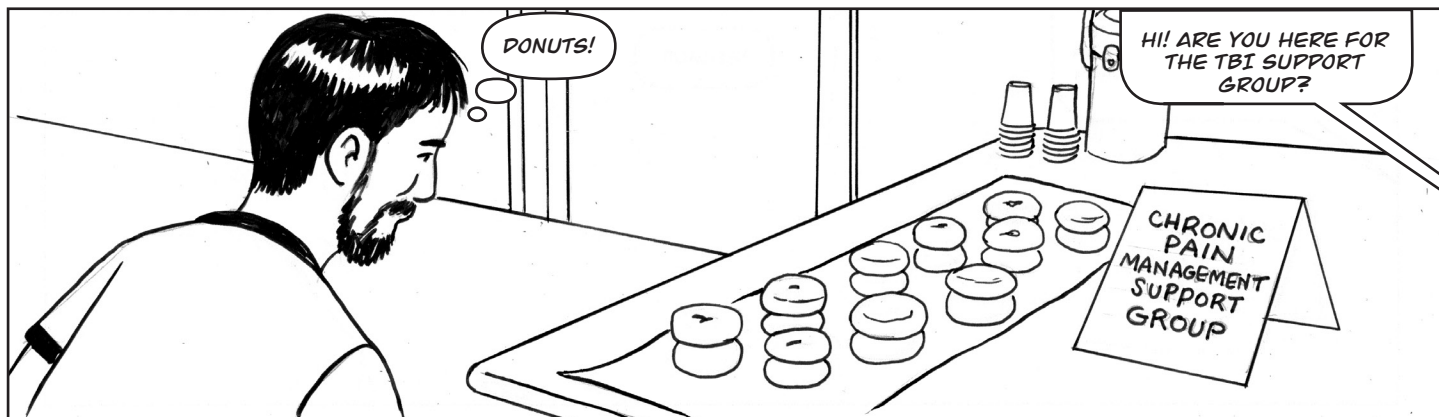


TRAUMATIC BRAIN INJURY AND CHRONIC PAIN

Part I: Life with Chronic Pain

Illustrations by: David Lasky and Tom Dougherty
Written by: Silas James and Ayla Jacob



Common reasons for pain after TBI

HEADACHE

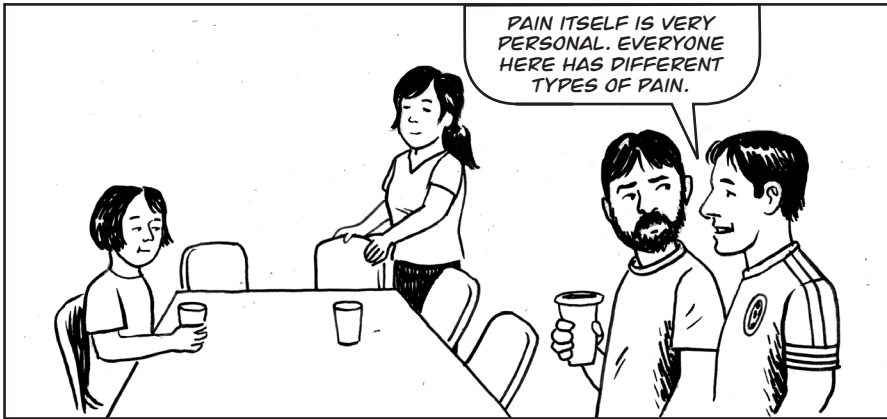
Most people with TBI have headaches at some point after injury. For many people the headaches start right after their TBI. But for some people they can start weeks, or even months, after their injury. There are several types of headaches. To learn more, refer to the infocomic *TBI and Headaches*.

NEUROLOGICAL OR NERVE PAIN

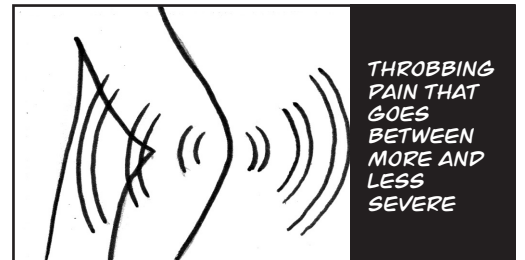
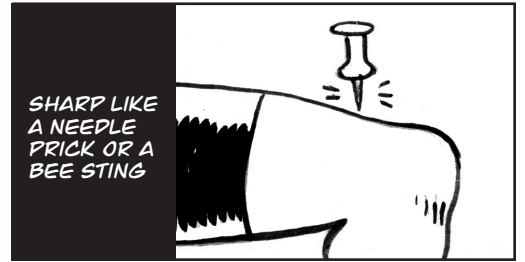
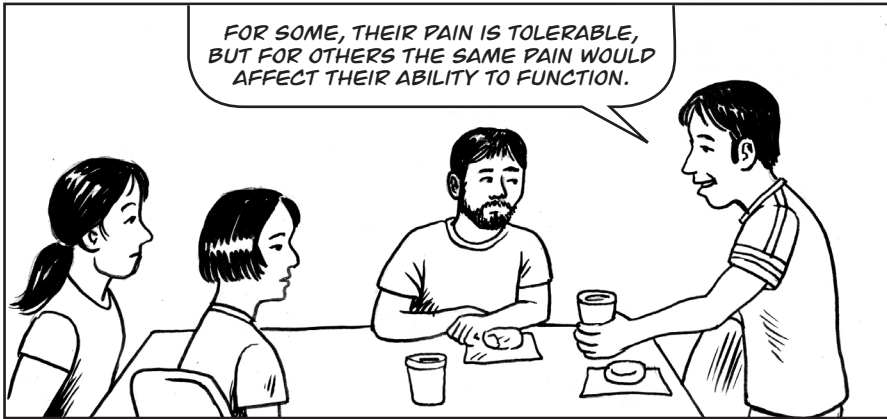
The brain and central nervous system process pain signals. These signals are usually caused by tissue damage or injury. When a nerve is injured it can cause different kinds of pain than you may feel after damage to other types of tissue. Nerve pain can feel "electric" or like "burning"; it could also feel like hot or cold; or even give you a sensation of numbness or "tingling" in your arms or legs. These types of pain often need to be treated with special prescription medications. Chemical changes in the brain can also cause the feeling of pain without obvious damage or injury.

MUSCLE OR BONE PAIN AND CO-OCCURRING INJURY

Often other parts of the body get hurt when TBI happens (i.e. fractures, disc injuries, torn ligaments). Pain from multiple injuries can be harder to treat because the symptoms may add to each other.



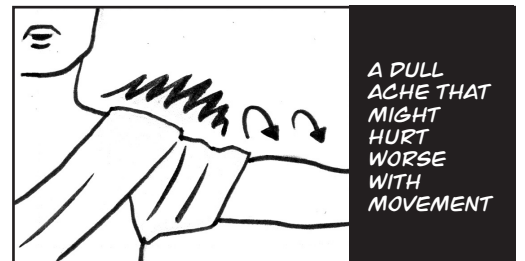
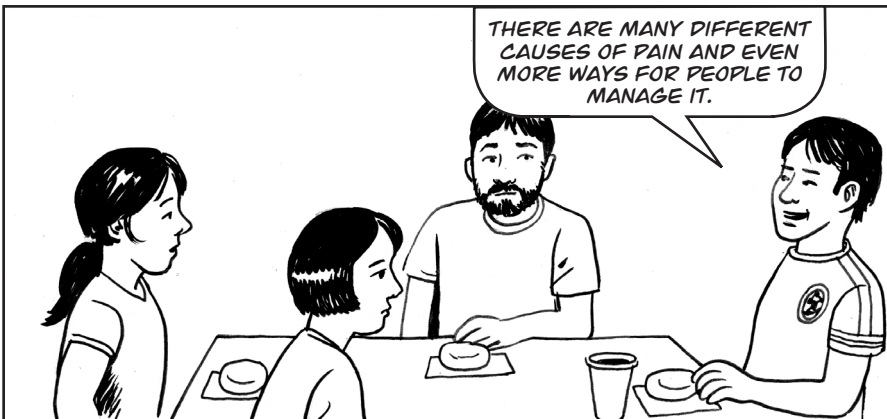
PAIN CAN TAKE MANY FORMS



Finding What Works

There are many different strategies that people use to manage their pain. Some of them are:

- Exercise
- Cognitive Behavioral Therapy (CBT)
- Scheduled rests or Pacing
- Meditation
- Biofeedback
- Breathing exercises
- Visualization
- Hypnosis
- Art therapy
- Acupuncture
- Massage
- Heat or ice
- Social activity



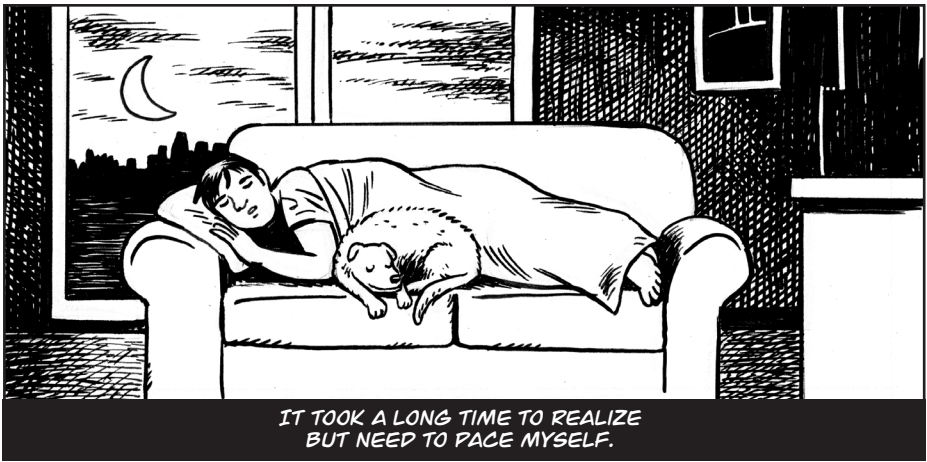


SOMETIMES I DON'T REALIZE I'M GETTING A HEADACHE UNTIL IT'S TOO BAD TO IGNORE. WHEN I HAVE A HEADACHE IT'S HARD TO FOCUS OR EVEN THINK ABOUT ANYTHING BUT MY PAIN.

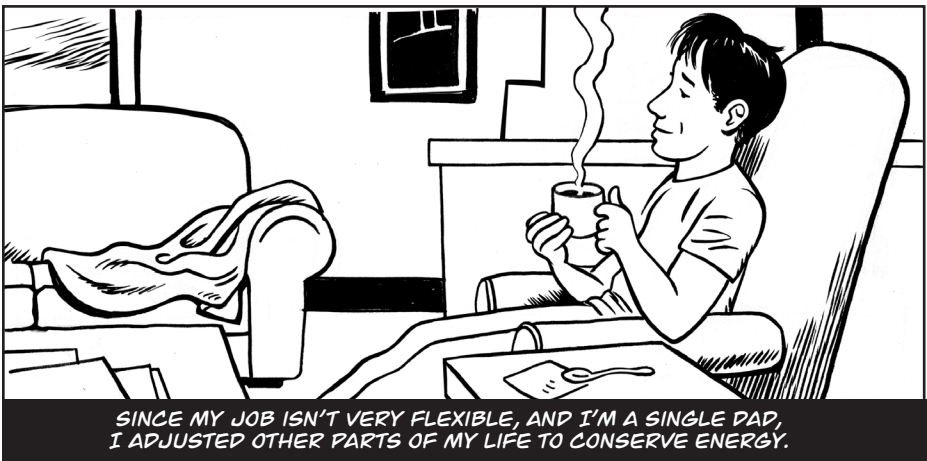
On Demand Pain Management Strategy #1

MINDFULNESS: Acknowledge your pain and examine it as you would with something you've just discovered. Study how it feels, the emotions you have in response to it, and how your body reacts to those sensations and emotions. Then direct your attention to the sounds around you. After you've examined those, repeat this with your other senses (sight, smell, touch).

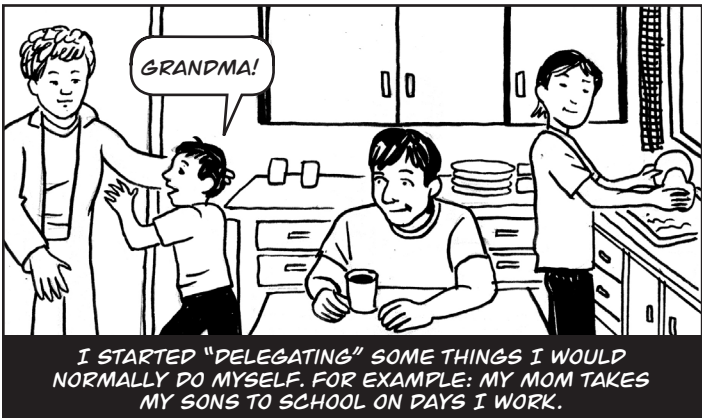




IT TOOK A LONG TIME TO REALIZE BUT NEED TO PACE MYSELF.



SINCE MY JOB ISN'T VERY FLEXIBLE, AND I'M A SINGLE DAD, I ADJUSTED OTHER PARTS OF MY LIFE TO CONSERVE ENERGY.



GRANDMA!

I STARTED "DELEGATING" SOME THINGS I WOULD NORMALLY DO MYSELF. FOR EXAMPLE: MY MOM TAKES MY SONS TO SCHOOL ON DAYS I WORK.



I "ADJUSTED" OTHER ACTIVITIES: INSTEAD OF COOKING DINNER EVERY NIGHT, I USE A SLOW COOKER TO MAKE MEALS AHEAD OF TIME.



I MADE A LOT OF LITTLE CHANGES, BUT IT MADE A BIG DIFFERENCE IN MY LIFE.



BUT I KNOW WE ALL HAVE DIFFERENT EXPERIENCES. ANYONE ELSE WANT TO SHARE?

YES I HAVE SOMETHING I CAN SHARE...

Managing Your Activity

PACING will help you shift from stopping an activity after you feel pain to pausing before you feel pain. Pacing helps you do the things that are important to you while still conserving your energy. Taking breaks throughout your day, or even an activity, will allow you to do more over time. Pay attention to how your body feels during and after activities. Learning to pace takes practice.

DELEGATING is finding ways to have other people do some things, so you can save energy which is likely to help with pain.

- Use a grocery service or app instead of going to the store yourself.
- Ask your partner to carry the laundry to the machine and then you wash and fold it.

ADJUSTING is finding different ways to do things that might be draining or time consuming, which can also help lessen pain.

- Instead of cooking every night you could use a slow cooker to make several meals at once.
- Lay your clothes out before you go to bed to save time in the morning.

DISCLAIMER

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

SOURCE

The information presented in this four-part InfoComic series has been adapted from parts one and two of the factsheet TBI and Chronic Pain. The factsheet and this comic have been developed concurrently and present the same information.

The factsheet TBI and Chronic Pain was written by Silas James, MPA; Jeanne Hoffman, PhD; Sylvia Lucas, MD, PhD; Anne Moessner, APRN; Kathleen Bell, MD; William Walker, MD; CJ Plummer, MD; Max Hurwitz, DO.

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Please send any feedback or questions about this InfoComic to tbicomix@uw.edu



UNIVERSITY OF WASHINGTON
TRAUMATIC BRAIN INJURY
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