

Pacing Yourself

It is common for people with chronic pain to be very inactive during episodes of severe pain. Often laying or sitting for extended periods. Since pain naturally cycles through more and less severe episodes, they will likely experience some pain relief. In response to the decreased pain, they will often try and make up for all the things they were unable to do during the severe pain episode (i.e., they over do it). Since their body has become deconditioned during these extended periods of inactivity, even resumption of normal life activity can result in resumption of pain. As a result, a cyclical pattern of under doing it followed by over doing it is created. Learning to pace activity differently enables pain patients to break this cycle.

Chronic pain researchers have found that engaging in an activity routine of alternating between more and less physically demanding activities enables pain patients to increase their activity levels and decrease their pain over time. Let's look at how such pacing of activities could lead to these results.

When individuals with chronic pain push beyond what they are physically capable of, and the pain increases over their normal pain level, they may be experiencing increased inflammation, muscle spasms, and/or nerve irritation. If they push beyond what they are capable of on a daily basis, their body may always be in a state of exhaustion. If however, they stop or change an activity periodically when the pain level goes up a point or two (on a 10 point scale) above their normal pain level, and continue to do this throughout the day, then pain will be no worse at the end of the day than at the beginning. Overtime, consistent pacing of activity gives the body a chance to recover more effectively.

How to Develop a Pacing Plan

In her book *Managing Pain before It Manages You* (ISBN 0-89862-224-7), Dr. Margaret Caudill gives the following pacing guidelines:

The key is to pace yourself. Note how long it takes when you are doing various physical activities (e.g., walking, sitting, standing, vacuuming, washing dishes, or working at a computer) for your pain to go 2 points above your baseline. This becomes your "uptime" for that particular activity—that is, the period of time for which you should engage in the activity. For example, you may find that you can fold laundry for 10 minutes before your baseline pain level of 5 goes to 7. Ten minutes is thus your "uptime" limit for folding laundry.

When the increased pain level occurs, you change activities. For example, do a relaxation technique, call a friend, read the paper, or pay your bills. Now time how long it takes for your pain to go back to baseline. Let's say, as an example, that it takes 15 minutes. Fifteen minutes is thus your "downtime" requirement when you fold laundry.

Once you have established your uptime and downtime requirements for the majority of the activities you engage in during a day, you are ready to pace yourself. Now whenever you engage in an activity that you know may increase your pain level, set a timer and only do it for whatever uptime you have predetermined is appropriate. Then switch to another activity for your pre-designed downtime. As you keep doing this, you will find that the uptime will lengthen and the downtime will shorten. This is thought to occur because the body (and mind) is not being pushed to a point of regular exhaustion. You will be able to accomplish more with less frustration and pain.

Once you develop your pacing plan. You should organize your daily activities so that you can alternate between up and downtime. By planning out your activities in this way you can accomplish more (and have more fun) in a day without significant exacerbations of your pain. The attached worksheet can be used to help you determine your up and down times.

The Challenge of Pacing

Altering any routine can be very difficult. Learning to alternate between uptime and downtime will be particularly challenging. Not only will you need to radically change your way of engaging in many of your daily activities, you will also have to put forth the effort to figure out the right combinations of up and down times. Finally, you will need to reassess your pacing plan on a regular basis (increasing uptime and decreasing downtime as appropriate). Therefore, it will likely work best if you tackle small portions of your daily routine at a time. Start with activities that are most important to you or that cause the greatest challenge to you due to increases in pain during the activity. Once you have developed a pacing plan and are beginning to get comfortable in it, then tackle another chunk of your daily routine. Breaking down the large task of learning to pace will make it more manageable and increase your likelihood of success. During this transition period in which you are building these skills, it will be important to avoid over activity. Engaging in over activity will result in severe pain episodes and subsequent extended downtime, thus preventing you from engaging in more effective pacing.

Pacing may be particularly challenging in a work environment because you may have less control over the workload and pacing of work. However, many people find with some extra brainstorming and creativity they are able to find ways to apply these principles at work also. It will likely help to talk with your supervisor about what you would like to do and educate him/her on the principles and goals of pacing (and perhaps enlist his/her aide in developing a pacing plan for work that will meet the requirements of your position). Once he/she understands that pacing will enable you to be more productive at work (e.g., less days missed due to pain, increased performance while you are there) he/she may be very supportive.

Dr. Caudill provides some other helpful advice regarding typical problems encountered as people learn to pace themselves:

If you find yourself needing hours or a whole day to recover during your downtime period, you have probably not stopped your uptime activity soon enough and just need to practice responding earlier to increases in tightness, fatigue, and pain. If you find yourself experiencing delays in pain increases—for example, you clean out the garage one day without excessive pain, but the next day you ache all over even more—then you are probably experiencing the effects of “deconditioning.” Deconditioning is a combination of decreased muscle strength and endurance that occurs as a result of not having a regular exercise routine. This is a common problem for patients with chronic pain. A regular exercise/conditioning program may be of great value in such circumstances, as it will allow you to increase your endurance and limit muscle fatigue. Such a program may involve walking, swimming, or using a stationary bicycle or treadmill.

Remember, too, that your level of pain may not necessarily correlate with your ability to function. Many people are able to increase their activity and functional level without necessarily increasing their pain. Once you go through the soreness and tightness that are normal and expectable consequences of starting an exercise or activity routine, you may find yourself more active but in no more pain than you were before.

Another barrier to learning to pace is the brevity of the initial period of uptime and the length of the initial downtime. Many people convince themselves that engaging in these brief periods of uptime is “worthless”. For example, a person might say, “If I can only walk 5 minutes for my uptime, but my goal is to be able to run again, why bother even doing it.” There are two things to consider here. First, what is the goal? Some people will set unrealistic goals and thus conclude the uptime will not help. And they will be right. Since it is an unrealistic goal nothing will be likely to help. Be sure your goals are realistic (see the section below on goal setting). Second, pain patients need to keep in mind that they have likely become very deconditioned over time. Consequently, even brief periods of physical activity can be exhausting and result in increased pain. By setting a pacing schedule you are also setting a reconditioning schedule. Keep in mind the goal is not to keep the uptime this brief, but to gradually increase it and decrease the downtime.

Another challenge to acquiring effective pacing skills is learning to correctly determine when the uptime should be concluded. Chronic pain patients often experience considerable emotional distress in response to pain. For example, some patients develop a fear of the pain, which leads to muscle tension and fatigue. Additionally, many chronic pain patients will experience significant levels of depression, which leads to decreased energy and interests in activities. Therefore, as a person engages in an activity they may experience increased pain as well as, increased emotional distress. It is important to distinguish between signs and sensations of pain versus signs and symptoms of emotional distress. Making such distinctions is often difficult because chronic pain sufferers often lump all of these sensations under the category of “pain”. It will take practice and increased self-awareness to develop the ability to distinguish between pain and the emotional impacts associated with pain. However, for pacing to be successful this will be an important skill to develop.

Setting Realistic Goals

Unfortunately, being pain free is rarely a realistic goal. More realistic goals might include: reducing suffering, learning to live with the pain, learning to enjoy life, regaining control of your life, increasing activity, etc. Setting realistic goals provides a focus for your energy and enables your goals to be achieved (as compared to unrealistic goals). Also, when you are devoting your time and energy to things you really want to do and can accomplish, there is less time to think about your pain. The less you think about your pain, the less you will suffer.

In order to set realistic goals, you first need to learn from your doctor what limitations are medically required. Along with identifying restrictions comes the recognition of the difference between *hurt* and *harm*. When people first injure themselves, pain serves as a signal that harm has been caused to the body (acute pain). The natural and healthy response is to stop doing whatever is causing the pain (e.g., walking on a sprained ankle, lifting with a strained back). In this case, harm is being done to the body and the body’s warning system (pain) is working properly. However, with chronic pain healing has usually occurred but pain remains. Thus, the body’s warning system is no longer working properly. In other words, the pain no longer indicates harm is being done to the body. Therefore, stopping the activity that causes the pain is often not indicated. When activity is stopped, over time pain often worsens due to the deterioration of the body from lack of use. If you’re not sure whether you have any activity restrictions, ask your doctor what activities may be harmful and don’t do them. Those that hurt but are not harmful can be gradually resumed.

Below is a list of questions to ask yourself to ensure your goals are realistic. It may be helpful to make a list of your short and long-term goals and then to evaluate them using this list.

Evaluating Goals for Effectiveness

1. **Is The Goal is Realistic?** Is the goal statement realistic? Can the goal actually be achieved?
Is it possible to achieve at your pain management skill level?
2. **Is There a Target Date for Completion?** When will the goal be accomplished?
It's a good idea to set a target date to act as a guideline and then re-set if needed.
3. **Is The Goal is Measurable?** Can you evaluate when the goal has been reached?
Will the goal be measured in some way?

For example:

Minutes spent doing some activity such as exercise or relaxation.

Specifics type and number of pleasurable activities to engage in each week.

4. **Is The Goal Broken Down Into Small, Realistic Parts?** Remember to start at a point that you already know you can do, and build onto it from there. Program the steps for a sense of early success to help give you the boost and momentum to keep you going.
5. **Is the goal “I” centered?** Are “you” the one engaging in the actions or behaviors to be measured?
6. **Once Accomplished, What Rewards Will You Use?** Remember that actions which are rewarded are more likely to reoccur.
7. **Is the Goal Desirable?** Do you want the outcome enough to put forth the effort?
You are much more likely to strive toward a goal that you care about.
8. **Is A Relapse Plan Clearly Established?** What happens if you do not reach to goal as you originally planned? What will you do to get started again?

Pacing Activities Worksheet

Date: _____

Name: _____

Review as many daily activities as you can and fill out the activity list below, noting your baseline pain and the number of minutes you can engage in each activity before your pain sensation increases 2 points (“uptime”). Then change activities for long enough to allow the pain sensation to decrease to baseline, and note the number of minutes this requires (“downtime”). Use a scale of 0 to 10. Reassess monthly. An example is provided below.

Baseline pain _____ (0-10)

Activity During Uptime	Uptime (minutes)	Downtime (minutes)	Activity During Downtime
<i>Example:</i> Washing Dishes	10	15	Paying bills, talking to a friend, doing relaxation technique
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Form used with permission from *Managing Pain before It Manages You* (ISBN 0-89862-224-7), by Dr. Margaret Caudill.