

Date _____

Pain Recovery Plan

Clinicians:

My name:

Assessment findings	What I will do
Biomedical 1a <input type="checkbox"/> Nervous system overactivity <input type="checkbox"/> Concern that something dangerous has been missed <input type="checkbox"/> Medication problems <input type="checkbox"/> Worry about reducing medication <i>Less helpful substances</i> <input type="checkbox"/> Marijuana/cannabis	1b <input type="checkbox"/> Use a broad approach to wind down my nervous system <input type="checkbox"/> Discuss my concerns with GP/health professional <input type="checkbox"/> Start a medication weaning plan <input type="checkbox"/> Get support during weaning process (eg. health professional/family/friend/pain service) <input type="checkbox"/> 24 hr Alcohol & Drug information: 1800 422 599
Mindbody 2a <input type="checkbox"/> Stress <input type="checkbox"/> Changes to pain experience or health following life events <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Anger or irritability <input type="checkbox"/> Less helpful thinking <input type="checkbox"/> Poor sleep	2b <input type="checkbox"/> Regular relaxation or mindfulness <input type="checkbox"/> Draw a timeline of life events and health problems <input type="checkbox"/> Internet treatment program for anxiety or depression <input type="checkbox"/> Get support from a psychologist <input type="checkbox"/> Use better sleep habits <input type="checkbox"/> Other:
Connection 3a <input type="checkbox"/> Relationship issues <input type="checkbox"/> Social isolation <input type="checkbox"/> Intimacy problems <input type="checkbox"/> Contributing less (work/life) <input type="checkbox"/> Less linked to country/culture/nature	3b <input type="checkbox"/> Talk about these issues with _____ <input type="checkbox"/> Gradually increase contribution to work or life roles <input type="checkbox"/> Improve connection by:

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

Notes:

Links:

Hunter Integrated Pain Service (HIPS) https://www.hnehealth.nsw.gov.au/our_services/pain