



## How to Get Off the Pain Train: Before It Leads to Something Worse

*By Susan Saldibar*

According to a report from research group, Stein and Ferrell, 45-85% of seniors in assisted living and skilled nursing facilities have chronic pain. And, you have to figure that, including memory care residents, if they were better able to communicate their pain, that percentage would move even higher.

### **Over half of senior living residents are living in chronic pain.**

It begs the question as to how pain is being identified and treated. I caught up with Shane Malecha, Clinical Specialist and Physical Therapist for [Aegis Therapies](#), a Senior Housing Forum partner. Shane deals with pain issues regularly and consults with senior living communities on strategies to identify it, treat it, and keep it from recurring.

“The first issue is to properly identify pain,” Shane says. “But it often goes unrecognized in long term care settings, because older individuals may not exhibit the typical signs of pain.”

### **And there are other troubling reasons that pain goes undetected:**

- Some caregivers are less likely to be sensitive to signs and symptoms of pain due to racial, ethnic, and gender biases.
- Some persons with strong religious or cultural beliefs may be less likely to accept pain medication.
- It may be difficult to determine what is causing the pain and whether pain medications are working.
- Some caregivers may not be skilled at assessing or screening for pain.
- Some physicians may not be familiar with pain management or or able to conduct an adequate evaluation to determine the presence of pain.
- Recognition of pain may suffer from staffing turnover, team issues, inadequate interdepartmental communication, and insufficient commitment to pain management.

### **Message to caregivers and therapists: Pain is not always a part of aging.**

It gets worse. Because, once pain is detected, there may be assumptions made as to the cause and nature of the pain. “Complaints of pain, particularly coming from residents in senior living communities, are too often written off as a symptom of old age,” says Shane. “That’s a dangerous assumption,” he adds.

I can’t help but think how appalled the family members of residents in assisted living communities would be to think that their parents aren’t getting the same diagnostic attention that they, themselves, would receive from their own doctors.

Shane acknowledges the challenges of identifying pain in older individuals.

**Here are the steps that Shane recommends caregivers and therapists take to properly identify pain:**

- Use your knowledge of nonverbal signs of pain (such as grimacing, guarding, rubbing, increase in behaviors, reduced attendance at activities, poor appetite/weight loss, etc.).
- Identify cause, type, and description of pain including severity, variability, and effect on functional tasks.
- Make use of available medical test results (such as X-rays, myelograms, discograms, EMGs, and nerve conduction tests).
- Make use of information about previous treatments for pain and the effectiveness of those treatments.
- Probe for information about psychological effects of pain (such as hopelessness, depression, crying, agitation, sleeplessness, fatigue).

**The bottom line: Pain, left untreated, can lead to more serious issues.**

People change their physical and social behavior when they are experiencing pain. Over time, those changes can lead to serious health issues. Here are a few:

- Restricted movement, causing muscle weakness, which can increase potential for falls.
- Weight loss, as pain can inhibit appetite and the lack of mobility can interfere with fixing meals.
- Dehydration, as pain keeps individuals from getting up for a glass of water.
- Isolation and depression, as pain inhibits individuals from interacting with those around them.

**Medications are not always the best way to treat pain.**

Shane recommends resisting the urge to reach for the Tylenol bottle. There may be better, more long lasting ways to tackle pain. Here are some things that physical therapists, occupational therapists and speech and language pathologists can use to help residents get control over their pain.

- **Physical Therapists:** Use techniques as aquatic exercises, body mechanics training, therapeutic exercises, manual therapy, massage, tai chi, strengthening, and modalities including e-stim, ultrasound, diathermy, hot and cold packs, and infrared.
- **Occupational Therapists:** Use techniques such as as ADL and IADL training, activity pacing, functional mobility training, transfer training, positioning, manual therapy, joint protection, energy conservation, work simplification, relaxation, strengthening, Pilates, tai chi, yoga, and modalities including e-stim, ultrasound, diathermy, hot and cold packs, and infrared.
- **Speech and Language Pathologists:** Work to improve communication so that the patient can convey when pain is present. SLP may also help the patient with cognitive aspects surrounding a medication self-administration program.

Pain affects 76.2% of Americans, according to the American Pain Foundation, which is more than diabetes, heart disease and cancer combined. While it's good to know there are organizations, such as Aegis Therapies, developing strategies to identify and treat pain, it's troubling to think of elderly loved ones suffering in silence.

How does your community identify and treat pain? And, more importantly, how are you communicating your strategies for dealing with pain to the families of prospective residents?

That's something, hopefully, senior living community leadership is thinking about.

For more information on therapies available for pain management and other challenges, please visit the Aegis Therapies [website](#).



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