

Understanding why you are feeling pain

Editor's Note: Mick Bates recently joined the faculty at Mountain State University and will be teaching in the Physical Therapist Assistant Program. Please note that this column only provides general information and should not be considered a substitute for medical advice. Because conditions and individual situations vary, readers are encouraged to discuss their experiences with a qualified health care professional.

Famous Southern author William Faulkner once said, "Given the choice between the experience of pain and nothing, I would choose pain."

Although pain is a part of life, few of us would choose it. In fact, most of us do whatever we can to be as pain-free as possible. Although "No pain, no gain!" was a mantra in the 1980s, it doesn't seem to be now.

Quite often I hear people say that they don't exercise (or that they stopped) because "It hurts!" When they have pain from activity, they believe exercise is actually making things worse and they quit. Ironically, many studies show that movement is one of the most effective methods to reduce, eliminate, and manage pain. The evidence is clear that exercise IS medicine and that, in fact, the lack of movement, activity, and exercise is the cause of many of the aches and pains that people have.

The key is knowing what to do — and what not to do. The right kind of exercise can make you feel better — and the wrong kind can make you worse. In this column over the next several months, I will focus on various body parts and help you understand why you may be in pain and what you can try on your own to improve it. Next month, for example, we'll consider back pain.

However, before we begin to tackle different areas of the body, we need to start with a basic understanding of physical pain. With some minor overlap, physical pain can be grouped into some basic types.

Acute Pain is new pain and it typically results from an injury. Pain is our body's messenger. It gets our attention so we take care of the problem.

Acute pain is part of the natural healing process that the body goes through — much as it does when we cut a finger and bleed. When the bleeding stops, the blood clots, then a scab is formed over the cut. Underneath the scab, scarring and new tissue are laid down. (The same healing process occurs on the inside.) When you take care of a cut correctly, it heals quickly and with minimal long-term scarring. If you don't care for the cut properly, it takes longer to heal and you may end up with a ugly mark.

Chemical Pain is created as a part of the inflammation process that comes with injury. Again, it's part of the healing process. Along with bleeding on the inside, the body releases chemicals that irritate the surrounding structures and receptors in surrounding tissues. Bleeding and swelling make it worse — adding a mechanical element to chemical pain. This is the kind of pain that responds to certain medications designed to control this reaction within the body. Chemical pain is evident when a pain is acute — and this type of pain is less responsive to treatment as it becomes more chronic in nature.

Mechanical Pain is response pain. Bend your finger back, it hurts. Stub your toe and it

hurts, too. When we put pressure against something, the receptors in the skin and other structures transmit the information back to

brain as pain. It's a protective response that's critical to our survival. Otherwise, we would go around bending our fingers back and stubbing our toes and without being aware of it — and, pretty soon, our fingers and toes wouldn't

work very well! The tricky part of mechanical pain is that "pressure" is always there. Gravity is a constant force pushing down on us and all our muscles and joints in our postures and positions at rest, work, and play. Most physical pain is mechanical in nature.

Chronic Pain is old pain that's been around for at least three months. Quite often, chronic pain is related to an event or to acute pain that did not heal completely. Chronic pain can also develop over time when an underlying issue is not addressed. Once pain is chronic, it may never go away completely. Here's why. The longer a pain persists, the more "hard wired" into the nervous system it becomes. This communication link is so effective that even when the original physical problem has been resolved, the pain pathways continue to transmit pain signals they had been. In our practice, the clients that are the hardest to help are those who have let something linger too long before trying to address the problem. Often, we are still able to help them, but not as quickly and easily as if they'd received proper attention when the initial systems occurred.

Pathological Pain is the type of pain that we all are afraid of — and

worry about. It is a pain which indicates that something is seriously wrong. This is the least common kind of pain. The good news is that unless there are certain red flags, most conditions benefit from conservative, active treatment and monitoring — making expensive and elaborate tests unnecessary or, at least, less urgent. If pain is not responding or is getting worse, then additional steps should be taken to determine a clear diagnosis and alternative course of action. Pain itself — without other clinical signs — is rarely an indicator of disease. More good news!

Bottom line. There are several very different types of pain — and each one an important messenger. If you've been having pain recently,

how does this information affect your experience or thoughts about it? Imagine how having this information will impact your experience the next time you have pain.

Did you know that research indicates that "knowledge" or education is one of the most effective treatments we have in health care? Studies show that patients feel better and get better — just knowing what the problem is and having someone to take the time to explain it to them.

Next month, you'll learn how to use this knowledge to help your aching back.

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