

# Powell River Local Pain Team Program

This document provides a brief overview of the Powell River Chronic Pain Team Program.

## Program Aim

The aim of this program is to improve functionality of people suffering from chronic pain through self-management and education. The program is goal led: people participating in this program will be asked to identify three, personal-specific and concrete goals which will guide their experience with the Local Pain Team (LPT) program. They will also be asked to actively participate in self-management activities.

## Program Professionals

This program does not replace the care of the family doctor or nurse practitioner. The LPT has a nurse, two family doctors with special knowledge about pain and opioids, a physiotherapist, a psychiatrist and a pharmacist. If needed, people can be seen by individual team members for assessment and treatment. Treatment by other professionals might also be recommended. Some treatments might require a financial contribution. As much as possible, this program will build on established, affordable community programs.

## Program Duration

Most people will graduate from the program after 12 weeks. A small group of people might remain in the program a bit longer. Another small group might be referred to a specialized clinic for additional pain support.

After the program, program graduates will be invited to attend two follow-up group sessions with other program participants to share their experiences.

## Program Outline

The back of this document provides a draft program outline. The icons used in the outline are described below.



Intake assessment by nurse



Referral to other services and programs



Phone check-in by nurse



Local Pain Team reviews the case



In-person check-in by nurse



Program participants independently executes care plan

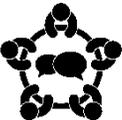


Group education



Meeting of graduated program participants

## Draft Program Outline

Week 1		Intake assessment and development of integrated care plan.	
		Referral to Self Management BC program and the gentle movement classes.	
Week 2		Nurse provides education about chronic pain and self-management, and support with care plan execution.	
Week 3		Self-management support by nurse. Participant continues care plan execution. The nurse discusses care plan with the Local Pain Team.	
Week 4		Self-management support by nurse and discussion of care plan adjustments, if applicable. Participant continues care plan execution. Potential group education session.	
Week 5		Program participant independently continues executing the care plan.	
Week 6		In-person meeting with nurse to evaluate progress. Participant is encouraged to join Local People in Pain Network.	
Week 7		Local pain team reviews progress and participant's activity level. The care plan will be adjusted if needed. Participant independently continues executing the care plan.	
Week 8		The nurse updates participant about potential care plan changes and supports self-management. Participant continues care plan execution.	
Week 9		Program participant independently continues executing the care plan.	
Week 10		Support self-management by nurse. Participant continues executing the care plan.	
Week 11		Program participant independently continues executing the care plan. The local pain team reviews progress and discusses readiness to graduate from the program.	
Week 12		In-person meeting to discuss readiness to exit the program. If function improvement is still expected, participant may repeat week 8-12. Family doctor or nurse practitioner will be informed.	
Week 14 & Week 20		Recently graduated program participants are invited to attend a meeting and share experiences.	