



STEPP

solutions, tools & education
for persistent pain

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Our Approach

We believe that chronic pain is not necessarily an indicator of new tissue damage but rather an individual's response to perceived or actual threat. It is the result of a complex combination of physical, psychological, environmental, cultural and learned factors. Evidence shows that individuals who understand their pain are less threatened by it, and cope better. Our approach is based on easy to understand neuroscience education and utilises a combination of physical and psychological strategies. The crux of the STEPP program is education. There are no silver bullets or magic fixes- but there is solid evidence to show that understanding 'why' we hurt will also help treat your pain.

Who will benefit from STEPP? Individuals who:

- have persisting pain greater than 6 months
- have exhausted medical and surgical options
- progress with rehabilitation has plateaued
- are psychologically ready to engage in learning and prepared for changes

STEPP may not be right for? Individuals who:

- have an acute psychiatric diagnosis or significant learning disability
- have active metabolic disease
- aren't self-motivated to participate

We recommend discussing this referral with your GP and your family; you need their support. If you have an insurance claim, a GP referral to the STEPP program will need to be approved by the insurer. This needs to note that both physiotherapy and psychological services are required as part of this program. It may also need to be included on your medical certificate. If you are a private patient, there may be rebates available through your health fund. Medicare has some funding available under schemes such as Chronic Disease Management and Mental Health Care Plan

Physiotherapy Program

Evidence shows that our nervous system adapts to the stresses placed on it. Persisting pain results in a sensitized nervous system, but also engages other systems (such as endocrine, immune, sympathetic) to deal with the perceived threat. Understanding this whole-body response reduces this threat and empowers the individual to make better choices and improve the outcomes of other therapeutic strategies.

Physiotherapy Components:

A physical assessment to document baseline levels of pain and function and explore the complex history that has contributed to the current persistent pain. Neuroscience education to build a framework to understand neuroplasticity, and how thoughts, attitudes, beliefs, and perceptions will influence pain outcomes. Graded motor imagery aimed at addressing the changes within the nervous system that have allowed it to become sensitized. Pacing and functional upgrading strategies that complement a sensitized nervous system. A review of other lifestyle factors including diet and sleep that impact on pain outcomes.

Psychological Program

Evidence shows that psychological factors are strong predictors of long-term disability and chronic pain. Neuroscience education gives a biological base to the psychological factors.

Psychological Components:

Initial psychological assessment including affective symptoms and psychosocial functioning Case conferencing with key parties to establish and review treatment plan and progress Collaborative case formulation of the individual's chronic pain experience Psycho-education on how thoughts, emotions and beliefs can drive our response to pain Cognitive Behavioural Therapy (CBT) which includes:

- Anxiety and mood management techniques Relaxation and mindfulness Values-based goal setting
- Scheduling pleasant activities
- Cognitive strategies to restructure unhelpful thoughts and beliefs about pain
- Graded exposure exercises
- Communication techniques to build and maintain social support networks
- Restoring social confidence for returning to work