

Pacing For Chronic Pain

The best way to understand PACING is to think of a long distance runner. A runner does not start their race using the fastest speed they can attain. If they did, they would not finish the race. They would run out of energy long before the finish line and have to stop. Instead, long distance runners train very hard to determine the proper (fastest) pace that will still allow them to complete their race.

Dealing with chronic pain is very similar. The most common problem with chronic pain is that some people go “all out” when they feel good. Eventually they either experience severe pain, or become exhausted and they often have to rest for days afterwards. Another pattern is to engage in an activity until severe pain forces them to stop. A better strategy would be to work, and stop BEFORE the pain becomes severe.

Over time, working too hard then collapsing in pain for days becomes a pattern or habit. The pain associated with activities may begin to develop negative feelings towards those activities or activity in general. The consequences of this cycle are fear of activity, avoidance of activity, fatigue, muscle tension, and decreased tolerance of activities. The end result may be a sedentary life (far more than is warranted given the chronic pain state). The reasons that people engage in this “do too much” cycle are various. Some may be pushed by financial stress to work, others are driven by their responsibility to care for children or the home. Some people feel guilty about the added pressures put on their spouse. Still others are driven by anger and resentment of the chronic pain.

Clearly, doing too much when you feel good isn't a good strategy and pacing is a better alternative. Whereas a long distance runner adopts a steady pace to win the race, people dealing with chronic pain must adopt a slightly different approach. They need to intersperse activity with rest; e.g. work for a while, then rest a bit.

Put simply, pacing is a simple Activity-Rest Cycle. The key is to base your activity level on time, not pain. Instead of engaging in an activity until severe pain sets in, engage in an activity for a specific amount of time, then rest for a specific amount of time. For example, one might set a goal to walk for 30 minutes, then rest for 10 minutes.

The benefits of pacing is that overall pain should be reduced, and tolerance for activity should increase as the overall level of activity per day increases over days and weeks (building stamina). In addition, the amount of time spent resting or in bed should also decrease. Pacing results in less extreme pain, fewer and shorter pain episodes, increased productivity, more stable levels of activity, reduced tension and fatigue, and the joy of engaging in pleasurable activities.

Pacing does require some record keeping, and an investment in time and energy to learn the process. It can require structuring the day, which of course limits spontaneity. Pacing can interrupt on-going activities and demands planning for what may otherwise be straightforward activities.

The first step in pacing is to gather baseline data, or information about the activity and rest cycles

in your life. Track the time spent up and out of the home and time spent engaged in activity. Also track the time spent in a reclining position. The record keeping should provide useful data on how long a period of activity is reasonable. [Look for periods of activity that are NOT followed by extended rest periods or extreme pain]. Also, note if some activities are more pain provoking than others. The data collection during baseline was also show patterns for the day or week (for example, over-active all day and rest all night; or relatively low activity during the week, and over activity on the weekend.)

Once the baseline has been obtained, pacing involves four basic steps:

- 1) Set a goal in minutes or hours for engaging in a moderate amount of activity. This would be a level of activity that you can engage in without increasing pain to a high level.
- 2) Set a goal for a limited rest period to take after the activity. This should be sufficient to enable some pain relief but not so long that it increases the total time spent resting above that which was determined during the baseline.
- 3) Repeat the cycle of moderate activity followed by limited rest frequently throughout the day and do this for at least 70% of the waking day. Keep a record of the activity and rest as monitoring: increases awareness of how to use the strategy, keeps track of whether it is working, and allows for adjustments (increasing activity, decreasing activity or increasing/decreasing rest periods).
- 4) Over a course of days to weeks, increase the goal for moderate activity and decrease rest. Activity should be increased and resting decreased until 1.5 to 2 hours of activity can be achieved with 5-10 minutes of rest. This will come about after a long period of activity-rest training; i.e. when stamina has increased through activity (exercise) just like a runner training for a race.

Some common problems encountered when starting pacing include: forgetting about the time limits (use a kitchen timer), embarrassment about the need to rest, fear of stopping activities (not being able to resume), seeing changing activity patterns as “giving in” to the pain, and seeing resting is a sign of laziness. In the long run, you can get more done when you use pacing strategies and you get to engage in pleasurable activities with friends and family instead of declining invitations. You CAN restart activities if you get a proper rest. Finally, pacing allows people to deal with their pain instead of being controlled by it.

Adapted from Psychological Approaches to Pain Management, Turk and Gatchel (2002)