

Re-thinking Recovery



Preliminary data August 2023 analysed by  MONASH University



The analysis cohort

116 referrals
54 completed
52 in progress

Average age:
47.9 years
(SD 12.1 years;
range 23- 72 years)

Average time since injury:



Re-thinking Recovery is an evidence-based service for people living with persistent pain, delivered by IPAR Pain Coaches and utilises modern pain science education, pain coaching and virtual reality (**Reality Health's VR platform**) to help clients re-think pain and retrain their overprotective pain system. It is delivered in metropolitan and regional locations across Australia that are convenient for the client. There is no waitlist for the service.

After completing Re-thinking Recovery, which psychosocial factors showed the largest improvement?

IMPROVED
35.3%

(PAIN) FUNCTIONAL INTERFERENCE INDEX

Assesses the impact of pain on daily functions
— *Brief Pain Inventory, Cleeland & Ryan 1994*

IMPROVED
31.4%

PAIN SELF EFFICACY

Assesses the confidence people with ongoing pain have in performing activities while in pain — *Pain Self-Efficacy Questionnaire, Nicholas 2007*

IMPROVED
25.3%

PAIN SEVERITY INDEX

Assesses the severity of pain that an individual is experiencing
— *Brief Pain Inventory, Cleeland & Ryan 1994*

IMPROVED
22.7%

PAIN CATASTROPHISING

Assesses an individuals thoughts and feeling relating to pain
— *Pain Catastrophising Scale, Sullivan et al 1995*

IMPROVED
19.7%

GENERAL HEALTH / QUALITY OF LIFE

General health assesses an individuals perceptions of their general health and quality of life — *Quality of Life Questionnaire, Aaronson et al 1993*

How does Re-thinking Recovery compare to specialist pain management services?

Re-thinking Recovery is not a pain management program, rather it is an education only service. However, the results from Re-thinking Recovery can be benchmarked against the ePPOC outcomes for Specialist Pain Services in Australia, as summarised below. These outcomes are available through the ePPOC Annual Reports.

FACTOR	%CSI* ePPOC*	%CSI* Re-thinking Recovery
Pain Severity	30	42
Pain Interference	60	70
Pain Self Efficacy	51	53
Pain-Related Worry	56	48
Average service duration	23 hours 6 months	8 hours 2 months

* Clinically Significant Improvement (CSI)

* The Electronic Persistent Pain Outcomes Collaboration (ePPOC)

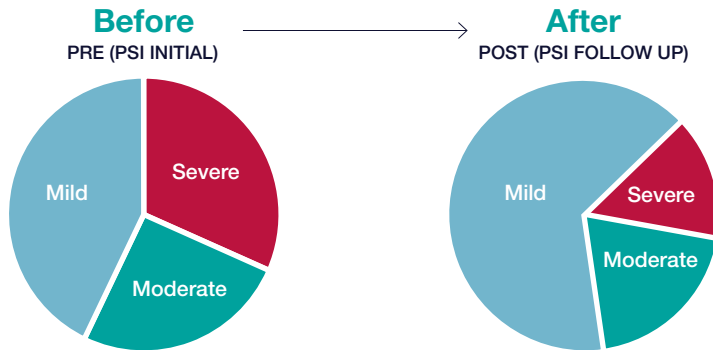
Shebeshi D, et al. *Electronic Persistent Pain Outcomes. Australian Health Services Research Institute, University of Wollongong; 2022.*

Further analysis of the psychosocial factors that showed improvements

The factors that showed improvements were further analysed to determine whether those improvements were clinically significant.

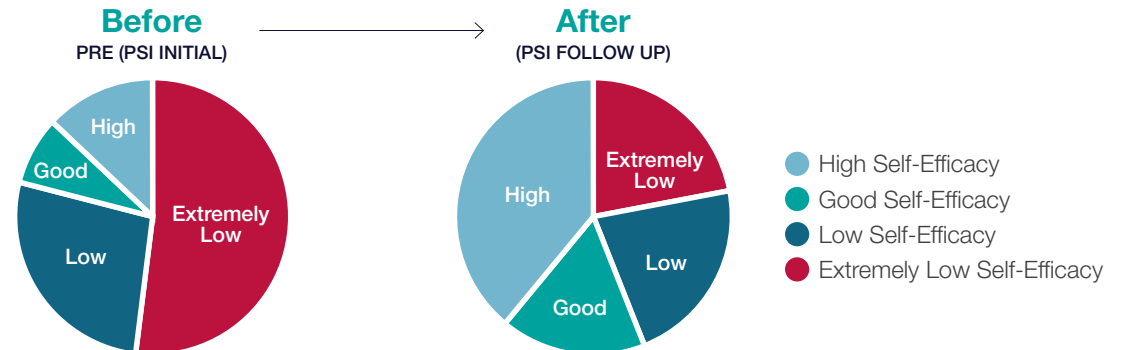
Pain Severity

(BRIEF PAIN INVENTORY; CLEELAND & RYAN, 1994)



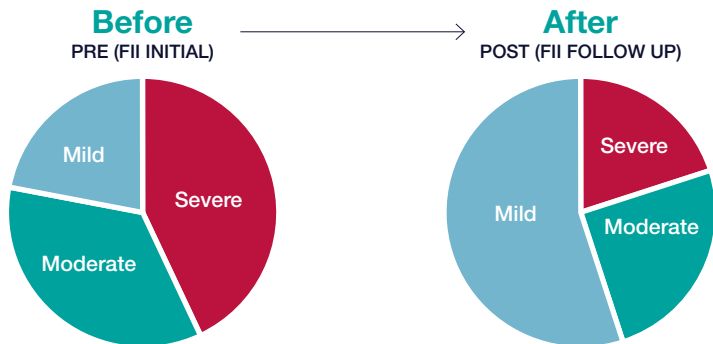
Task Confidence, Despite Pain

(PAIN SELF-EFFICACY QUESTIONNAIRE; NICHOLAS 2007)



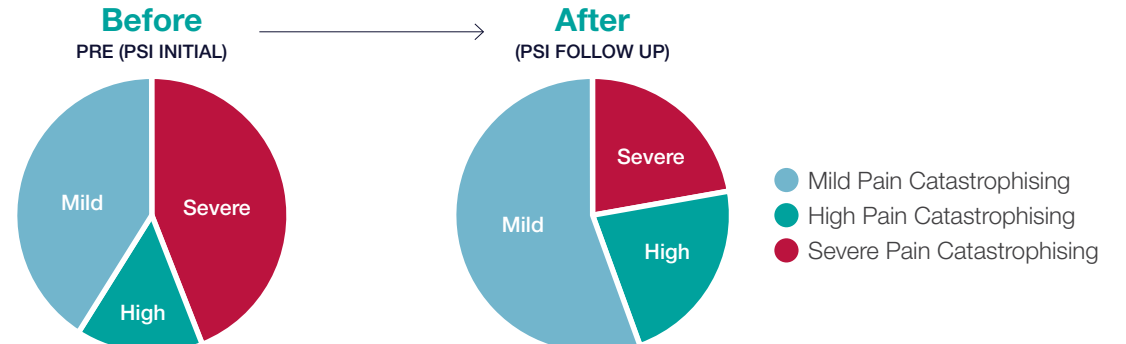
Pain Functional Interference

(BRIEF PAIN INVENTORY; CLEELAND & RYAN, 1994)



Feelings About Pain

(PAIN CATASTROPHISING SCALE; SULLIVAN 1995)



“The IPAR Re-thinking Recovery occupational rehabilitation VR-enhanced pain education program seems to offer important clinical benefits at a fraction of the cost of specialist pain services and with a much shorter delay between referral and episode of care. One might suggest that such new wave pain education should at least be seen as an important step in the pathway of returning people with disabling chronic pain to work.”

— Professor Lorimer Moseley and Professor Cormac Ryan

Moseley GL & Ryan, CG 2023 Making pain education better: historical underpinnings & recent innovations – a discussion paper. PETAL Discussion Papers. 23.01 https://www.petalcollaboration.org/uploads/1/4/4/1/144169171/moseley_ryan_petal_discussion_paper_making_pain_education_better_120923.pdf

Re-thinking
Recovery



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