One Size Does Not Fit All

Non-Pharmacological Ways to Manage Pain

BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION CANADA

Behavioural Supports Ontario

Acknowledgment

HNHB (Hamilton, Niagara, Haldimand and Brant) Behavioural Supports Ontario (BSO) services for Long Term Care would like to acknowledge the following individuals for their contribution to the development of the educational resource, *One Size Does Not Fit All, Non-Pharmacological Ways to Manage Pain.*

- Taylor Fantin, Master of Gerontology for doing the original research to develop this resource during her practicum placement.
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Disclaimer

Former ONS (Oncology Nursing Society) member Margo McCaffery, RN, MS, FAAN, was a leader and pioneer in pain management for nursing. Her definition of pain is used and acknowledged widely today. According to McCaffrey (1968), **"pain is whatever the experiencing person says it is and exists whenever he or she says it does".** (https://voice.ons.org/news-and-views/remembering-margo-mccafferys-contributions-to-pain-management). We believe in and follow this definition in our practice as BSO employees in Long Term Care in the Hamilton, Haldimand, Norfolk, Brant, Burlington and Niagara regions.

Behavioural Supports Ontario (BSO) operates from a non-pharmacological approach to person-centred resident care. In developing a resource tool geared towards pain and non-pharmacological interventions, it is important to acknowledge that this toolkit is not intended to replace pharmacotherapy. BSO supports the use of non-pharmacological interventions in combination of pharmacotherapy to contribute to a more holistic treatment plan of care. BSO recommends that non-pharmacological interventions be considered based on an individual's needs, preferences, wishes and abilities.

This resource is only current to the time of release, it contains information relating to the province of Ontario and is not an exhaustive list of alternative options. BSO continues to encourage staff in the Long-Term Care sector to consult with their local Palliative Care and Pain Consultants, Medical Practitioners, Physiotherapists or Occupational Therapists, Nurse Practitioners, Social Workers, or other resources to determine what supports are available.

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Background

What is Physical Pain?

Pain can be described as an uncomfortable physical and emotional experience related to actual or potential tissue damage (Registered Nurses' Associations of Ontario, 2013). There are two classifications of pain:

1. **Nociceptive pain:** This is a medical term used to describe pain from physical damage or potential damage to the body. Examples of nociceptive pain include bruises, burns and fractures (Registered Nurses' Associations of Ontario, 2013).
2. **Neuropathic pain:** This is a clinical description of pain thought to be caused by damage from a lesion or disease (Registered Nurses' Associations of Ontario, 2013). Examples of neuropathic pain include reflex dystrophy/causalgia (nerve trauma), phantom limb, and entrapment neuropathy (carpal tunnel syndrome).

Individuals who are experiencing pain may experience nociceptive pain and neuropathic pain at the same time. Pain can be chronic and/or acute.

1. **Chronic pain:** Pain that persists past normal healing time. Pain is regarded as chronic when it lasts or recurs for more than three to six months (Treede et al., 2015).
2. **Acute pain:** A type of pain that typically lasts less than 3 to 6 months, or pain that is directly related to soft tissue damage such as a sprained ankle or a paper cut. Acute lasts for a short period of time, and gradually resolves as the injured tissues heal (Johnson, Borsheski, & Reeves-Viets, 2013).

Prevalence of Chronic Pain in Long Term Care (LTC)

Chronic pain is a common problem among LTC residents. Between 45%-80% of residents experience chronic pain, with most individuals who experience pain daily (Schopflocher, Taenzer, & Jovey, 2011). In Ontario, 52% of LTC residents were found to experience moderate to severe pain daily (HQO, 2019). The experience of chronic pain increases with age. It occurs frequently among older adults and is most often associated with joint pain or nerve pain. Nerve pain, also known as neuralgia, is characterized by short, recurring pain in a part of the body or along a specific nerve. Chronic pain can have a serious impact on an individual's physical and

psychological health, and can affect an individual's mood, memory, concentration, and social relationships. This type of pain has been found to limit participation with meaningful activity or social engagement, and has been known to cause a decrease in physical activity among older adults. There is a link between weight gain and obesity in adults who's experience of pain impacts their ability to be physically active. Weight gain from inactivity can contribute to even greater pain, especially in the knees, hips, and lower back-(Molton & Terrill, 2014).

(Szumlinski, 17)

Symptoms of Unresolved Pain

- Unnecessary suffering
- Depression
- Anxiety
- Sleep disturbances
- Increased use of health care services
- Slower rehabilitation
- Decreased resident and health care team satisfaction
- Behaviour change

What is Emotional Pain?

Emotional pain is pain or hurt that originates from non-physical sources. Emotional pain can result from the actions of others, regret, grief, or loss (Biro, 2010). Additionally, it may be a result of underlying mental health conditions such as depression or anxiety.

Prevalence of Emotional Pain

Emotional pain or depressive symptoms are a prevalent issue in LTC. In a sample of 50,000 Canadian LTC residents, 44% were found to have a diagnosis of depression and/or depressive symptoms (Cihi, 2010). The individuals with symptoms of depression experienced significant medical, social, functional, and quality-of-life challenges. Symptoms also included the decline of impendence, cognitive impairment, conflict or withdrawal, sleep disturbance and pain.

Symptoms of Emotional Pain (Cihi, 2010)

- Deep sorrow
- Grief
- Intense distress
- Loneliness and isolation
- Negative emotions
- Panic
- Rage
- Shame

Emotional pain may also lead to physical symptoms. Several studies have indicated that emotional pain can constrict muscles and nerves causing physical pain (Lumley et al., 2011). Physical discomfort is often a signal from the brain that emotional traumas need to be resolved. Some symptoms can include: headaches, migraines, neck pain, shoulder pain, back pain and elbow pain (Lumley et al., 2011).

What is Non-Pharmacological Pain Management?

Non-pharmacological pain management is the management of pain without medication. This method utilizes ways to change or modify thoughts and focuses attention on alternative ways to better manage and reduce pain (Stanford Health Care, 2017). The goal of non-pharmacological management is to decrease fear, distress, and anxiety in individuals who are experiencing pain (Stanford Health Care, 2017). When individuals understand how their body responds to pain, the awareness might help to decrease fear, distress, and anxiety.

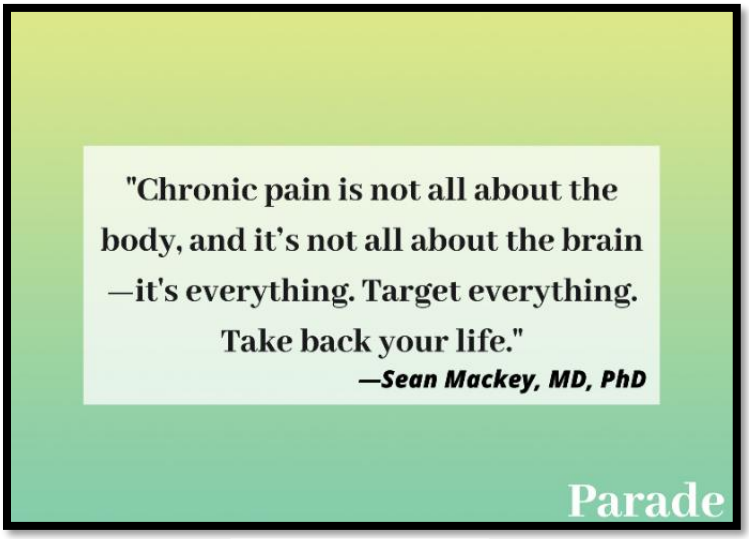
Why Should You Choose to Use Non-Pharmacological Interventions?

Although prescription medications are often used to manage chronic pain, research shows that including non-pharmacological interventions can contribute to a more holistic treatment plan. Non-pharmacological interventions have shown to not only be effective in decreasing pain and improving function, but also in reducing long term effects such as: substance abuse disorders, depression, anxiety, loneliness, isolation, and suicide attempts (Stanford Health, 2017). Non-pharmacological interventions are easily combined and allow individuals to develop good habits that manage their stress.

Individual Differences

When using a non-pharmacological pain intervention, it is important to recognize and support the individuals social, cultural, and spiritual preferences. Caregivers or staff working in LTC should

avoid a one size fits all approach when it comes to non-pharmacological pain intervention because each resident living with pain has a unique experience. For example, a non-pharmacological pain intervention may work for one person but not for others, and the same intervention may work for an individual one day but not the next. Non-pharmacological interventions can be as simple as drinking a cup of tea a day or watching a favourite television show. Or it may be more complex such as guided imagery or stretching specific muscles. It is the caregiver's responsibility to trial-and-error different methods to find the best possible solution for an individual's pain.



(Osmanski, 2021)

A List of Non-Pharmacological Pain Interventions

1. Guided Imagery

(Healthline, 2020)

What is it? Guided imagery is a mind-body intervention that can help reduce stress and anxiety. It involves visualizing positive or pleasant images while in a state of relaxation. Researchers have found that guided imagery can help reduce arthritic pain, pelvic pain, postsurgical pain, and anxiety towards pain (Posadzki, Lewandowski, Ernst & Stearns, 2012).

Evidence that supports the use of Guided Imagery: In the article *The Effects of Guided Imagery on Affect, Cognition, and Pain in Older Adults in Residential Care* (2012) the researchers reviewed 46 guided imagery studies and found that 87% of individuals who used guided imagery led to improvements in psychological and physiological states. In one of the studies, researchers examined 64 community-dwelling older adults who had undergone total knee arthroplasty. Half of the individuals were given guided imagery and the other half of the individuals were not. When the participants took surveys about their pain, the individuals of the guided imagery group reported significantly less postoperative pain and anxiety compared to the individuals who did not receive guided imagery (Elsegood, & Wongpakaran, 2012). These findings suggest that guided imagery can be a useful tool when decreasing pain levels in residents.

Residents who would benefit from Guided Imagery: Those that live with pain and, as a result of pain symptoms, they might also experience stress, anxiety or depression. Guided imagery would not be effective for individuals living with moderate to advance stages of dementia or for individuals who have difficulty focusing or sitting still.

What staff in LTC can assist with Guided Imagery? If the resident is able to be guided independently, staff working in LTC could set a resident up with a video on YouTube. Alternatively, there are many scripts that can be found online. Staff would read from the script to

help guide the process. An example would be a recreation staff utilizing guided imagery during a 1:1 or group activity. Please see below for steps on how to facilitate guided imagery:

1. **Pinpoint the Problem -** Establish the reason you want to conduct guided imagery. The route taken on the imaginative journey can vary depending on what the overall goal is. Ask the resident you are working with for an example of what they would consider to be a relaxing environment. For example: a beach, a forest, or their back porch.
2. **Assume a Relaxed Position -** Depending on the resident's comfort level, they may want to lie on their back, with their hands by their sides or sit in a chair in a relaxed position. Whether lying down or sitting in a chair, ask the resident to: close their eyes, keep their legs, ankles and arms uncrossed, with palms facing upward. If lying down, helpful tips to consider are; having the resident take off their shoes, place a pillow under their head and/or a warm blanket for comfort.
3. **Controlled Breathing Pattern –** Instruct the residents to breathe deeply with their diaphragm. This can be done by asking the residents to breathe in through their nose and out through their mouth. For some, counting to three seconds while inhaling, and five seconds while exhaling helps to regulate breathing.
4. **Create the Imaginary Environment -** Use the environment that was decided earlier on to deepen the state of relaxation further. For this to be effective, residents must stimulate all their senses. For example:

   "Imagine that you are lying on the beach with your feet in the sand right where the waves come out far enough to meet your feet. You can feel the warmth and graininess of the sand between your toes and periodically feel the rush of cool, foamy ocean water covering your feet and ankles. You can hear the whooshing of the waves and smell the faint salty scent of the ocean water. You are sipping an ice-cold glass of freshly squeezed lemonade from a straw and can taste the perfect harmony of sweetness and tartness. You can see the white fluffy clouds in the sky through your sunglasses and can feel the warmth of the bright sun against your face."

5. **Begin the Journey** - Now that the resident is relaxed, and the setting of this imaginary experience has been created it is time to begin the journey. This can include engaging in activities that they enjoy such as going for a walk, floating on the waves, or taking a trip.

Cost / Barriers: There area a lot of free resources available on the internet or at a local library. Staff might find it difficult to provide guided imagery when there is a language barrier. It is likely that there will be guided imagery tools on the internet that are provided in other languages. However, if you do not speak the language, it would be hard to determine if the guided imagery tool is appropriate for use.

Other Resources for Guided Imagery:

https://www.youtube.com/watch?v=cIJwbSk5_B4&ab_channel=EpworthHealthCare
https://www.youtube.com/watch?v=t1rRo6cgM_E&ab_channel=CityofHope

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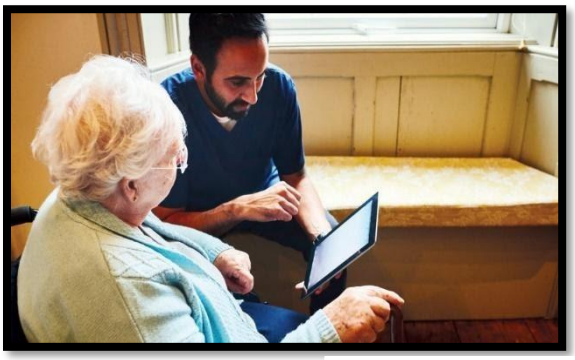
2. Distraction

What is it? Distraction means shifting or moving attention away. Using distraction allows the brain to focus on something other than the pain being experienced (Johnson, 2005). It is an effective and readily available pain management intervention that is highly valuable.

Evidence that supports the use of Distraction: Johnson (2005) examined evidence on how different types of distractors can influence the effectiveness of distraction techniques for pain. Researchers examined 47 studies that used distraction strategies to reduce pain. The results indicated that pain was reduced by 85%. Of the strategies investigated, guided imagery and distraction techniques were the most effective. Key findings suggested that in order to be effective, distractions needed to be geared to an individual's interests. For example, if an individual does not like math, it would be unproductive to have the individual work on mental math arithmetic to relax (Johnson, 2005). Distractors that can alter mood positively and engage the resident are more likely to be useful towards pain.



(Novotney, 2019)

Residents who would benefit from Distraction: Distraction strategies can be a successful intervention for most residents regardless if they are able or unable to communicate their pain symptoms. Distraction strategies might not be helpful for individuals who are unable to sit down or focus on an activity for a period of time.

What staff in LTC can assist with Distraction? When setting up distraction activities, staff should know that this intervention strategy should be time-limited and used therapeutically. For example, staff should begin by understanding the residents pain symptoms and how those symptoms escalate. Implementing a distraction activity should be done early on before symptoms escalate to the point of responsive behaviours such as: crying, calling out, yelling or hitting. Distraction activities can include:

- Household activities (dusting, folding laundry, matching socks)
- Creative activities (colouring, building something with Legos, painting)
- Physical activities (yoga, stretching, dancing or chair exercises)
- Outdoor activities (gardening, bird watching, or walking)
- Visual activities (reading a book or watching a funny movie / TV show)
- Self-soothing activities (having a warm bath, using a weighted blanket, sitting in the sun, having a cup of tea, lavender essential oil or listening to relaxing music)

Cost / Barriers: Developing "distraction bins" or Montessori activities items maybe available from your Therapeutic Recreation department. These items do cost money; however, many suitable, washable and safe items can be found at your local dollar type store or novelty shop at affordable prices. With some creativity, there are a lot of activities that can easily be pulled together at no cost. For example: folding towels or face cloths, turning on a resident's favourite music and having a resident participate in scheduled recreation programming. Also, if the resident has a specific interest like knitting or colouring they might have their own supplies purchased by the home or brought in by their family.

Other Resources for Distraction:

https://www.youtube.com/watch?v=ing6gudkEME&ab_channel=ArthritisAction
TOP 10 WAYS TO DISTRACT FROM PAIN - YouTube

3. Positioning/Turning

What is it? Turning refers to repositioning an individual to relieve pressure on one area of the body. The Registered Nurses Association of Ontario (RNAO) reports that any position, after a period of time becomes uncomfortable and then painful (Registered Nurses' Association of Ontario, 2007), which is why turning is so important. Turning can restore regular blood flow to an area, keep skin tissues healthy and prevent bed sores (McInnes, Chaboyer, Murray, Allen, & Jones, 2014). Bed sores occur on areas of the skin that are under pressure from lying in bed, sitting in a wheelchair, or wearing a cast for a long period of time. Bed sores can be very painful and can become infected (McInnes et al., 2014).

Evidence that supports the use of Positioning / Turning: Mooore, Cownman and Conroy (2011) created a randomised controlled clinical trial of repositioning using a 30 ° tilt for the prevention of pressure sores. Their study determined that repositioning every three hours at night, using the 30° tilt strategy, reduced the incidence of pressure sores compared with usual care (Moore et al., 2011). These findings suggest positioning and turning to be a valuable intervention that decreases residents' pain. In May 2007, a toolkit was developed by RNAO entitled *Positioning Techniques in Long-Term Care: Self-Directed Learning Package for Health Care Providers.* The toolkit determined that for residents who require support with changing positions, doing so every 2 hours accomplishes the following four things:

(Woundsource, 2017)

1. Contributes to the comfort of the person
2. Relieves pressure on affected areas
3. Helps prevent formation of contractures or deformities; and
4. Improves circulation

(Registered Nurses' Association of Ontario, 2007).

Residents who would benefit from Positioning / Turning: Residents who are inactive or bed ridden are at a higher risk for skin breakdown due to the decrease in circulation, potential incontinence and mobility. Residents that would benefit from frequent repositioning or turning would be residents that: cannot reposition or turn themselves, experience contractures or phantom pain, live with reduced range in motion, are immobile or bed ridden.

What staff in LTC can assist with Positioning / Turning? Staff who are trained to reposition or turn residents can be of assistance. The following key principles of positioning were outlined by RNAO (Registered Nurses' Association of Ontario, 2007).:

- A person must be positioned in correct body alignment at all times
- A person's body should be supported with positioning aids to maintain good alignment
- The position of a person in bed must be changed at least every 2 hours
- The position of a person in a chair or wheelchair should be changed hourly.

There are a number of positioning aids that will assist staff when repositioning or turning residents. Examples from RNAO include:

- Pillows – when used they help to reduce pressure and support various parts of the body
- Face cloths – can be used as hand rolls to help prevent contractures and skin breakdown
- Trochanter rolls or wedges – is usually a rolled towel, pillow or blanket used to prevent external rotation of the legs
- Tilt chairs – can prevent lower back pain by reducing pressure on the muscles in the back (please note: tilt chairs must be used with approval because they are considered to be a form of restraint)
- Therapeutic mattress – although this is not an aid to reposition or turn, it is an aid for those that are high risk for skin breakdown

(Registered Nurses' Association of Ontario, 2007).

Cost / Barriers: Pillows, face cloths, towels and sheets are all free resources within the home. Staff should seek assistance from the therapy department regarding positioning aids. Currently, in Ontario, tilt chairs are considered to be a mobility aid for residents that qualify for the

Assistive Device Program (ADP). In LTC, the ADP provider and Finance Department can help to determine if residents are eligible for financial support through the Ontario Disability Support Program (ODSP), Veterans Affairs Canada (VAC), or private insurance.

Other resources for Repositioning / Turning:

https://www.youtube.com/watch?v=Mz-akrQY3gY
https://rnao.ca/sites/rnaoca/files/Positioning_Techniques_in_Long-Term_Care_-_Self-directed_learning_package_for_health_care_providers.pdf

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4. Transcutaneous Electrical Nerve Stimulation (TENS)

What is it? TENS is a therapy that uses low voltage electrical current to provide pain relief. It does so by sending electrical pulses through the skin which is said to start your body's own painkillers (Cleveland Clinic, n.d.). The electrical pulses can release endorphins to stop pain signals to the brain. TENS has been used to relieve chronic and acute pain (Cleveland Clinic, n.d.).

Evidence that supports the use of TENS: In a study created by Vaillancourt et al., (2019) the researchers wanted to assess if therapeutic exercises supplemented by TENS decreased sensitivity to pain in older adults suffering from chronic pain. Eighteen participants diagnosed with chronic pain completed a therapeutic exercise program that consisted of 45-minute group sessions twice a week for four weeks. Half of the group were given TENS while the other half of the group received a fake TENS. The participants completed three pain questionnaires before and after the intervention. The participants who received TENS showed a decreased sensitivity in pain during exercise sessions compared to those who received a fake TENS (Vaillancourt et al., 2019). It can be concluded that TENS can benefit individuals with chronic pain during their exercises, therefore providing indirect benefits for pain patients.

(Vandergiendt, 2021)

Residents who would benefit from TENS: TENS could be beneficial for residents living with osteoarthritis, joint pain, fibromyalgia, tendinitis, low back pain, chronic pelvic pain and neuropathic pain. Staff should consult with the physician to inquire if a resident would benefit from TENS therapy as a non-pharmacological intervention for pain (Cleveland Clinic, 2020).

TENS therapy should not be used on: residents with implantable devices (such as a pacemaker or defibrillator), those living with cancer, epilepsy, deep vein thrombosis, bleeding disorders or heart disease. In addition, TENS should not be applied on:

- Infected tissues (open wounds or rashes)
- Areas of tissue that are cancerous or have recently been treated with radiation
- Damaged skin (swollen, red, infected or inflamed skin)
- Skin that does not have any feeling or reduced sensation
- Any part of your head, neck or face
- Near reproductive organs or genitals
- Individuals that have difficulty communicating or who live with dementia.

(The Universty of Iowa, 2019)

What staff in LTC can assist with TENS? The trained therapy department staff in LTC would place the electrode patches onto clean and dry skin that surrounds the area that is causing pain. The patches should not touch each other. The therapy department would work with the capable resident to determine the intensity setting.

Cost / Barriers: ADP and ODSP do not cover the cost of a TENS machine. Some extended health care plans might cover a portion of the cost. The price of a TENS machine varies and does not factor in the cost to replace the electrode patches. Speak with the therapy department staff in LTC for further information on costs.

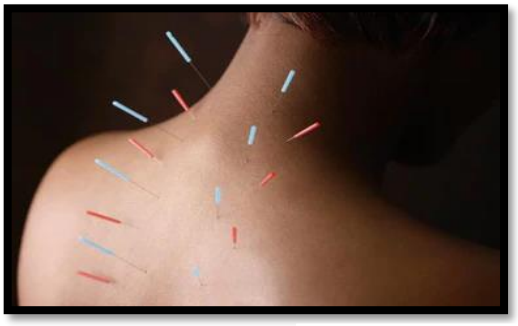
Other resources:

https://www.youtube.com/watch?v=Wo8igqC6-oY&ab_channel=AskDoctorJo
https://www.youtube.com/watch?v=97yuInCfHoM&ab_channel=Bob%26Brad

5. Acupuncture

What is it? Acupuncture is a traditional Chinese medicine that involves the insertion of very thin needles through your skin at strategic points on your body. Chinese medicine explains acupuncture as a technique for balancing the flow of energy or life force, known as chi or qi (pronounced chee). By inserting needles into specific points along these pathways, acupuncture practitioners believe that your energy flow will rebalance. Many western practitioners view the acupuncture points as places to stimulate nerves, muscles and connective tissue. Some believe that this stimulation boosts your body's natural painkillers (Mayo Foundation for Medical Education and Research, 2021).

Evidence that supports the use of Acupuncture: Berman et al., (2004) created a study to determine whether acupuncture provided greater pain relief and improved physical function in comparison to other approaches. The researchers recruited 570 individuals who were diagnosed with osteoarthritis of the knee; 391 participants completed the intervention to its entirety. Over twenty-six weeks participants were randomly put into three groups; one group received acupuncture, another group received a fake acupuncture treatment and the last group received six 2-hour educational sessions on the Arthritis Self-Management Program. Surveys were given to all participants at the beginning and end of trials.



(Ratini, 2020)

Those in the acupuncture group experienced greater improvement in overall function scores and pain symptoms (Berman et al., 2004). The findings suggested that acupuncture was a valuable pain intervention when used regularly.

Residents who would benefit from Acupuncture: It has been found to help with lower back pain, neck pain, muscle cramping, sciatica, osteoarthritis, knee pain, headache, migraine and emotional pain (Johns Hopkins Medicine, n.d.). Acupuncture would not be suitable for residents that live with the following: a pacemaker, mechanical heart valve, hemophilia, anticoagulants, immunocompromised conditions (cancers, diabetes, HIV) and open or infected skin (McMaster

University Medical Acupuncture Program, n.d.). In addition, acupuncture would not be an appropriate intervention for residents that are not able to lay or sit still for the duration of the treatment.

What staff in LTC can assist with Acupuncture? Staff in LTC are not able to provide acupuncture to a resident. In Ontario, acupuncture is a regulated profession and must be performed by a professional registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO).

Cost / Barriers: OHIP does not cover the cost of acupuncture. Some extended health insurance plans might cover a portion of the cost up to a certain amount annually. Otherwise, this would be a private expense for residents.

Other Resources:

https://www.youtube.com/watch?v=fb0miieP2Bo
Acupuncture for Seniors - Best Times - YouTube

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6. Physiotherapy

What is it? Physiotherapy is a treatment to restore, maintain, and make the most of a patient's mobility, function, and well-being. Physiotherapy helps through physical rehabilitation, injury prevention, and health and fitness (College of Physiotherapists of Ontario, n.d.).

Evidence that supports the use of Physiotherapy: In the article *Evaluation of the Effectiveness of a Nursing/Physiotherapy Program in Chronic Patients (2019),* researchers wanted to evaluate the functional impact of physiotherapy on people living with chronic pain. The observational study included 1086 patients with the mean age of 80 years old. The research was conducted from 2004 to 2018. Most of the participants lived with cerebrovascular and neurological diseases, osteoarticular diseases, diabetes, cardiovascular diseases, and chronic respiratory diseases. The study included a survey at the beginning and end of the study and

focused on functional capacity (Lopez-Liria et al., 2019). The findings revealed that patients who had an average of 10 physiotherapy sessions showed a marked improvement in functional capacity compared to their initial scores (Lopez-Liria et al., 2019).

Residents who would benefit from Physiotherapy: Residents who live with pain and experience difficulties with mobility, transfers, falls or pressure sores. Residents who are able to follow a care plan (with verbal or visual prompts) are also ideal candidates.

What staff in LTC can assist with Physiotherapy? Physiotherapists and their assistants (OTA; Occupational Therapy Assistants/ PTA Physiotherapy Assistants) help residents with their physiotherapy and exercise/ mobility needs. The Centre for Learning Research and Innovation in Long-Term Care (2021) provides an overview on the role of physiotherapists in LTC; Physiotherapist meet with all new residents for an initial assessment. They examine any source of pain or injury and develop a rehabilitation plan based on the resident's goals. The physiotherapist will make recommendations as needed for any assistive devices such as wheelchairs or walkers. They work closely with their assistants to make sure residents have 1:1 physiotherapy sessions 2 – 3 times a week. Physiotherapists also work with the LTC staff to discuss how they can best support a resident's physiotherapy plan and assess the residents progress on a regular basis (Ontario Centres for Learning, Research & Innovation in Long-Term Care, 2021).

(PCA, 2020)

Cost / Barriers: The Ontario Ministry of LTC provides funding for the provision of physiotherapy services in LTC homes. There is no cost to the resident if they require services. If there is a concern with pain please place a referral to physiotherapy for further assessment.

Outside of LTC, there is no fee for physiotherapy through OHIP government funded clinics. Those eligible would be: residents that are 65 years or older, residents of any age who have had an overnight hospital stay (within the last 12 months) for a condition requiring physiotherapy, or for residents that are recipients of Ontario Works (OW) and ODSP. The government funded physiotherapist provides assessment and treatment services, including rehabilitation following an

injury or hospital stay (Government of Ontario, 2021). Residents that have private insurance could call to inquire what their benefits package covers.

Other Resources:

3 Hip Arthritis Exercises for Relieving Chronic Pain – DailyCaring
Seated Exercises for Older Adults - YouTube
How to Access Government-funded (OHIP) Physiotherapy Clinics (collegept.org)
Physiotherapy - Programs and Services - Public Information - MOHLTC (gov.on.ca)

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7. Pet Therapy

What is it? Pet therapy is a guided interaction between a person, a trained animal and the animal's handler (Coakley & Mahoney, 2009). Pet therapy has been known to help alleviate pain, reduce stress, and improve your overall psychological state (Coakley & Mahoney, 2009). The simple act of petting animals releases an automatic relaxation response, providing comfort and an escape or distraction which has shown to temporarily reduce reports of overall physical pain (UCLA Health, n.d.).

Evidence that supports the use of Pet Therapy: There was a study completed by Harper et al., (2014), to evaluate the role of animal-assisted therapy with the use therapy dogs in postoperative recovery of patients who received total joint arthroplasty (TJA). The study consisted of randomized control trials of 72 patients. Half of the participants took part in three 15-minute pet therapy visitations, before their physical therapy. The other half of the participants did not receive pet therapy before their physical therapy. Participants were given surveys about their pain levels after each physical therapy session. At the end of the three sessions the researchers found that the participants who participated in pet therapy before their physical therapy sessions indicated significant improvements in pain level and satisfaction with hospital stay compared to participants who did not participate in pet therapy (Harper et al., 2014). These findings showed

(East, 2017)

some positive trends around pet therapy as a useful intervention to prevent pain and increase life satisfaction.

Residents who would benefit from Pet Therapy: Pet therapy is good for any resident no matter their mobile or cognitive abilities. As long as the resident is fond of or comfortable around animals, pet therapy could be a beneficial temporary distraction from pain. Pet therapy is not suitable for individuals who do not like pets or for those that become anxious, worried or fearful around animals.

What staff in LTC can assist with Pet Therapy? Each home has their own policies around pets entering the LTC home. Typically, pet therapy is arranged through the LTC home and involves an animal that has completed a therapy program. Some LTC homes have live-in pets such as cats, birds or fish. Other homes allow staff or family members to bring in their pets.

Cost / Barriers: St. John's Ambulance does have a Therapy Dog Program which takes a volunteer and their dog into seniors' residences or nursing homes. Although this is a free service the barrier is that the program is dependent on volunteers. The homes recreation department can be consulted on pet therapy options and what the homes Pet Therapy and pet visitation policy is.

Other Resources:

The Benefits of Pet Therapy - YouTube
Pet therapy in nursing home - YouTube

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8. Yoga

What is it? Yoga has its roots in the spiritual journey of Hindu. It includes breath control, simple meditation, and the adoption of specific bodily postures (Tul, Unruh, & Dick, 2011). In the Western world, modern Yoga is widely practiced for health and relaxation. Yoga has been found to help people with chronic pain by reducing pain perception, decreasing inflammation, and improving mobility (Tul, Unruh, & Dick, 2011). The following benefits of Yoga were reported (John Hopkins Medicine, n.d.):

- It builds strength, balance and flexibility
- Helps with back pain relief
- Can ease arthritis symptoms
- Benefits heart health
- Relaxes you to help you sleep better
- Increases energy and mood
- Helps to manage stress

Evidence the supports the use of Yoga: Shemar et al., (2005) developed a study to determine whether yoga is more effective than therapeutic exercise or self-care books for patients with chronic low back pain. The randomized control study consisted of 101 adults with chronic low back pain. Individuals were either given 12-week sessions of yoga, conventional therapeutic exercises, or a self-care book. Participants in the yoga and exercise classes were given 75-minute classes designed to benefit people with chronic low back pain. Additionally, participants were asked to continue to practice at home. Participants in the self-care book group were mailed a copy of *The Back-Pain Help book* without further instructions. All participants were given interviews at week 6, 12 and 26 about their back pain. The results of the study indicated that yoga was the superior method to reduce lower back pain. Participants in the yoga group showed more improvements than the exercise and self-care book group, and benefits persisted 14 weeks after the end of classes (Shermar et al., 2005). These findings suggest that yoga can be a useful intervention to individuals who have chronic pain.

(Senior Lifestyle, 2020)

Residents who would benefit from Yoga: Chair yoga is an opportunity for seniors living in LTC to participate safely in exercise. Most residents would be able to partake in chair yoga as long as they can follow along with the verbal and visual prompts.

What staff in LTC can assist with Yoga? For safety reasons, Yoga for seniors living in LTC should be supervised so activity can be modified as needed.

Cost / Barriers: There are community-based Yoga programs that residents could participate in. The barriers that arise with community programs would be cost, transportation and whether the yoga program is geared towards seniors with various accessibility needs. There may be some low cost or free local virtual options for residents to participate in.

Other Resources:

https://www.youtube.com/watch?v=3ZvmKOPoFVo&ab_channel=PsycheTruth
https://www.youtube.com/watch?v=kFhG-ZzLNN4&ab_channel=YogaWithAdriene
https://www.seniorlifestyle.com/resources/blog/infographic-top-10-chair-yoga-positions-for-seniors/
https://www.nccih.nih.gov/health/yoga-what-you-need-to-know

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9. Meditation

What is it? Meditation is a set of techniques that are intended to encourage a heightened state of awareness and focused attention (Zeidan, & Vago, 2016). According to Jane Ehrman, MEd, when a person is stressed the body triggers the release of stress hormones which causes inflammation and increases pain to irritated joints. Meditation is an intervention because it shifts focus through calming and relaxation which makes muscles, tissues and joints more relaxed, reducing pain (Cleveland Clinic, 2020). Meditation is practiced in a variety of ways as outlined below:

- Mindful meditation – helps to reduce stress, pain and anxiety. This is one of the more popular types of meditation and can be done solo or with an instructor / guide
- Breathwork meditation – breathing exercises to help relax one's mind and help with focus
- Body scanning meditation – mental focus on your body from top to bottom, noticing your body and relaxing each part as you work through the body scan
- Guided imagery – visualizing something positive while you meditate

(Hecht & Weatherspoon, Ph.D., R.N., CRNA, 2020)

Evidence the supports the use of Meditation: Morone et al., (2008) wanted to identify the effects of mindfulness meditation on older adults with chronic low back pain. The researchers conducted a study and reviewed diary entries from older adults who had participated in an eight-week mindfulness mediation program. The study consisted of 27 adults over the age of 65 with moderate to severe pain that persisted for at least three months. The participants were given meditation sessions once a week for 90 minutes. Techniques included breathing, sitting, lying down and walking. Participants were also asked to meditate at home. Once they were finished meditating, participants had to write in their diary about how meditation has affected their pain, sleep, cognition, stress reduction and overall, well-being. Many of the participants mentioned reduced pain and identified meditation to be a good distraction allowing them to cope with their lower back pain. Additional benefits mentioned included improvement in their attention, sleep, and well-being (Monrone et al., 2008). These findings suggest that meditation can benefit not only pain but, overall well-being.

(Whittaker, 2019)

Residents who would benefit from Meditation: Meditation has shown to ease the mood-related symptoms associated with pain such as; anxiety, stress or depression. In order to participate fully in meditation a resident would need to be able to sit still and focus or be able to follow a guided meditation session. Beginners might want to start off slow, completing a 3 to 5-minute meditation session and eventually working their way up to longer duration. Meditation would not be effective for individuals living with moderate to advance stages of dementia or for individuals who have difficulty focusing or sitting still. Staff also might find it difficult to provide meditation when there is a language barrier. It is likely that there will be meditation tools on the internet that are provided in other languages. However, if you do not speak the language, it would be hard to determine if the meditation tool is appropriate for use.

What staff in LTC can assist with Meditation? If the resident is able to be guided independently but requires help with setting up a Meditation activity, staff working in LTC could

help find a video on YouTube. Alternatively, there are many scripts that can be found online, staff would read from the script to help guide the Meditation. Examples might include a recreation staff planning a meditation group for seniors living with chronic pain, or a PSW helping a resident with a Meditation breathing exercise to help calm.

Cost / Barriers: There are a lot of free resources available online or through a library. Meditation is an activity that can be done in a group setting or individually. Meditation can be done in any quiet space or with the use of headphones so background noises cannot be heard.

Other Resources:

https://www.youtube.com/watch?v=L3-SlMJHrms&ab_channel=GenerationCalm
https://www.youtube.com/watch?v=iOBAzVrp8vk&ab_channel=SharpHealthCare
Guided Meditation for Chronic Pain & Fibromyalgia ♥ Pain Relief, Relaxation, Sleep Aid, Anxiety - YouTube

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10. Stretching

What is it? Stretching can lengthen muscles and limber joints which can help loosen stressed and tightened areas and bring relief, allowing individuals greater freedom for movement (Law et al., 2009).

Evidence that supports the use of Stretching: Hallegraeff et al., (2012) created a study to determine if stretching the calf and hamstring muscles daily before going to sleep would reduce severity of nocturnal leg cramps in older adults. The study was six weeks long and consisted of 80 participants over the age of 55 living with nocturnal leg cramps and not being treated with medication. Half of the participants performed calf and hamstring stretches every night before they went to sleep; the other half of the participants did not perform any stretches. Throughout the study all participants were asked to complete daily recordings of how frequent and severe their nocturnal

(Kutcher, 2019)

leg cramps were. The researchers found that six weeks of nightly stretching of the calf and hamstring muscles significantly reduced the frequency and severity of nocturnal leg cramps in older people. Most individuals in the stretching group reported three severe cramps throughout the night prior to the intervention. Once they began the intervention, this number reduced to one per night (Hallegraeff et al., 2012). These findings suggest that stretching before bed was a helpful intervention to relieve nocturnal leg pain.

Residents who would benefit from Stretching: Stretching is good for any resident living in LTC, especially for those who might experience reduced mobility.

What staff in LTC can assist with stretching? Therapy staff can provide one to one or group activities that focus on or feature stretching. Chair stretches can be done to accommodate all residents. A referral to physiotherapy might be beneficial for those living with reduced mobility, to assess and determine what stretches would be beneficial for the residents' care plan. PSW's can remind or encourage residents to do their stretches.

Cost / Barriers: Stretching is a free resource that can be provided by therapy department staff.

Other Resources:

https://www.youtube.com/watch?v=YZbIkTSZoeM&ab_channel=AdvocateHealthCare
https://www.youtube.com/watch?v=YZbIkTSZoeM&ab_channel=AdvocateHealthCare
https://morelifehealth.com/articles/regaining-flexibility-guide

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11. Exercise

What is it? Exercise is a common treatment for chronic pain, it helps to decrease inflammation, increase mobility, and decrease overall pain levels (Miller, MacDermid, Walton, & Richardson, 2020). Individuals that exercise may show most relief in their back and joint pain. Exercise can be in the form of cardio, relaxation, stretching and strength exercises (Miller et al., 2020).

Evidence that supports the use of Exercise: In the article *Physical Exercise: Does it Help in Relieving Pain and Increasing Mobility Among Older Adults with Chronic Pain?* (2011), the researchers wanted to develop a physical exercise program for older adults living in a retirement home. The study included 75 older adults living with chronic pain who participated in an eight-week physical exercise program. Sessions occurred once a week and lasted for an hour. The exercises included stretching, strengthening, balancing, towel dancing and self-administered massages. After every session, participants were asked to continue to exercise at home. Participants were given a survey before and after each session that asked about pain intensity, range of movement and activities of daily living (Tse, Wan & Ho, 2011). At the end of the exercise program, the results indicated that participants showed: a significant decrease in pain intensity, increased range of movement in neck, shoulder, back, hip and knee rotation, and increased mobility levels. In conclusion, exercise was shown to be a helpful non-pharmacological intervention to in reducing pain.

(Senior Lifestyle, 2020)

Residents who would benefit from Exercise: Similar to stretching or yoga, exercise is good for residents with high and low mobility. Individual exercise programs would also benefit residents who are deconditioned or bed bound (Shakeel, Newhouse, Malik, & Heckman, 2015).

What staff in LTC can assist with Exercise? The Ontario government provides funding so that LTC homes can deliver group exercise and falls prevention classes three times a week for 30 to 45-minute sessions (Shakeel et al., 2015 p.74). Recreation and therapy staff are helping to provide group exercise or 1:1 individualized programming

Cost / Barriers: There is a cost for equipment and supplies. In LTC, group exercise activity has proven to be more feasible because it is cost efficient and requires inexpensive and portable equipment such as: resistance bands, soft weights or sand balls (Shakeel et al., 2015 p.74). A barrier to this intervention would be that participation depends on a resident's cognitive and walking / movement abilities as well as staffing resources to run individual and group programs.

Other Resources:

https://www.youtube.com/watch?v=8BcPHWGQO44&ab_channel=Dartmouth-Hitchcock
https://www.youtube.com/watch?v=hzYCL86BFH8&ab_channel=MoreLifeHealthSeniors

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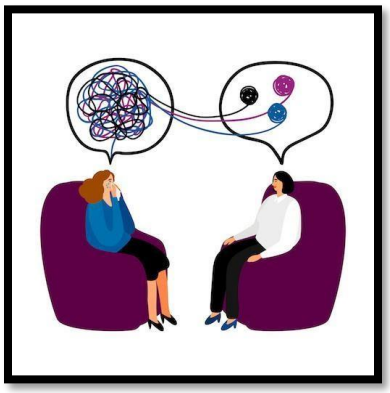
12. Cognitive Behavioural Therapy (CBT)

What is it? CBT focuses on the here and now. It is a tool that helps people to make sense of what is happening around them and understand how their perceptions impact how they feel (Rector, 2010). Living with chronic pain can consume a person's thoughts without their realization. CBT can help residents to: notice a situation, evaluate their automatic thoughts, determine if there are any distortions, identify the emotion that comes up, and understand why the situation is so upsetting (Rector, 2010, pp. 7-8). For example, a resident's automatic thought might be "I will never live without this pain!" Through CBT the resident might discover that there are moments when pain is not present, which would help the resident understand that their automatic thought is false. That understanding helps shift perspective creating some sense of power and control that there are moments or activities throughout the day when pain is not getting in their way.

Evidence that supports the use of CBT: Zanini et al., (2018) conducted a study that analyzed how changes in psychological functioning and well-being were associated with pain reduction. The researchers examined 37 hospital patients over the age of 18 who were living with chronic pain and attending psychotherapy. All patients were assessed before their psychotherapy session and again six and ten months later. The patients were asked about their anxiety, depression, functioning, well-being, and risks. The researchers found a strong correlation between psychological aspects and pain perceptions. Results indicated that changes in anxiety and depression strongly predicted total pain scores and total



(Lakefront Psychology, 2019)

functioning. Zanini et al. (2018) study presents evidence that psychotherapy can be a useful strategy to reduce the negative effects of depression and anxiety on chronic pain.

Residents who would benefit from CBT: Residents who experience chronic pain symptoms and as a result might also experience mood-related disorders such as pain-related depression or anxiety. In order to participate in CBT, residents must be able to explore their thoughts, beliefs and behaviours and be willing to do activities during sessions. Residents must also be able to work independently on home work activities in between sessions (Rector, 2010, p. 3). CBT is not appropriate for residents who experience more complex pain and mental health needs, or for residents that are living with moderate to advance stages of dementia.

What staff in LTC can assist with CBT? This form of intervention can be delivered by a health professional who has had adequate training in CBT. Preferably it is delivered by registered Psychologists, Psychiatrists, Psychotherapists, or Social Workers. In the LTC sectors, homes that have funding have been able to employ a registered Social Worker. Providing CBT would have to be within that Social Workers scope of practice.

Cost / Barriers: CBT could potentially be a free service to residents where there is a staff trained to deliver CBT. However, the barrier is that not every LTC home has a Social Worker.

The Ontario Health Insurance Plan (OHIP) covers therapy when it is completed by a medical professional. OHIP does not cover therapy services provided by a registered Psychotherapist, Psychologists or Social Worker, unless they work at a family health team (FHT) or in a hospital. This means that services outside of FHT's and hospitals do come with a fee. Some services in your region might offer affordable counselling based on a sliding scale. Residents that have private insurance might have some coverage through their benefits plan. Lastly, residents that are registered with Veterans Affairs Canada might have access to therapy resources, please call the residents case worker to learn more.

Other Resources:

Introduction to Cognitive Behavioral Therapy for Chronic Pain - YouTube
What is CBT? | Making Sense of Cognitive Behavioural Therapy - YouTube
What is CBT? - YouTube

Find the Best Cognitive Behavioural (CBT) Therapists and Psychologists in Ontario - Psychology Today
Counselling services - Veterans Affairs Canada

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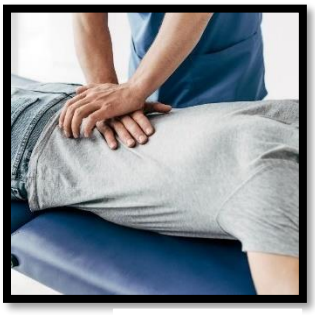
13. Chiropractic

What is it? Chiropractors manipulate the body's alignment to relieve pain and improve function (Meade, 1990). The Canadian Chiropractic Association describes how chiropractic care for seniors can help to: manage pain, increase range of motion, improve function, decrease progression of joint degeneration, correct posture, increase balance and reduce the risk of falls (Canadian Chiropractic Association, 2016). Chiropractors have the ability to fix the areas within the spine that cause pain and inflammation. They treat the underlying cause of pain without the use of medication (Intriago, 2021).

Evidence that supports the use of Chiropractic: In a case report created by Law (2001) the researcher wanted to evaluate the effectiveness of chiropractic management on pain relief in a patient with knee osteoarthritis. The patient was a 54-year-old female living with chronic knee pain for about three years. The patient was treated by a chiropractor for five months. The progress of the patient was scored by knee ranges of motion and every 4 weeks two questionnaires were given to evaluate pain and discomfort (the Lequesne index and the WOMAC index). Results of chiropractic therapy were effective for treating the patients knee osteoarthritis (Law, 2001). The study was based on one person so it is limited, however, the positive effects of chiropractic treatment for pain were promising.



(NIH, 2019)

Residents who would benefit from Chiropractic: Low impact chiropractic treatment might benefit residents who live with chronic pain, muscle stiffness or back and neck aches. Chiropractic therapy would not be appropriate for frail and ill residents. Anyone interested in chiropractic treatment for pain should first speak with their physician (Intriago, 2021).

What staff in LTC can assist with Chiropractic? Staff working in LTC are not able to provide chiropractic treatment. In Ontario, a person who can provide chiropractic treatment must have graduated from a Doctor of Chiropractic program and be registered with the College of Chiropractors of Ontario (CCO).

Cost / Barriers: OHIP and ODSP do not cover the cost of chiropractic services. Typically, OW does not pay for the cost of chiropractic services as it is considered to be a discretionary benefit. There would need to be a call to the case manager to discuss if OW will cover the cost of services or not. People with private insurance may have a portion of the fee covered or they may have full coverage.

Other Resources:

How Chiropractic Care can Help Senior Citizens | SeniorDirectory.com
Chiropractic Care in Older Adults | Chiropractic Back Adjustment - YouTube

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14. Hydrotherapy

What is it? Hydrotherapy uses water to treat a disease or to maintain health. Exercise in water takes the weight off a painful joint while also providing resistance. Hydrotherapy is used to treat joint muscle and nerve problems by reducing or relieving sudden or long-lasting pain (Healthwise, 2019).

Evidence that supports the use of Hydrotherapy: In a study created by Roberts and Freeman (1995) the researchers wanted to determine if hydrotherapy was a useful tool to: reduce pain intensity, help with range of motion, and improve ability to perform daily living activities. The study included 81 patients with chronic low back pain who were referred to hydrotherapy. Participants were asked to attend sessions twice a week for a total of eight weeks. They were also asked to complete surveys after each hydrotherapy session. Researchers found an overall improvement in participants pain,

(Aggarwal & DePalma, 2021)

range of motions, and found it easier to complete daily living activities (Robert & Freeman, 1995). The findings showed how hydrotherapy can be a useful non-pharmacological intervention for people who are experiencing pain.

Residents who would benefit from Hydrotherapy: Residents living with arthritis, muscle spasms or chronic pain might benefit from hydrotherapy in warm water. Some reports suggest that hydrotherapy would also benefit individuals living with MS or those who experience body weakness after a stroke. Hydrotherapy would not be appropriate for residents that: have infections or wounds, bowel or bladder incontinence, those that cannot swim or have a fear of water, residents that are bed or chair bound, and those living with moderate to advance stages of dementia. Those interested in hydrotherapy should consult with their physician to make sure this alternative pain intervention would be appropriate.

What staff in LTC can assist with Hydrotherapy? This is not a service provided in LTC and does require residents to go to a facility that offers hydrotherapy. Hydrotherapy differs from water aerobics as it is provided by a physical or occupational therapist.

Cost / Barriers: Hydrotherapy is not commonly available and there appears to only be a handful of clinics in Ontario (mainly in large cities like Toronto). There is a fee to participate in hydrotherapy sessions. Some private insurance companies might cover a portion of the cost.

Other Resources:

Aqua Therapy in Vaughan | Hydroactive - Aqua Therapy & Rehabilitation
Aquatic/Pool Therapy, Hydrotherapy, Water Therapy | Fit To Function
Ultimate Guide to Aquatic Therapy & Water Therapy - HydroWorx®

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15. Hypnotherapy

What is it? Health Link BC (2019), describes hypnotherapy to be the use of hypnosis to treat physical and psychological conditions. Hypnosis is a state of focused concentration where a person becomes less aware of their surroundings (Healthwise Incorporated, 2019). Those trained

to use hypnosis introduce exercises such as breathing or guided imagery to relax and focus an individual. They will then use "suggestions" to help alter a person's thoughts, feelings, behaviours and physical state (Jensen & Patterson, 2014). The goal of hypnosis is not to convince individuals that their pain is not present. Instead, hypnosis is an intervention used to help individuals manage the fear and anxiety they experience in relation to their pain. According to the Cleveland Clinic (2019), hypnosis can be used in two ways:

- Suggestion therapy – guides someone to a hypnotic state so that they are better able to respond to suggestions that will change certain behaviours or perceptions and sensations.
- Analysis (hypnotherapy) – guides someone to a relaxed state in order to find the root cause of a disorder or symptoms such as a traumatic past event that a person has hidden in their unconscious memory. Once the trauma is revealed, it can be addressed in psychotherapy.

(Cleveland Clinic, 2019)

Evidence that supports the use of Hypnosis: In a study created by Hosseinzadegan et al., (2017) the researchers wanted to examine the effectiveness of self-hypnosis in pain management among female patients living with multiple sclerosis. In a randomized clinical trial, 60 patients were split into two groups. In both groups, participants were trained by a psychiatrist on how to perform self-hypnosis. All participants were given six sessions, 30 minutes each, at one-week intervals. Individuals were asked to relax muscles, followed by appropriate suggestions for pain control. Participants in the intervention group were also asked to perform self-hypnosis throughout the day when at home. All participants were asked to complete a workbook twice a day that asked about the quality of their pain. The results indicated that self-hypnosis could significantly decrease pain within a day. Individuals in the intervention group who had more hypnotic exposure showed the most improvement in their pain scales (Hosseinzadegan et al. 2017). Although, the positive effect of hypnosis was not maintained 4 weeks after the study.

(JPC-PROD, n.d.)

These findings suggest that hypnosis can be a valuable non-pharmacological intervention for pain, but it needs to be continually practiced for residents to gain the most benefits.

Residents who would benefit from Hypnotherapy: Hypnosis might benefit residents living with physical pain and emotional pain. Hypnotherapy is not appropriate for residents who display symptoms such as hallucinations or delusions (Cleveland Clinic, 2019). It would not be appropriate for residents who are living with moderate to advance stages of dementia, or for those skeptical to the hypnosis process. Please contact your physician to determine if hypnotherapy would be an appropriate for you.

What staff in LTC can assist with Hypnotherapy: If a resident would like to try hypnosis they will need to look for services outside of the LTC home. When looking for someone to provide hypnosis it is important to understand the difference between hypnotherapists and hypnotists. In Ontario if someone has a license to work as a psychotherapist (this includes registered Social Workers) and they use hypnosis in their practice, they can call themselves a hypnotherapist. Psychotherapists use hypnosis to assist clients with making therapeutic changes. For someone who is not a psychotherapist but is trained in hypnosis, they may call themselves a hypnotist but they are not allowed to assist clients with hypnotherapy. The Canadian Society of Clinical Hypnosis – Ontario Division, promotes the use of hypnosis in clinical practice by regulated health professionals such as trained Psychotherapists, Social Workers, Physicians, Psychologists and Nurses (Canadian Society of Clinical Hypnosis - Ontario Division, 2017).

Cost / Barriers: OHIP will cover the cost of hypnotherapy when it is performed by a Doctor or a Psychiatrist. OHIP does not cover the cost of hypnotherapy through Psychotherapists, Psychologists or Social Workers unless they work at a Family Health team or through a hospital. Individuals with private insurance can inquire what types of counselling are covered through their benefits plan. The cost varies for hypnotherapy, typically it ranges from $100 - $200 per session. There is a website called Psychology Today which allows individuals to look up regulated professionals that provide hypnotherapy as part of their practice. Some practitioners offer a sliding scale fee. If transportation is a barrier, speak with a practitioner to inquire if virtual appointments can be made using a laptop, iPad or tablet.

Other Resources:

https://www.youtube.com/watch?v=oZD4ZjTt94&ab_channel=TrigramHealing
Hypnotherapy and Hypnosis : Ontario : Mental Health Services, Help and Support : eMentalHealth.ca
Find the Best Hypnotherapists in Ontario - Psychology Today
Hypnosis can reduce pain in hospitalized older patients: a randomized controlled study (nih.gov)

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16. Music for Leisure / Music Therapy

What is it? Music has the ability to move the soul, a process which offers healing in and of itself. Using music to alleviate pain is a simple cost-effective approach to pain management. Music can be used leisurely or therapeutically and it is important to understand the difference. When music is used leisurely it offers a distraction and can be used for fun, to reminisce or to encourage activity and exercise. Music therapy is different. According to the Canadian Association of Music Therapists (2020), music therapy is:

> *"a discipline in which Certified Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains."*

The following intervention techniques are used in music therapy according to the needs and preferences of each individual (Canadian Association of Music Therapists, 2020):

- Singing
- Playing instruments
- Rhythmic based activities
- Improvising – a creative nonverbal mean of expressing thoughts and feelings. When words fail or emotions are too hard to express, music can fill the void.
- Composing / song writing
- Guided imagery and Music

Evidence that supports the use of Music Therapy: Gutgsell et al., (2011) created a study to determine how effective a single music therapy session was in reducing pain in palliative care patients. The study included 200 patients who have experienced chronic pain. The participants

were randomly assigned to one of two groups: standard care with music therapy and standard care alone. In the music therapy group participants were given a single 20-minute music therapy intervention directed at reducing pain. Participants were asked to choose a rhythm of music, pay attention to their body, relax muscles, and imagine themselves in a safe place. In the standard care group, the participants were put into a room to relax, with a blanket and no phones for 20 minutes. Each group was given a survey about their pain before and after the session. In the end, the music therapy group rated their pain as lower and showed more improvement than the standard care group just after one session (Gutgsell et al. 2011). Therefore, this study indicates that music therapy is a valid non-pharmacological intervention option for residents who are experiencing pain.

(Tiffany Village Retirement Residence Partnership, n.d.)

Residents who would benefit from Music for Leisure / Music Therapy: Emotion and pain are strongly linked. Music that resonates with positive emotions triggers positive memories which can affect mood and the ability to handle pain (Vitelli, 2016). Mostly all residents living in LTC would benefit from listening to music leisurely or from participating in music therapy. Music can be a helpful distraction for all types of pain. Residents who would not benefit from any musical interventions are those that are sensitive to noise in their environment. Residents with a sensitivity to noise may become agitated resulting in verbal or physical responsive behaviours.

What staff in LTC can assist with Music for Leisure / Music Therapy? Music therapy is delivered by a trained and registered music therapist. Music used for leisure can be a great form of distraction for most residents and is easy for most staff in LTC to set up. Music is a helpful intervention for any type of pain and can be used individually or in a group setting. Understanding the resident's musical interests, the best time of day to play music, and when to play upbeat songs versus slow relaxing songs would be helpful.

Please note, staff should be aware of songs that would trigger emotional pain in someone. Songs can sometimes bring back painful memories of abuse, trauma or loss.

Cost / Barriers: Introducing music leisurely as a non-pharmacological intervention is free. Staff in LTC can play virtually any song through YouTube and families can bring in favourite tapes, CD's or other devices that play music. When it comes to Music Therapy, the costs vary based on service. Please feel free to view the fee schedule provided below for Music Therapy in Ontario.

Other Resources:

Fee-Schedule-2021.pdf (musictherapyontario.com)
https://www.youtube.com/watch?v=l69HmZwXeE8&ab_channel=UniversityHospitals
https://www.youtube.com/watch?v=72wsLNmDYUU&ab_channel=GivingTreeMusic
https://www.youtube.com/watch?v=GiMuuO6O-qA&ab_channel=CNN

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17. Reiki

What is it? Reiki is commonly referred to as palm healing, hands-on healing or energy healing. It emerged in Japan in the late 1800's and is said to involve the transfer of universal energy from the practitioners' palms to their patients (Pocotte & Salvador, 2008). The word "reiki" means "universal life energy," the focus is to help the flow of energy and remove blocks in a similar way to acupuncture. Improving the flow of energy around the body is said to provide relaxation, reduce pain, speed healing, and reduce other symptoms of illness (Pocotte & Salvador, 2008).

Evidence that supports the use of Reiki: Richeson et al., (2010) created a study to evaluate the effects of Reiki on older adults who experience pain, depression, and/or anxiety. The study included 25 participants over the age of 55. The participants were randomly split into two groups. In the first group, participants received 45-minute Reiki appointments one day per week for eight weeks. At the beginning of the appointment the participants were given a check in with an RN. The RN monitored pain levels, heart rate, blood pressure and asked participants about their weekly stressors. In the last session, participants were given example techniques

(Northport Wellness Centre, 2019)

on how to continue Reiki at home (Richeson et al., 2010). In the second group, participants were given no intervention. Both groups were given surveys before and after the study. The survey consisted of various scales that analyzed participants' depression, pain, blood pressure and heart rate levels. The results showed a significant difference between the Reiki group and the non-intervention group. The Reiki group showed more improvement on measures of pain, depression, and anxiety but no changes in heart rate and blood pressure (Richeson et al., 2010). Reiki was found to help with relaxation and improve physical symptoms, mood, and well-being. This study determined that Reiki can be a useful non-pharmacological intervention to reduce pain in residents.

Residents who would benefit from Reiki: Reiki is an alternative treatment with no side effects and no risks or possible complications making it a safe option for almost any resident (International Association of Reiki Professionals, n.d.). With that being said, Reiki is not an intervention that appeals to everyone. For those interested in complimentary methods to pain relief, Reiki may help decrease the perception of pain by healing the emotional aspect of pain. There is no risk or side effects to trying Reiki as long as it is done in combination of a resident's regular medical treatment and medications. Reiki would not be beneficial for residents living with moderate to advance stages of dementia, for those who are not comfortable with sitting or lying still while someone stands over them, and for residents with language barriers who cannot be informed of what is happening.

What staff in LTC can assist with Reiki? Reiki is not a regulated modality here in Canada so people should be careful when searching for someone who can provide Reiki. Receiving treatment from a Reiki Practitioner, Reiki Master or Energy Healer would be best as residents can learn the proper way of completing Reiki so that they may practice on their own.

Cost / Barriers: The fee for Reiki sessions varies and is not covered by OHIP, OW or ODSP. Those with private insurance should call their providers to determine what alternative medicine options are covered in their benefits plan. Some cancer or palliative care hospitals in Toronto and Ottawa offer Reiki if a patient would like to add this intervention to their treatment plan.

Other Resources:

Reiki Self-Treatment (clevelandclinic.org)
Reiki Principles and How to Use Them to Boost Well-Being (healthline.com)
Practitioner / Teacher Directory » Canadian Reiki Association
https://www.youtube.com/watch?v=HS6MEaTWXwM&ab_channel=DivineWhiteLight

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18. Light/Low Level Laser Therapy (LLLT)

What is it? LLLT is a treatment that may help with skin, muscle tissue, physical and emotional pain (Dima, Tieppo Francio, Towery, & Davani, 2018). It uses low levels of red or near-infrared light. Infrared light is a type of energy your eyes cannot see, but your body can feel as heat. Low levels of light can stimulate a natural response in human tissue that can increase circulation, accelerate tissue repair, ease muscle pain, relieve joint stiffness and enhance overall cell performance on a microscopic level (Dima et al., 2018).

Evidence for the use of LLLT: Chow and Barnsley (2005) created a literature review to determine how effective LLLT is. The researchers identified four eligible randomized control trials. In the first study, 71 participants with acute neck pain were randomly assigned to two groups: the LLLT treatment group and the group that received a fake laser treatment. Each group received 10 sessions. In the LLLT group, results showed a significant improvement in pain after the completion of treatment and for six months after. In the second study, 39 participants were given one LLLT treatment or one fake laser treatment. Individuals who received LLLT had a significant improvement in neck pain. In the third study 60 participants with chronic neck pain and osteoarthritis were either given 10 LLLT treatments or a fake laser treatment. The treated group showed a significant improvement in neck pain, and functional outcomes. In the fourth study 30

(Red Light Clinic, 2018)

participants were given LLLT and asked to exercise at home or were not given LLLT and only asked to exercise at home. Individuals showed a significant improvement in the LLLT intervention group (Chow & Barnsley 2005). This systematic review suggests that LLLT can be a beneficial non-pharmacological intervention for pain and could be used to improve residents' well-being.

Residents who would benefit from LLLT: Residents living with chronic or acute pain and inflammation would benefit from LLLT as it is non-invasive. Residents who should not try LLLT would be those who have epilepsy and those who are unable to sit or lay still for the duration of the treatment. If a resident is living with cancer, speak with their physician to determine if LLLT would be helpful with pain relief or in combination of chemotherapy (Cotler, Chow, & Hamblin, 2015).

What staff in LTC could assist with LLLT? This is not an intervention that staff in LTC can assist with, it must be completed by someone trained and certified in LLLT. Residents interested in trying out LLLT would have to go to a clinic that offers this type of service.

Cost / Barriers: LLLT is not covered by OHIP, ODSP, OW or most private insurance plans. The cost of service depends on the area of the body being treated.

Other Resources:

What is BioFlex Laser Therapy? – YouTube
Laser testimonial – YouTube

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19. Snoezelen Method Therapy

What is it? A Snoezelen room is a therapeutic environment that displays optical illusions with combined lighting effects, aromas, colours, textures and sounds to stimulate a person's different senses (Schofield, 2002). It is a relaxing environment that can distract individuals from the pain they are experiencing.

Evidence that supports the use of Snoezelen Rooms: In the article *Evaluating Snoezelen for Relaxation Within Chronic Pain Management* (2002), researchers wanted to investigate the potential use of Snoezelen as an alternative environment for relaxation in a group of patients living with chronic pain. The study included 73 patients over the age of 48 years old who have been experiencing pain for more than a year. The participants were randomly put into two groups. In the first group of participants were given access to the Snoezelen environment and in the second group participants were given access to a relaxation program within the pain clinic. Both groups were given two sessions of therapy lasting three hours. Participants were also given surveys about their pain, coping strategies, anxiety and depression and quality of life before and after the interventions. The results indicated that participants in the Snoezelen group showed lower sensitivity to pain, and significant improvements in disability compared to the control group (Schofield, 2002). These findings suggest that Snoezelen rooms could be a useful non-pharmacological intervention for residents experiencing pain.

(Sanfilippo, 2019)

Residents that would benefit from Snoezelen Therapy: Any resident who experiences pain and is not triggered by over stimulation in their environment. Snoezelen therapy would especially be good for residents with minimal verbal communication, those living with advance to end-of-life stages of dementia, and residents who are bed or chair bound.

What staff in LTC can assist with Snoezelen Therapy? Staff who have received training on how to use the equipment and how to engage the resident in sensory stimulation would be better suited to assist with Snoezelen Therapy. In LTC homes that have Snoezelen rooms, the programs are usually run by recreation therapy staff.

Costs / Barriers: The cost for equipment, access to a dedicated Snoezelen room, lack of training for staff, lack of time to provide 1:1 support with a resident, and the maintenance plan to keep equipment clean, in good working and replacement of parts.

Other Resources:

Grand River Hospital's new multi-sensory environment room - YouTube

https://www.youtube.com/watch?v=ED4R8LyCG2E&ab_channel=LakeridgeHealth
Intro to Snoezelen by FlagHouse - YouTube
Sensory Room Virtual Tour | Recovery Ways

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20. Garden therapy

What is it? Garden therapy is also known as horticulture programming in LTC homes. The purpose is to use the garden as a safe and secure place for socialization, making friendships and working on skills that assist people to be more independent (Grant, 2002). Garden therapy is known to provide many benefits in physical rehabilitation and pain management, it is used to help strengthen muscles and improve coordination, balance, and endurance (Grant, 2002).

Evidence that supports the use of Garden Therapy: In the Study *Horticultural Therapy for Patients with Chronic Musculoskeletal Pain: Results of a Pilot Study* (2012) the scholars wanted to determine whether the addition of horticultural therapy to a pain-management program improved physical function, mental health, and ability to cope with pain. The research team created a study that consisted of 79 patients living with musculoskeletal pain for more than six months. Participants were split into two groups, the intervention group, and the control group. Individuals in the intervention group received horticultural therapy in addition to a pain-management program, and the control group received the pain management program only (Verra et al., 2012). The pain management program was four-weeks

(Garden State Pain Control, n.d.)

long and included three main components: medical care including drug therapy, exercise therapy and psychotherapy. Horticultural therapy consisted of seven one-hour sessions of group therapy. Sessions were held twice a week for four weeks. Participants in the intervention group were given information about plants, perception training and physical activity while gardening. Participants were assessed at the beginning of the study and one month after the study. The assessment asked questions about pain, depression, and anxiety, and coping strategies. The results indicated that the intervention group showed lower pain scores and had less depression and anxiety than the control group (Verra et al., 2012). These findings supported the use of garden therapy as a non-pharmacological intervention for residents who are experiencing pain.

Residents that would benefit from Garden Therapy: Any resident who is living with pain whether it be physical, mental, emotional or spiritual would benefit from garden therapy. This type of intervention can be geared towards different resident abilities by introducing raised garden beds, simple tools to dig with, or 1:1 windowsill gardening with residents who prefer to stay in their room. Those living with advanced stages of dementia might not benefit from garden therapy but would still benefit from being outside among nature. Staff should be mindful of residents who are sensitive to hot or cold temperatures, and would have to look out for residents who might try to ingest the soil, plants or their contents.

What staff in LTC could assist with Garden Therapy? Any staff in LTC could bring a resident outside, the fresh air and being around nature would have positive effect. However, staff who understand how garden therapy works should be the one running the Garden Therapy program. This typically falls to recreation staff or volunteers.

Cost / Barriers: There is an initial cost to set up a garden therapy program and to purchase the necessary ongoing supplies. See your homes Therapeutic Recreation department for horticultural program options in your Long-Term Care Facility.

Other Resources:

Evergreen – A Pilot Gardening Program for Older People - YouTube
Janet Phillips talks the impact Horticultural therapy has on Veterans - YouTube

21. Aromatherapy Massage

What is it? Aromatherapy is a holistic healing treatment that uses natural plant extracts to promote health and well-being (Lakhan, Sheafer, & Tepper, 2016). Aromatherapy uses essential oils to improve the health of the body, mind, and spirit. It enhances both physical and emotional health, and has been found to work well with hand massages. Aromatherapy massage is the combination of specific massage techniques along with essential oils that have analgesic and anti-inflammatory properties (Baltazar, 2018). Aromatherapy massage helps relieve pain in the following ways (Baltazar, 2018):

- Muscular pain – assists with circulation to the muscle or area of discomfort, supports cellular repair, decreases spasms, and soothes bruising. The best oils to use with massage to support muscle pain are: lemongrass, lavender, eucalyptus and peppermint.
- Nerve pain – helps to calm the emotions of a person who is experiencing intense pain. The essential oil is used to lessen inflammation and discomfort near the area that hurts and relax the surrounding tissue. The best oils to use with massage to support nerve pain are: frankincense, ginger and helichrysum because of the anti-inflammatory properties.
- Chronic pain – aromatherapy massage can provide short term temporary relief. The best oils to use with massage to support chronic pain are: lavender and ginger.

Evidence that supports the use of Aromatherapy Massage: Pehlivan (2018) created a controlled and experimental study to investigate the effects of aromatherapy massage on pain, function and quality of life among elderly individuals living with knee osteoarthritis. The study was conducted in two retirement homes and included 90 participants with knee osteoarthritis. Participants were randomly split into three groups- aromatherapy, massage, and control groups. In both the aromatherapy and massage groups, participants were given six massage sessions over three weeks. Participants in the aromatherapy group were given massages using aromatic oils. Participants in the massage group were given massages without aromatherapy. The participants in the control group received

(PainPathways Magazine, 2018)

no aromatherapy or massage. Data was collected through questionnaires week one, four and eight. The questionnaires asked about sensitivity to pain, physical activity, mental health, social support, and social functionality (Pehlivan, 2018). Participants in the aromatherapy group showed lower pain scores and higher quality of life scores compared to the massage and control groups. However, the significant difference decreased in week 8 (Pehlivan, 2018). The results from the study determined that aromatherapy combined with massage can be a beneficial non-pharmacological pain intervention, but it needs to be provided consistently in order for the benefits to last.

Residents that would benefit from Aromatherapy and Massage: Any resident could partake in aromatherapy and massage as long as they are comfortable with some of the smells and with massage. Essential oil can be diluted with water and combined with massage for those who are comfortable with gentle touch. For those who are not comfortable with touch, alternative options for essential oil use can be: adding a few drops to a warm bath as a way to help loosen up and soothe stiff muscles; diluted in water and added to a cold compress to soothe inflammation, or added to a hot compress to relieve pain; or oils like lavender can be added to a diffuser to help with calming and relaxation (Cronkleton, 2019). Residents living with lung conditions such as asthma or respiratory allergies should not use aromatherapy as the oils could cause airway spasms. Residents with skin allergies may experience skin irritation so essential oils should be tested on a small patch of skin 24 hours in advance (Healthwise, 2019).

What staff in LTC can assist with Aromatherapy and Massage? It is really important that residents speak with their physician to inquire if aromatherapy massage would be safe to trial. Aromatherapy massage should be completed by someone who has had some training. The Canadian Federation of Aromatherapists (CFA) is an accrediting aromatherapy association in Canada. If residents are interested in aromatherapy and massage they should look for an aromatherapist with the letters “CAHP” after their name; these letters stand for *Certified Aromatherapy Health* Professional and mean that the aromatherapist has passed the CFA’s course and written exams. In LTC, if residents have essential oils that have been purchased by them or their family, the residents care plan should outline how, when and where the essential oils should be used. If it is in the resident’s care plan, PSW’s and nurses should be able to assist residents that require help with applying essential oil.

Cost / Barriers: Essential oils and aromatherapy massage are not something covered through OHIP, ODSP or OW. Private insurance does not cover the cost either.

Other Resources:

18 Essential Oils for Sore Muscles: Pain Relief, Tension, and Swelling (healthline.com)
Explore Aromatherapy – The Canadian Federation of Aromatherapists (cfacanada.com)

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22. Spirituality Practices

What is it? Spiritual interventions vary according to the culture. Individuals who experience pain may practice several religious or spiritual interventions such as prayer, seeking spiritual support, to cope with pain (Dedeli & Kaptan, 2013). Religious and spiritual coping strategies are associated with feelings of spiritual support and connection as well as reduced depression and anxiety and a greater sense of peace and calm (Dedeli & Kaptan, 2013).

Evidence that supports the use of Spirituality Practice: Asadi-Piri (2021) created a study to investigate the relationship between pain and spirituality among older adults. There were 145 participants living with chronic pain, recruited for the study. Participants were given a survey that asked about their demographics, spirituality, and individual confidence to manage pain. The researchers used the Spirituality Well-being Scale (SWBS) and the Pain Self-Efficacy Questionnaire (PSEQ). The SWBS is a 20-item Likert scale that measures religious and existential well-being and the PSEQ is a 10-item measure of perceived ability to cope with chronic pain. The results showed a significant positive correlation between spirituality and confidence in managing pain (Asadi-Piri, 2021). Implementation of spiritual interventions can help improve pain in older adults. It is suggested that different spiritual coping methods with chronic pain should be included in care (Asadi-Piri, 2021).

(Levine, 2019)

Residents that would benefit from Spirituality Practices: Any resident who participates in religious or spiritual practice would benefit from incorporating this into their pain management strategy. This is especially true for residents with a cultural background that places a strong emphasis on religion or spirituality. Even residents living with moderate to advance stages of dementia could benefit from spiritual practice (such as listening to hymns).

What staff in LTC can assist with Spirituality Practices? If there is spiritual or pastoral care provided in the LTC home, this would be the ideal person to approach regarding spiritual practices. Or if there are older Indigenous adults living in LTC, an Elder or Traditional Healer might be called to provide spiritual practice. Recreation staff also provide spiritual practice by putting together small groups for activities like: bible reading, listening / singing hymns, gardening, meditation, yoga, doing the rosary, etc.,

Cost / Barriers: There are ways to implement spiritual practice or programming without a cost. Most LTC homes have spiritual or religious contacts that they can turn to for support. The internet has some options for spiritual guided practices such as breathing exercises, meditation, or prayer. Some religious groups offer virtual services, staff could set residents up with a laptop. A potential barrier could be access to internet or devices such as iPads and tablets.

Other Resources:

https://www.youtube.com/watch?v=FqZFXKP5aTE&ab_channel=StanfordPainMedicine
30 Spiritual Activity Ideas (goldencarers.com)

Information on Pain and Indigenous Traditional Healing

Please note that this section is intended to provide some information on ideas for pain relief outside of Western medicine. We recognize that aging and wellness carries different perspectives among Indigenous people across Canada. We acknowledge that Indigenous people should always be consulted first as they are the knowledge keepers to their own history, healing practices and traditional healing medicines.

What is it? Indigenous people are seeking emotional, mental and spiritual healing for past abuses and traumas for the pain that they are carrying as a result of what generations of their families went through, and for a loss of identity due to separation from family and culture (Anishnawbe Health Toronto, 2000). The De dwa da dehs nye>s Aboriginal Health Centre (located in Hamilton, Ontario), describes Traditional Healing to be the oldest form of medicine, having been the original (Aboriginal Health Centre, n.d.). Across literature the concept of traditional healing is viewed as a journey that each individual must take within a supportive community. Traditional healing is a holistic practice that aims to treat imbalances in a person's body, mind, emotions, and spirit. These elements can be impacted by the individual, family, community or environment (Canadian Breast Cancer Network, 2020). Traditional Healing comes in many forms and it is important to note that Indigenous people across Canada carry different perspectives and traditions on healing and use of medicines. Below are some examples of Traditional Healing:

(Pawis-Steckley, 2019)

- Healing Circles
- Sweat Lodges
- Smudging
- Ceremonies – may include dancing, drumming and singing.
- Herbal medicines – might be used in various forms such as teas, powder or ointment.
- Medicine Wheel teachings
- Nature walks and medicine walks

Evidence that supports the use of Traditional Healing: Barwell (2005), completed a study that reviewed the pain of cancer from the perspective of Ojibway participants. The results revealed that pain was not just felt at the level of a sensation, it reached into mental, emotional and spiritual realms in the form of anguish. The research revealed that when pain is felt

physically, psychologically, socially and spiritually, the approach to pain relief needs to be wide-ranging to incorporate some form of healing at all four domains of health (Barwell, 2005). Another study by Latimer et al., (2020), focused on pain experienced by Indigenous children and youth. It revealed how pain is felt at the individual and community level, and how response to pain is a behaviour learned and experienced intergenerationally. A common theme was discovered around how pain and hurt were felt and expressed by the participants in the study. Participants described hiding their pain and feeling the need to be stoic or quiet about their hurt. They also described their response to pain to be a learned behaviour (over generations) where individuals felt the need to hide their pain so they weren't burdening their family or friends (who are also experiencing pain too). Findings from the study determined that Indigenous participants were seeking a life that balances mental, spiritual, emotional and physical wellness, which they felt could be achieved through the benefits of both Indigenous and Western treatment options. Results from the study also provided a new evidence-based and culturally relevant approach for health clinicians to consider when working with Indigenous people. It was determined that clinicians should acknowledge the following (Latimer, et al., 2020):

1. pain and hurt dwell within all four dimensions of the medicine wheel (spiritual, emotional, physical and mental)
2. pain and hurt factors in historical, community, family and individual perspectives
3. there might be a cultural norm to not cause pain or burden to others, which is linked to the principle of interconnectedness of people and their health and well-being (as shared by Elder Murdena Marshall)

Who would benefit from Traditional Healing? All older Indigenous adults living in LTC would benefit from opportunities of Traditional Healing. Because Indigenous people view mind, body, spirit and emotion to be interconnected, when one thing is out of balance, it affects the others. For example, if someone is experiencing physical pain, it is connected to spiritual pain (Anishnawbe Health Toronto, 2000). The Indigenous Cognition & Aging Awareness Research Exchange and North East Behavioural Supports Ontario (2018), completed a report that encouraged the availability and visibility of smudging, sacred medicines, and other spiritual items and practices to be of key importance in LTC. These practices were banned by government institutions historically so older Indigenous adults might not know if they can engage in their

Traditional Healing practices or request these activities if they are not visible in the LTC home. In addition, non-Indigenous individuals living in LTC are welcome to participate in ceremonies like drumming or smudging if they feel that this will assist with their symptoms of pain.

What staff in LTC can assist with Traditional Healing? Traditional Healing is completed by a Traditional Healer, Medicine Person or Elder because they are knowledgeable of traditional ways, practices, and culture. If staff are not sure who can provide Traditional Healing practice or ceremony, they can contact family or a local Friendship Centre to see what is available, or to inquire if there are Elders that can provide friendly visiting.

The LTC home may trigger feelings of pain or hurt from fears related to residential school experiences and family separation (Indigenous Cognition & Aging Awareness Research Exchange and North East Behavioural Supports Ontario). Below is a list of ideas that staff working in LTC could consider when assisting older Indigenous adults:

1. To start, staff should be mindful about calling older Indigenous adults' "residents" as this word is likely linked to past trauma of being a residential school survivor.
2. Staff can ask their Management and Administrative team for cultural safety training. Culturally safe approaches to care are those that empower cultural identity, knowledge and traditions. It does not impose Western models of care onto Indigenous people, but instead looks to negotiate a balance between Indigenous healing practices and Western medicine (Schill & Caxaj, 2019).
3. Staff working in LTC should understand intergenerational trauma so that they do not cause harm or trigger pain or hurt when they are assisting older Indigenous adults. Always explain what you are doing or why you are asking certain questions. If someone refuses to participate or answer a question, it is important to be compassionate. For many older Indigenous adults, trauma might not have been addressed or treated and healing in most cases has not happened yet.
4. Take on a trauma-informed approach. This means that staff acknowledge that trauma exists, but they also acknowledge that talking about it often causes re-traumatization. A trauma informed approach focuses on safety and empowerment, respecting boundaries and triggers. Staff could reach out to family to explain why they want to know their loved

one's dislikes or fears and explain that this information will help staff to avoid unintentional harm while offering care (Indigenous Cognition & Aging Awareness Research Exchange and North East Behavioural Supports Ontario). Each Indigenous person is different so it is important to ask questions about the types of Traditional Healing practices that have helped address pain in the past. In addition, staff can assist by having discussion with Management and Administration regarding designation of safe spaces for older Indigenous adults and their families to engage in Traditional Healing practices.

Cost / Barriers: It costs nothing to respect an Indigenous person's values around traditional healing, their support networks, and the community that they come from. However, some barriers do come up when it comes to offering certain Indigenous services or supports within the Long-Term Care sector. In example, for some Indigenous people, food is medicine. There might be a barrier in LTC with regards to being able to provide familiar foods such as bannock, wild rice or wild game (like caribou meat). Another barrier is that some LTC homes might not have an on-site space designated for smudging or other ceremonies, and these healing practices might not be able to be completed in an individual's room (especially if it is a shared room). Lastly, here may be a cost to LTC homes for the provision of cultural safety and trauma informed care training. Homes should reach out to their Ontario Health Teams to inquire about local Indigenous training programs. A barrier to training could be the amount of time required to complete training and budget constraints around backfill, registration fees, travel, bringing in trainers, etc. (Cragg, 2017).

Other Resources:

ApproachingElderHealer.pdf
The Four Sacred Medicines – Anishnawbe Health Toronto (aht.ca)
Indigenous Healing Space | LHSC
Healing, health and wellness services for Indigenous people and families | Ontario.ca
Indian Residential Schools Resolution Health Support Program (sac-isc.gc.ca)
Supporting Indigenous Culture in Ontario's Long-Term Care Homes (clri-ltc.ca) – pages 53-56, ideas for LTC

Other

Topical analgesic creams

Topical analgesics are sprayed on or rubbed in as patches onto the skin over painful muscles or joints. They can provide short-term but effective relief (Derry et al., 2017). Topical analgesics can reduce inflammation, warm, or cool the skin and block skin pain receptors. Residents or family members can talk to the Nurse to inquire about topical analgesics to help with pain.

Splints

Splints are a rigid or flexible device that is used to protect, immobilise, or restrict motion (Buhler et al., 2019). Splints can stabilize weak or injured joints, prevent pain and inflammation from getting worse and provide a measured and gradual force to a joint that is stiff or contracted due to scar tissue (Buhler et al., 2019).

Pillows

Pillows are meant to keep the spine in a neutral position. Pillows align the neck with the rest of the body, which supports good posture (Soal, Bester, Shaw, & Yelverton, 2019). Pillows can help in alleviating or preventing many common forms of back and neck pain, as well as shoulder, hip, and other forms of joint pain (Soal, Bester, Shaw, & Yelverton, 2019).

https://www.youtube.com/watch?v=GjGN8GlnbEw&ab_channel=NewDimensionsPhysicalTherapy

Sleep

There is a link between sleep and pain. Researchers have found that short sleep times, fragmented sleep, and poor sleep quality often causes heightened sensitivity to pain. Studies have found that a good night's rest improves chronic pain symptoms whereas sleep loss causes inflammation which triggers the pain. When pain affects sleep it can lead to feeling depressed or anxious which can make the experience of pain seem worse (Pacheco & Rehman, 2020).

Gel Packs/Ice Packs

Gel packs help by reducing blood flow to a particular area, which can significantly reduce inflammation and swelling that causes pain, especially around a joint or a tendon. It can

temporarily reduce nerve activity, which can also relieve pain (Breslin, Lam, & Murrell, 2015). Use of gel or ice packs should be discussed first with the therapy team once hot and cold sensitivity testing has been completed.

https://www.youtube.com/watch?v=MAJG_yWFW_Y&ab_channel=ViveHealth

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