

Date \_\_\_\_\_

# Pain Recovery Plan

Clinicians:

My name:

Assessment findings	What I will do
<p><b>Biomedical</b> <span style="float: right;"><b>1a</b></span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nervous system sensitivity</li> <li><input type="checkbox"/> Concern that something dangerous has been missed</li> <li><input type="checkbox"/> Medication problems</li> <li><input type="checkbox"/> Worry about reducing medication</li> </ul> <p><i>Less helpful substances</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marijuana/cannabis</li> </ul>	<p><b>1b</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use a broad approach to wind down my nervous system</li> <li><input type="checkbox"/> Discuss my concerns with GP/health professional</li> <li><input type="checkbox"/> Start a medication weaning plan</li> <li><input type="checkbox"/> Get support during weaning process (eg. health professional/family/friend/pain service)</li> <li><input type="checkbox"/> 24 hr Alcohol &amp; Drug information: 1800 422 599</li> </ul>
<p><b>Mindbody</b> <span style="float: right;"><b>2a</b></span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stress</li> <li><input type="checkbox"/> Changes to pain experience or health following life events</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Anger or irritability</li> <li><input type="checkbox"/> Less helpful thinking</li> <li><input type="checkbox"/> Poor sleep</li> </ul>	<p><b>2b</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular relaxation or mindfulness</li> <li><input type="checkbox"/> Complete your timeline</li> <li><input type="checkbox"/> Internet treatment program for anxiety or depression</li> <li><input type="checkbox"/> Get support from a psychologist</li> <li><input type="checkbox"/> Use better sleep habits</li> <li><input type="checkbox"/> Other:</li> </ul>
<p><b>Connection</b> <span style="float: right;"><b>3a</b></span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relationship issues</li> <li><input type="checkbox"/> Social isolation</li> <li><input type="checkbox"/> Intimacy problems</li> <li><input type="checkbox"/> Contributing less (work/life)</li> <li><input type="checkbox"/> Less linked to country/culture/nature</li> </ul>	<p><b>3b</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Talk about these issues with _____</li> <li><input type="checkbox"/> Gradually increase contribution to work or life roles</li> <li><input type="checkbox"/> Improve connection by:</li> </ul>

Assessment findings	What I will do
<p><b>Activity</b> <span style="float: right;"><b>4a</b></span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Relying on passive aids/devices</li> <li><input type="checkbox"/> Lying down for _____ hrs a day</li> <li><input type="checkbox"/> Not doing 150-300 min of moderate physical activity every week</li> <li><input type="checkbox"/> 5 sit to stands in _____ sec</li> <li><input type="checkbox"/> Safely lift _____ kg to eye level</li> <li><input type="checkbox"/> My activities that are limited at the moment</li> <li>-</li> <li>-</li> <li>-</li> <li><input type="checkbox"/> I need support to reactivate</li> </ul>	<p style="text-align: right;"><b>4b</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start weaning off _____</li> <li><input type="checkbox"/> Wean off lying down</li> <li><input type="checkbox"/> Start a planned daily walk at a safe level</li> <li><input type="checkbox"/> Start a strength program for _____</li> <li><input type="checkbox"/> <b>My chosen goal</b></li> <li>_____</li> <li><input type="checkbox"/> Gradually restart at a safe level</li> <li>_____</li> <li><input type="checkbox"/> Go to a community program e.g. hydrotherapy, Heartmoves</li> <li><input type="checkbox"/> Ask GP for a referral to a physio/exercise physiologist</li> </ul>
<p><b>Nutrition</b> <span style="float: right;"><b>5a</b></span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not eating at least 5 serves of vegetables daily</li> <li><input type="checkbox"/> Not eating 2 serves of fruit daily</li> <li><input type="checkbox"/> Too much sugar</li> <li><input type="checkbox"/> Unhealthy snacks</li> </ul> <p><i>Less helpful substances</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caffeine, smoking, alcohol</li> <li><input type="checkbox"/> Waist _____ cm</li> <li><input type="checkbox"/> Body weight _____ kg</li> <li>Height _____ cm</li> </ul>	<p style="text-align: right;"><b>5b</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Limit “sometimes” foods and drinks</li> <li><input type="checkbox"/> Eat more vegetables and high fibre foods</li> <li><input type="checkbox"/> Swap sugary drink for water</li> <li><input type="checkbox"/> Monitor my weight every two weeks</li> <li><input type="checkbox"/> Use less caffeine</li> <li><input type="checkbox"/> Quit smoking (support from Quitline: 137 848 or GP)</li> <li><input type="checkbox"/> Limit alcohol to 2 standard drinks per day or less</li> </ul> <p>Get support:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get Healthy information line 1300 806258</li> <li><input type="checkbox"/> Ask GP for a referral to a dietitian</li> </ul>

**Notes:**

**Links:**

Hunter Integrated Pain Service (HIPS) [www.hnehealth.nsw.gov.au/pain](http://www.hnehealth.nsw.gov.au/pain)

Pain Management Network <http://www.aci.health.nsw.gov.au/chronic-pain>