day <input type="checkbox"/> Eat 3 fresh vegetables/day <input type="checkbox"/> Minimize eating out <input type="checkbox"/> Make my own food (not processed) <input type="checkbox"/> Eat only ingredients I can pronounce <input type="checkbox"/> Minimize sugars and refined carbs <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my pain <input type="checkbox"/> Improve my digestion <input type="checkbox"/> Improve my sleep <input type="checkbox"/> Increase my energy <input type="checkbox"/> Improve my mood <input type="checkbox"/> .....
⑥ <input type="checkbox"/> <b>Time spent outdoors / in nature / sun / vitamin D</b>	<input type="checkbox"/> Walk in the park 30 min. at noon and pay attention to trees, squirrels and birds <input type="checkbox"/> Take Vitamin D supplements <input type="checkbox"/> .....	<input type="checkbox"/> Reduce my pain <input type="checkbox"/> Improve my sleep <input type="checkbox"/> Increase my energy <input type="checkbox"/> .....

<p><b>Areas of S Score to improve in</b></p> <p><input checked="" type="checkbox"/> the areas that apply to you</p>	<p><b>What you could do to improve</b></p> <p><input checked="" type="checkbox"/> whatever you think is realistic for you</p>	<p><b>What about the change is important to me?</b></p> <p><input checked="" type="checkbox"/> whatever you think is accurate for you</p>
<p>⑦ <input type="checkbox"/> <b>Practicing relaxation, mindfulness &amp; body scan</b></p>	<p><input type="checkbox"/> Try 15 min. of mindfulness breathing a day (look on Youtube)</p> <p><input type="checkbox"/> Take Yoga classes</p> <p><input type="checkbox"/> Try 10 min. of body scan meditation</p> <p><input type="checkbox"/> .....</p>	<p><input type="checkbox"/> Reduce my pain</p> <p><input type="checkbox"/> Improve my mood</p> <p><input type="checkbox"/> Reduce my stress</p> <p><input type="checkbox"/> .....</p>
<p>⑧ <input type="checkbox"/> <b>Quality and quantity of my sleep</b></p>	<p><input type="checkbox"/> Exercise daily</p> <p><input type="checkbox"/> Listen to relaxation music</p> <p><input type="checkbox"/> Wear ear plugs</p> <p><input type="checkbox"/> Wear night shades over eyes</p> <p><input type="checkbox"/> Change old mattress</p> <p><input type="checkbox"/> Sleep in another room as my partner snores</p> <p><input type="checkbox"/> Avoid arguments before sleep</p> <p><input type="checkbox"/> Avoid caffeine &amp; alcohol before sleep</p> <p><input type="checkbox"/> Avoid TV, computers, phone screens 1 hour before sleep</p> <p><input type="checkbox"/> .....</p>	<p><input type="checkbox"/> Reduce my pain</p> <p><input type="checkbox"/> Improve my mood</p> <p><input type="checkbox"/> Increase my energy</p> <p><input type="checkbox"/> Reduce my stress</p> <p><input type="checkbox"/> .....</p>
<p>⑨ <input type="checkbox"/> <b>Current level of “fun” in my life</b></p>	<p><input type="checkbox"/> Intentionally smile (1 minute)</p> <p><input type="checkbox"/> Play a musical instrument</p> <p><input type="checkbox"/> Listen to music daily</p> <p><input type="checkbox"/> Go out with family or a friend</p> <p><input type="checkbox"/> Dance for a few minutes</p> <p><input type="checkbox"/> Hold door open for strangers</p> <p><input type="checkbox"/> .....</p>	<p><input type="checkbox"/> Reduce my pain</p> <p><input type="checkbox"/> Improve my mood</p> <p><input type="checkbox"/> Increase my energy</p> <p><input type="checkbox"/> Reduce my stress</p> <p><input type="checkbox"/> .....</p>
<p>⑩ <input type="checkbox"/> <b>Detailed life goals and plans set</b></p>	<p><input type="checkbox"/> Write down my 5-year plan</p> <p><input type="checkbox"/> Write down my 1-year plan</p> <p><input type="checkbox"/> Write down my 3-month plan</p>	<p><input type="checkbox"/> Increase my motivation to follow-through with everything written above</p> <p><input type="checkbox"/> Improve my mood</p> <p><input type="checkbox"/> .....</p>

**10. Write down a plan.** The brain is amazing; it will not do anything unless it has a purpose. If it has a clear purpose and a goal it will do everything to achieve it. Grab a piece of paper now and write down what you would ideally like to be able to do in 3 months, one year and five years from now. Sorry, being pain-free cannot be a goal. Without clear and exciting goals, your brain will find it hard to get motivated to do anything including just getting out of bed. Go ahead, write down on a piece of paper all the things that you would like to achieve and look forward to achieving in your career, physical health, and socially. Then break the goals down to smaller bits with a timeline to do them. This is a key factor in your recovery.



Write down below your 3 month, one year and 5 year plans. Identifying them is the most important step. This is an essential exercise. **A brain without purpose has no reason to change.**



**My one inspirational & exciting goal for the next 5 years is...**

**My one exciting goal to achieve for the upcoming one year is...**

**My three small goals to achieve in the upcoming 3 months are...**

Physical health goal:

Family / Social goal:

Career / work goal:

# The Four Stages of Recovery

You may currently be in **Stage 1** of your recovery, where your pain occupies most aspects of your life; you wake up and go to bed with it. The pain may be limiting most of your life activities and occupies your mind for most of the day.

The goal of this 6-week program is to take you to **Stages 2** then to **Stage 3** where the size of your pain may not change, but it occupies a smaller part of your life as your life has grown. Once your life continues to grow despite your pain, the brain will eventually realize that the pain no longer serves a purpose and will shrink and become a small insignificant part of your life.

I wish there was a way of jumping from **Stage 1** straight to **Stage 4**, but it is not possible if you have been experiencing disabling pain for the past number of months or years.

Be patient and I have confidence in you as you progress through these 4 stages should you decide to complete the *Pain Truth Program*!

Please view the [Light Bulb Story](#) video by searching on YouTube for “The Light Bulb story”. If the story resonates with you, you may consider completing the 6-week *Pain Truth program*. If you no longer wish to change light bulbs, you may be ready!

You will require the *Pain Truth Workbook* which can either be provided to you by your physiotherapist or it may be purchased on [www.amazon.ca](http://www.amazon.ca).

If you choose to complete the program, you will need to see your physiotherapist once a week for 6 weeks and each week will consist of a new lesson. There is no pressure to begin this program as you must feel 100% ready for this new approach.

