

HKSH Physiotherapy Centre

Happy Valley

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Service Hours

Monday to Friday: 9:00 am – 12:30 pm
1:30 pm – 5:00 pm
Saturday: 9:00am – 1:00 pm
Closed on Sundays and Public Holidays
Consultation by Appointment



Multi-disciplinary Chronic Pain Rehabilitation Programme



For enquiries and appointments,
please contact us

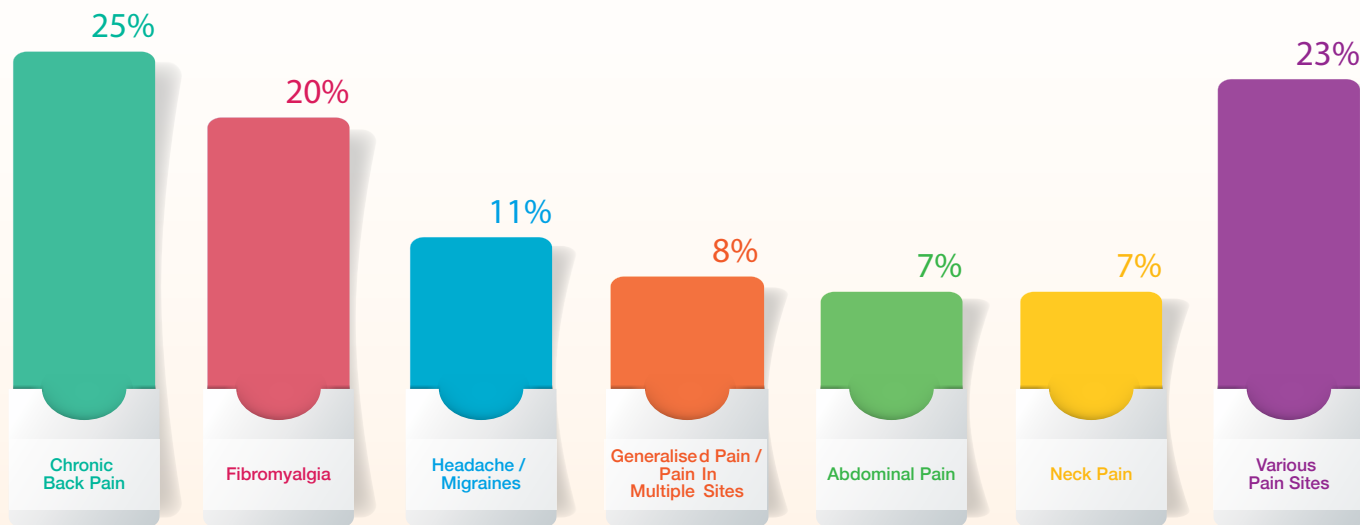
What is Chronic Pain?

Acute pain is often a warning signal of injury or disease. However, for a small proportion of patients, pain can become chronic due to various reasons. Some inflammatory diseases such as Ankylosing Spondylitis may take some time for the diagnosis to be confirmed. Another common example is inadequate pain management and rehabilitation at early stage of low back pain. Physiological causes of chronic pain include physical deconditioning (e.g. muscle atrophy, decreased cardiopulmonary fitness, compromised tensile strength of tendon & ligament) or sensitisation of the nervous system. Patients suffering from stress of chronic pain may develop anxiety and depression.

Chronic pain may occur after an injury or surgery when it persists beyond the usual healing time, or it may be associated with a comorbid condition (such as arthritis, cancer, diabetes, endometriosis, multiple sclerosis, or dental problem). In some chronic pain cases, however, there is no identifiable origin. Chronic back pain is one of the most common diagnoses, occurring in about 25% of chronic pain patients. Fibromyalgia is also common, accounting for 20% of the patients.

Other common diagnoses are chronic headache/migraines (11%), generalised pain or pain in multiple sites (8%), abdominal pain (7%) and neck pain (7%). The remaining 23% of patients have various pain sites including upper or lower extremities, chest wall, jaw, pelvic area, mouth and face. For patients who have no identifiable cause for the pain they are experiencing, it can be even more frustrating.

By this stage, chronic pain is no longer just a symptom of a disease, illness or injury; it has become an illness unto itself. Regardless of the location or cause of chronic pain, many patients develop impaired functioning in daily activities. Some also experience occupational disability, depression, drug-related complications and diminished quality of life. Specific forms of pain treatment, such as medications, injections or surgeries, can sometimes, but not always, relieve the chronic pain itself. Long-term suffering and disability may develop. Patients, their families and friends can become discouraged and frustrated. Chronic pain is a distinct clinical problem which requires interventions by appropriate healthcare professionals with an effective approach.



Bio-psychosocial Approach

Bio-psychosocial approach is an evidence-based management model for chronic pain syndrome. It embraces management of various contributing factors of chronic pain to prevent the pain-patient from being trapped in the pain vicious cycle.



Milestones of Physiotherapy

1. Preparation for Functional Restoration

HKSH Pain Management Team provides adequate pain relief with judicious use of medications, interventional procedures (e.g. trigger point injection, facet block etc), physiotherapy such as manual therapy and electrotherapy in order to prepare pain-patient for functional restoration.



In the first few sessions, depending on the pain severity, we

- Empower patient to manage pain at home/work, e.g. by the use of medications prescribed by doctors, and pain relief physical modalities
- Provide relaxation strategies

2. Functional Restoration

- Realistic functional goal setting and rehabilitation intervention started within the first 5 sessions
- Exercises should be linked to restoration of function and as a mean to cope with activities of daily living (ADL)

3. 4P Rehabilitation Principles

Rehabilitation with cognitive behavioural approach started within the first 10 sessions



- Graded exercise programme
- Introduction of the principle of work simplification, energy conservation by the 4P principles (Prioritise, Plan, Pace, Practice)



- Learning to adopt a more positive thinking style for better pain management
- Graded household activities and appropriate therapeutic exercises
- Achieving better functional outcome and ADL independence

4. Return to Work and/or Sports Activities within Comfortable Level



Multidisciplinary Team Approach

HKSH Pain Rehabilitation Programme is contributed by the collaborative efforts of various healthcare professionals. The primary goal of the programme is to restore functions and improve quality of life for persons suffering from chronic pain. The programme emphasises

titration of pain medications so as to minimise side effects of drugs (e.g. dizziness, nausea) and optimise functions through an individualised functional restoration exercise programme.

Physiatrist



Spine Surgeon



Physiotherapist



Pain Specialist



Patient

Clinical Psychologist



Rheumatologist



Patient Examples

Patient A

Ms. A, a 45-year-old lady, complained about headache, neck and back pain, morning stiffness and easy exhaustion over the past six months. She was diagnosed as fibromyalgia and was recommended for physiotherapy by a rheumatologist. In the first two sessions, physiotherapy was targeted at improving muscle imbalance, correcting poor sitting and standing posture. There was no obvious psychosocial risk factor. She learnt muscle strengthening and core muscle exercises with a home programme under the supervision of a physiotherapist. After five physiotherapy sessions, her muscle strength and flexibility improved and she required less pain medications. She was discharged with regular home exercises and ergonomic advice related to her work.

Patient B

Ms. B, a 50-year-old housewife, had been suffering from severe low back pain and lower limb numbness since 2008. She first received a course of conventional physiotherapy and traditional Chinese medicine without obvious improvement. She later consulted a spine surgeon and surgery was done. There was obvious reduction in pain after the surgery but symptoms recurred six months later. She could barely walk and her sleep quality was poor due to severe pain. After careful evaluation, spine surgeon considered that further surgery would not be able to help her at that stage. She was then referred to rehabilitation medicine specialist in our hospital. Our multidisciplinary team, including rehabilitation medicine specialist, pain specialist, clinical psychologist and physiotherapist, delivered an intensive inpatient and outpatient rehabilitation programme of three months. Close monitoring was required at the beginning. On discharge, she was able to return to normal daily activities with decreased use of pain medications. During rehabilitation, she learnt how to self-manage her pain and stress at home. Finally, she could resume swimming, her favourite recreational activity. Her quality of life was much improved.

Patient C

Mr. C, a 55-year-old manager suffered from severe shoulder pain and stiffness. Besides, general elbow and hand stiffness has developed at about three months after the onset of shoulder pain until the stage that he could barely lift up his arm. He was diagnosed as Type I Complex Regional Pain Syndrome (CRPS) by pain specialist and ultrasound guided brachial plexus block was done. 90% of reduction of pain was achieved shortly after the intervention. A course of physiotherapy treatments, including mobilisation, strengthening and functional training of the arm, was followed right after the injection. Mr. C eventually has had almost complete recovery.

Contact List of Pain Rehabilitation Team Professionals

Physiatrist

HKSH Department of Physical Medicine & Rehabilitation
Tel: 2835 7156

Spine Surgeon

HKSH Orthopaedic & Sports Medicine Centre
Tel: 2835 7890

Rheumatologist

HKSH Rheumatology Centre Tel: 2835 8877

Pain Specialist

HKSH Pain Management Centre Tel: 2835 8828

Physiotherapist

HKSH Physiotherapy Centre
Tel: 2835 8700 / 2835 8685

Clinical Psychologist

HKSH Clinical Health Psychology Centre
Tel: 2917 1153