



Sarah Lewis

CNS in Pain Management

**Defence Medical Rehabilitation
Centre - Headley Court**



Introduction of a bespoke, Nurse-led Pain Management Service

DMRC – Headley Court



‘Working together to deliver excellence in rehabilitation’

Rehabilitation provided for:



Battle Injuries

Complex Trauma

**Neurological
Rehab**

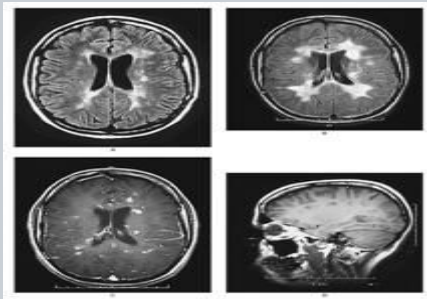


RTA

Force

Generation

- Spines Rehab
- Lower Limbs rehab
- Upper Limbs
- Specialist Medical Rehab



Neurological
Injury



Musculoskeletal
Injuries

Pain Management Algorithm - Treatment of Neuropathic and Persistent Pain

Treatment Aims

- Develop plan of care and set goals using the biopsychosocial model
- Physical rehabilitation with functional goals
- Psychosocial management with functional goals
- Development of Self Care plan
- Outcome Measures

[Evidence Grid](#)
[References](#)

Neuropathic pain

Disease-specific measures

- Tighter glucose control in diabetes
- Use of disease-modifying agents in MS
- Surgery, chemotherapy, or radiation therapy for nerve decompression
- Infection control (e.g. in HIV infection, herpes zoster, Lyme's disease)

Symptom Management

DMRC Rehab Teams

Specialist Referral

Physiotherapy

- TENS
- Acupuncture
- Manipulation
- Electrotherapy
- Heat & Cold
- Myofascial release
- Trigger point release & Pressure
- Graded Motor Imagery
- Mirror Therapy
- Hydrotherapy
- Education
- Exercise Therapy
- Kinesiotaping

Occupational Therapy

- Education on chronic pain
- CBT
- Self Management strategy formation
- Education on Posture
- Ergonomics advice and prescription
- Desensitisation
- Mirror Therapy
- Graded Motor Imagery
- Splinting
- Assistive equipment provision

Exercise Therapy

- Range of motion exercises
- Graded Exercise
- Education

DMRC Medical Team

- Referral to Prof Birch or Plastics
- See analgesic guidelines
- See Neuropathic Guidelines

Mental Health and Psychology

- CPN Psychologist
- Hypnosis
- EMDR
- CBT
- Mindfulness
- Guided imagery
- Referral SOP

Pain Management/ Intervention Clinic/ Pain Nurse

- Management**
- Pain Education Review
 - Pain Medication Review
 - Onward referral for Neuro stimulation (SCS, DBS)
 - Referral SOP

Medicals / COPE Referral

- Intervention**
- Sympathetic blocks
 - Epidural/ intrathecal blocks
 - Selective nerve root blocks
 - Radiofrequency nerve root ablations

The modalities used by each profession will be determined by clinical need

Additional Guidelines on management of [Phantom Limb Pain](#), [Sleep](#), Headache Guidelines

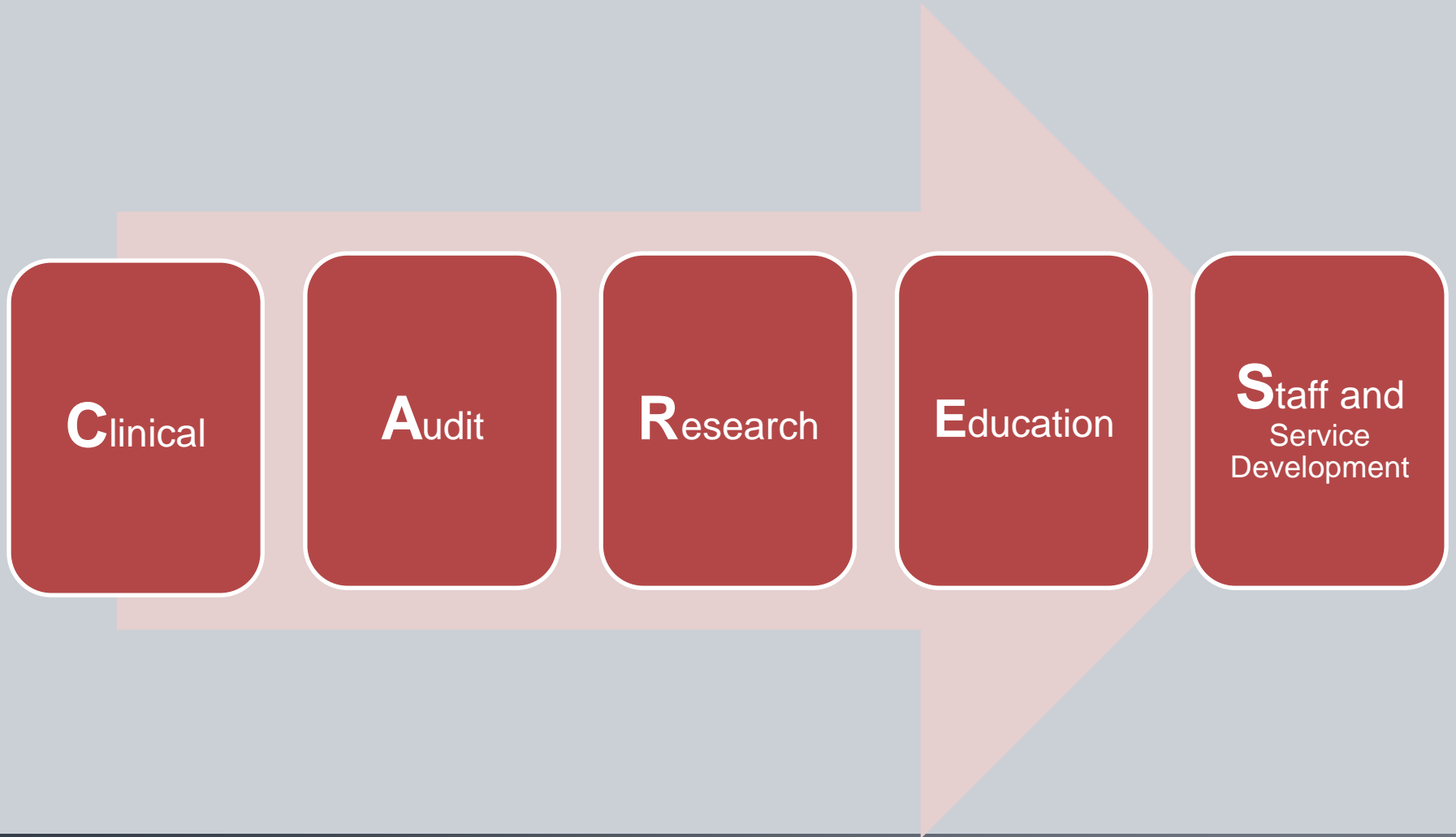


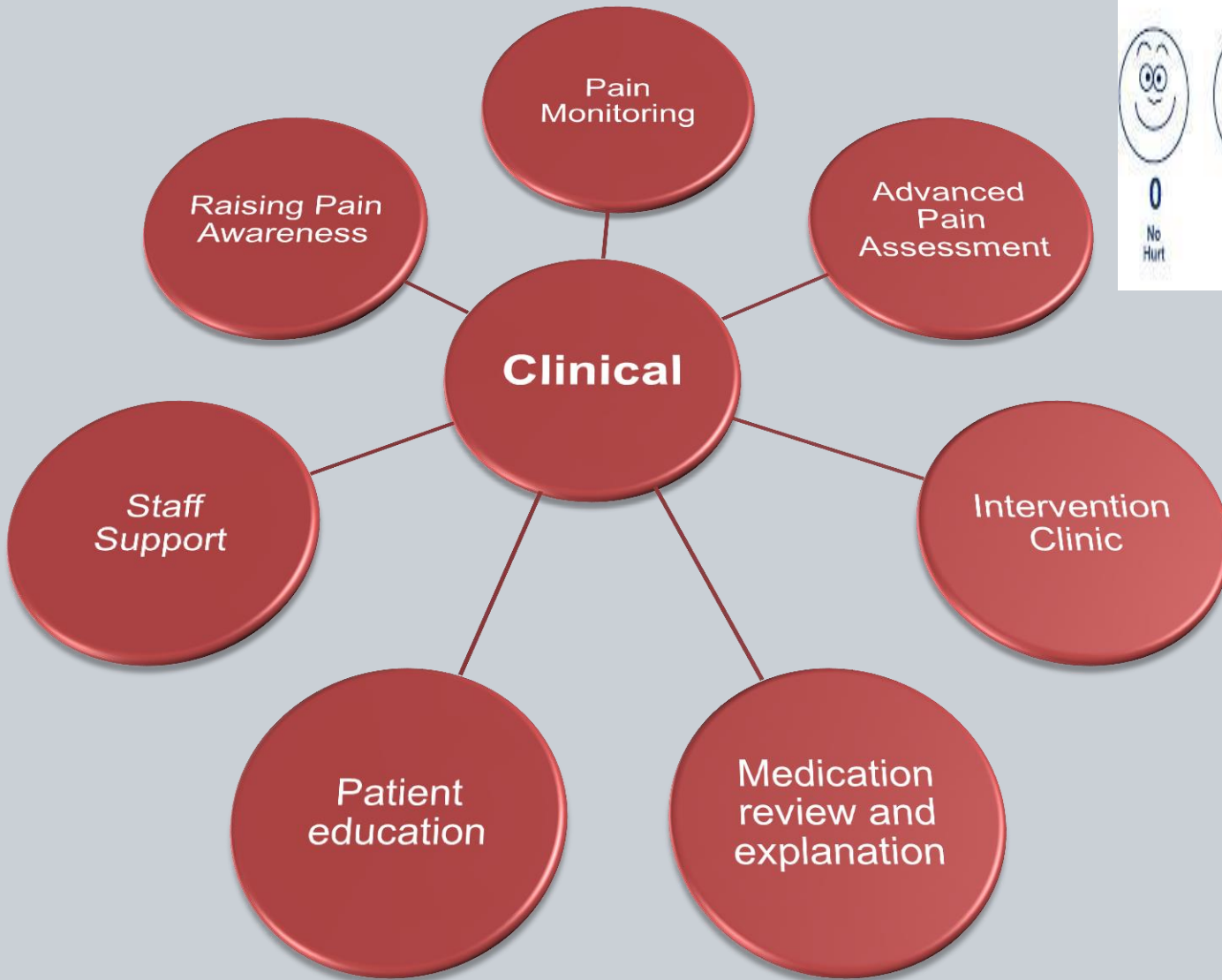
Aim of the Pain Management Service

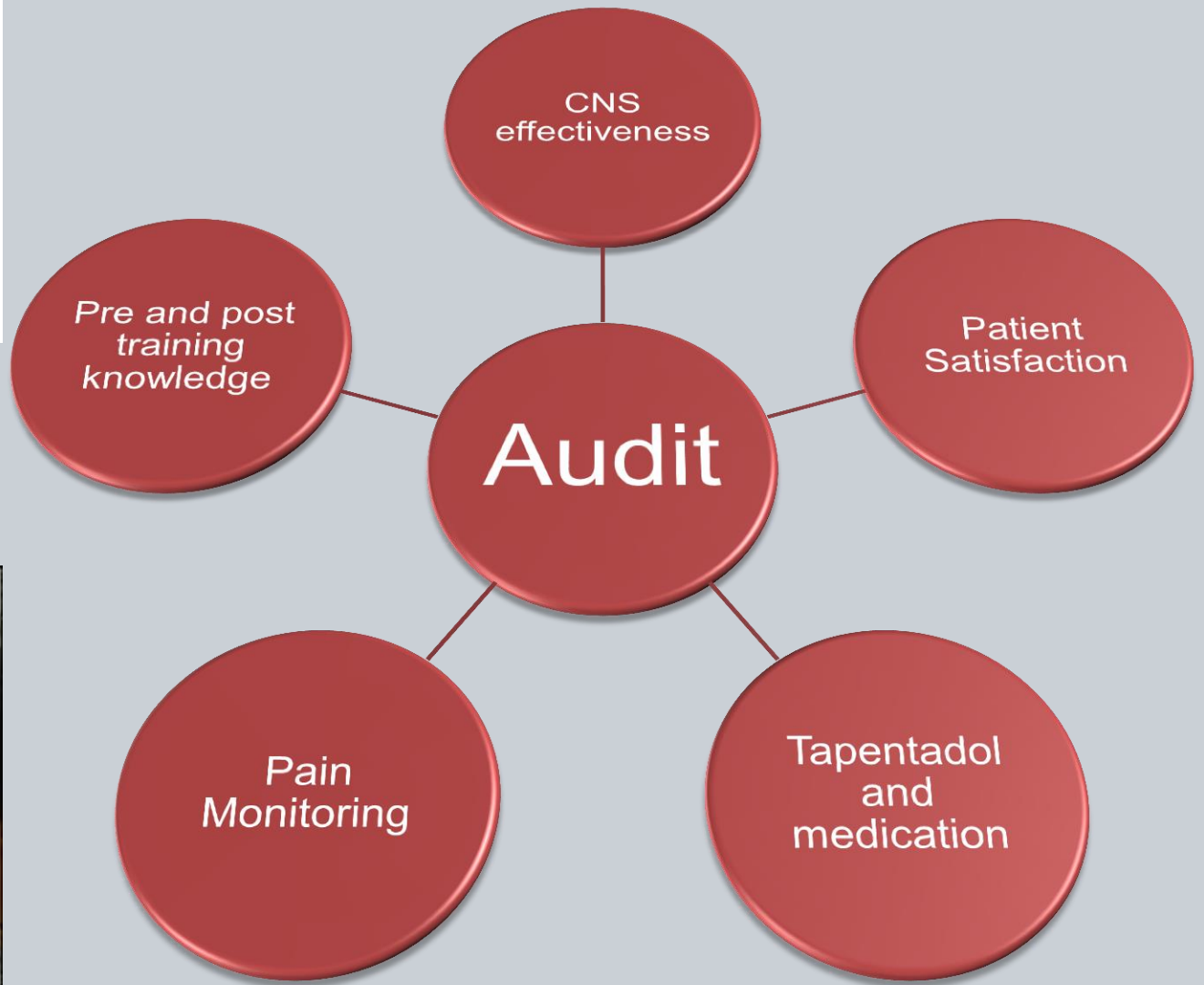
To deliver effective pain management to facilitate rehabilitation in order to achieve optimal health and fitness within the Services or transition to civilian life.



Framework









Sleep and Pain

Research

The role of the CNS in Pain Management

Pain Medication and the young rehabilitation patient



Rotational Nurse - competency based learning programme

Workshops for Force Generation teams

COPE and CESR Course education

Education

ERI, SHO, RRU

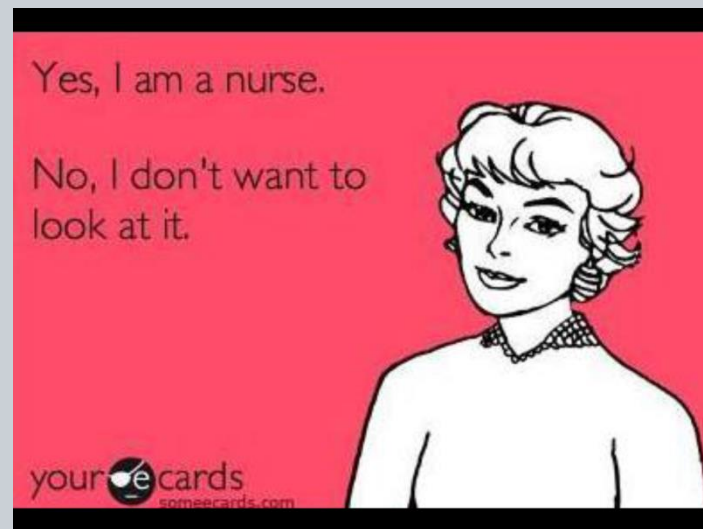
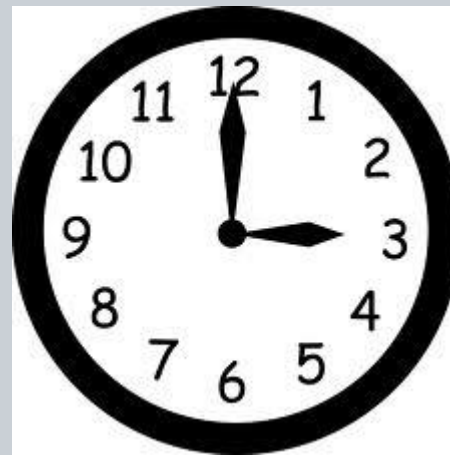
Patient education

Nurses education





Challenges



Aim of the pain management service within DMRC:

**to optimise pain management to facilitate
rehabilitation, in order to achieve optimal
health and fitness within service life or
transition to civilian life.**

**This is achieved by the Consultant Led IDT
approach with support from the CNS Pain
Management through the bespoke nurse-led pain
management service**



“So many of our Servicemen and women have made the ultimate sacrifice; so many lives have been lost and so many changed forever by the wounds they have suffered in the course of their duties. For these selfless people, it is after the guns have fallen silent, the din of the battle quietened, that the real fight begins – a fight that may last for the rest of their lives”

HRH Prince Harry - May 2012



Thank you

