Student Guidelines for Care Plan Development

Your pain management plan should adopt a patient-centred, comprehensive, team-oriented/ collaborative approach. The care plan should be accurate, evidence-based, comprehensive, realistic, and practical. It should document information about pain assessment and management, including appropriate medication(s) and other strategies that address physical, spiritual, psychological, social, socioeconomic, and/or cultural issues as appropriate.

The care plan should capture/illustrate the following:

- Clear goals that are relevant to patient and family needs
- A comprehensive approach to address patient and family needs (e.g., consideration of psychosocial needs)
- Evidence of interprofessional collaboration
- Multidisciplinary assessment (i.e., input from all professions)
- A coordinated management plan, including a variety of strategies
- Clear monitoring parameters and follow-up strategies

The format of the care plan is flexible and should indicate how the team will **collaborate** on the identified **patient-centred goals**. Subheadings/sections can be helpful in organizing the plan.

Care Plan Guidelines for Students

Please present your care plan ensuring that the following components are included. There should be evidence that the care plan is:

- Patient- and family-centred: Goals should be clear and based on interprofessional assessment
- Interprofessional: Have clinicians representing different professional backgrounds been represented? Is there evidence of a shared plan of care or are all the professions working independently?
- Psychosocial determinants: Are there considerations of how inclusion, equity and diversity factors affect your care plan?

Feel free to be creative in your presentation! You may wish to prepare a dialogue that demonstrates your team's thought process. Other important elements to include are:

Case Presentation

- Medical History
- Current & Past Medications/Treatments
- Pain History and Assessment
- Pain Features
- Symptoms
- Whole Person Considerations: Activity and Participation
    - Work/school, home, family routine, leisure, mobility, ADLs, sleep

    - Self: (role interference, mood, self-image, perceived coping, age/development, culture/ethnic/religious background)
    - Relationships: roles, support, sexual relationships
- Relevant Past Pain Experience (childhood, family members, past success)
- Relevant Physical Exam Findings

Management Plan

- Physical
- Pharmacological
- Psychological/emotional
- Other factors affecting care plan:
    - Social/socioeconomic
    - Cultural
    - Spiritual
- Educational component for patient and family about pain management
- Plans to prevent further pain and disability

Follow-up and Monitoring

THE CASE OF CAM FLORES (TEAM C)

<u>WHO</u>:

Cam Flores (he/him) is a 47-year-old transgender man. He was assigned female sex at birth. He is right-handed and has persistent pain following a slip and fall accident in February 2020. Initially, pain developed in his head and low back but over time the pain spread from the left side of his head to several body areas including, shoulder girdle area, and hips bilaterally. Over the last 30 days, he has bilateral pain in the jaw. He notes a persistent level of fatigue, that his sleep is restless, and he still feels tired in the morning. He was recently diagnosed with fibromyalgia. Cam lives in Toronto with his son. He completed 8 weeks of physiotherapy after the injury, then stopped because of worsening pain.

<u>PATIENT HISTORY</u>

BACKGROUND HISTORY:

- Cam recalls bringing a box of files to the storage room at work when he slipped on something and fell down a few steps, in 2020. When this occurred, he recalls sliding down a few steps on his buttocks hitting his lower back along the way. The left side of his head also hit the side of a wall.
- He was conscious after the accident, came away with some minor bruises, and on follow-up, has good memory of the events. He recalls it being a traumatic event and

being upset at his workplace for not making the stairs safer. He tried to return to work six weeks after the incident. He was unable to handle work even on a part time schedule and subsequently had to take another leave.

PAST MEDICAL HISTORY

- Recent fibromyalgia diagnosis.
- Irritable bowel syndrome diagnosed (1 year ago)
- Gastroesophageal reflux disease (GERD)
- Chronic headaches
- Chronic low back pain
- Depression and anxiety. He consults with a psychiatrist once a month.
- Hypertension well controlled
- No surgeries to date.

PREVIOUS INVESTIGATIONS:

- MRI lumbar spine 2020- normal age-related degeneration
- Electromyography (EMG) conduction study of the upper and lower extremities 2020- normal
- Ultrasound doppler study of right lower extremities 2019 - no DVT
- Arterial doppler right upper extremities 2020- normal
- CT head 2018 - no intracranial abnormalities
- Rheumatological and endocrinological blood work 2021 - unremarkable

PSYCHOSOCIAL/FAMILY HISTORY:

- Cam is a single father of a 10-year-old son. At the time of the fall, Cam and his son resided in a rental apartment. Cam's health conditions have been a huge stress, he and his son have moved in with his parents for support. His son has Attention Deficit Hyperactivity Disorder (ADHD). His parents live in a 2-story home and Cam’s bedroom is on the second level.
- Prior to his injury, he was working full-time as a bank teller and was active in supporting his son’s extra-learning needs. Cam is currently on long-term disability (through Ontario Disability Support Program) but is eager to return to work. Cam reports that he is unable to return to work due to pain and is concerned about the financial implications. His worker’s compensation benefits ran out 6 months after his fall and he reports that he is appealing to recoup lost income and potentially resume treatment through WSIB
- Since the fall, life has become increasingly difficult, and Cam feels resentful that this has happened. He has had to cancel outings with his friends because of his pain. He feels he can’t do many activities with his friends because that might make the pain worse. He feels that his friends do not understand his pain experience, and as a result he has lost contact with some of his friends.
- Cam is frustrated and does not understand why his pain feels like it is worsening. He has heard conflicting information about its cause and has said, “I can’t stop thinking about this pain”.

- He has recently stated that he believes that his treatment team is not taking his pain seriously because he is a transgendered man. He reports that one of the team members recently, misgendered him without apologizing.

- Cam's father is 75 and his mother is 70 years old. They enjoy being with their grandson and have taken on a significant portion of raising their grandchild. His parents are sympathetic with Cam's pain issues but they believe that Cam needs to push himself more and go out with his friends. They state that Cam has seemed isolated, withdrawn and sad since the injury.

SOCIAL DRUG HISTORY:

- Smokes half a pack a day over last 15 years
- Occasional cannabis use
- No alcohol consumption
- No illicit substances

MEDICATIONS

- Oxycodone (5 mg), with acetaminophen (325 mg), 2 tabs q4h PRN (he takes up to 6 tablets a day)
- Sertraline 200mg daily
- Lorazepam 1mg qhs
- Pregabalin 50mg qhs
- Magnesium 600mg BID
- Amlodipine 5mg daily

His medication costs are currently being covered through the Ontario Drug Benefit Program.

ALLERGIES:

- Sulfa (hives and rash)
- Lactose intolerance

PAST TREATMENT

He underwent physiotherapy (which included exercises, manual therapy, education, the application of TENs and ultrasound), chiropractic and massage therapy treatment to treat his initial injuries. He has not been able to resume any outpatient therapy due to financial limitations in paying for treatment and transportation to get his to treatment.

SUBJECTIVE CONCERNS

- **Reported pain symptoms include**:
    - Generalized pain:

        - Muscular aches, pain and fatigue bilaterally in shoulders, hips, neck, and low back
        - Intensity 7/10 most of the time despite medications. This pain has worsened gradually since the accident.
        - He describes his pain as deep aching but sometimes has a burning quality.
        - It does not tend to radiate. He does not typically have numbness or tingling
        - He hurts all of the time but the intensity waxes and wanes. Pain is worse when he is tired or stressed.
        - If he has a good day, he overdoes the activity and then has more pain and fatigue the next day
        - Pain/cramps in abdomen
    - Headaches:
        - He has headaches about once a week, each headache can last between 1-2 days. They seem to be worse when he is tired or has "too much going on"
    - Jaw pain:
        - He reports dull pain in the jaws (rated mostly 4/10) in the last 30 days. It comes on for no apparent reason, but it is worse when he opens the mouth wide or chews tough foods.
        - Cam reports to clench his teeth during the day very frequently.
        - His neck and jaw always "feel tight".
        - He has trouble opening his mouth wide and has difficulty chewing meat and biting foods like apples – so avoids foods that are not soft

- **Other symptoms:**
    - Sun sensitivities
    - Increased frequency of urination and bladder spasms
    - Constipation
    - Fatigue, insomnia. He has significant difficulty sleeping, he wakes frequently in the night and has difficulty falling back to sleep. He does not feel rested in the morning.
    - He also finds that he often suffers from a 'brain fog'. He finds it difficult to concentrate and frequently forgets things such as appointments and finds that he is often late. He reports that he has a very poor memory

PHYSICAL EXAMINATION

Mr. Flores was a pleasant co-operative man in no acute distress. He was neatly groomed and dressed. He looked tired and yawned frequently. His gait was normal and he was able to sit comfortably in a chair during the history taking. He did not appear to be suffering from any significant disorder of thought. His affect was flat. BP was 135/88, pulse 88 regular. BMI 30. Cranial nerves were grossly normal. Active range of motion of his upper and lower extremities and axial skeleton were functional, however he reported pain with all movements. Strength was normal aside from some reduction in his legs owing to pain. Although he had widespread complaint of joint pain there was no redness, temperature change or swelling. Sensory examination was normal aside from a general increased sensitivity to light pressure palpation in

all the affected areas. There were multiple trigger points in his upper neck, bilateral shoulders, lower back and trapezius.

JAW AND DENTAL ASSESSMENT:

Cam reported to have had pain in both left and right masseters in the last 30 days. Overjet is 1 mm, overbite is 5 mm (90%). Opening pattern is straight. Pain free opening is 32 mm. Maximum unassisted opening is 38 mm. Maximum assisted opening is 41 mm (with pain in both the masseters). Protrusion is 6 mm, lateral movements are 5 mm (right) and 6 (left). Protrusion and lateral movement are not painful. Click is present in the right temporomandibular joint (TMJ) on opening (not painful). Cam says that he heard this click a few times in the last month. Patient never reported joint locking. Palpation (1 Kg) is positive at the right and left masseter. Palpation of the TMJ at the lateral pole (0.5 Kg) is not painful. Palpation around the lateral pole (1 Kg) is painful.

CURRENT STATUS / ACTIVITIES OF DAILY LIVING:

- Cam can complete the majority of his self-care activities independently, but has difficulty donning/doffing his socks and shoes, and completing toenail care.
- He has not returned to cleaning, cooking and grocery shopping and these activities are now completed by his parents.
- Prior to the fall, Cam enjoyed recreational swimming and going on walks with his son. He enjoyed socializing with his friends. Subsequent to the fall, Cam is very sedentary and spends the majority of the day in bed or on the couch as any activity more than 10 minutes aggravates his pain.
- He has gained 10 pounds in the last year which he attributes to inactivity and his chewing problems restricting his diet choices.
- Cam also noted that he experiences hypervigilance during community outings and has said, “I am so scared I will fall again”. He reported that he prefers to stay home during inclement weather conditions.
- While Cam has returned to stair climbing, he limits his stair climbing at home and in the community due to his fear of falling and re-injuring himself.
- Cam reported that he now has difficulty assisting his son with his extra-learning needs due to pain, fatigue and poor memory.

PLAN:

You are a member of the team at the University of Toronto ambulatory Pain Clinic responsible for Cam’s care plan. You have met with Cam and family for an initial assessment of his pain conditions and are now going to discuss with the team to organize a plan to manage Cam’s fibromyalgia and related pains. When telling Cam that you will be meeting with him regarding his plan, he says *“my whole body hurts all the time, I am tired of my life revolving around my pain. How can you help me find something to stop this pain?”*

References for Case C: Cam D'Flores (Fibromyalgia)

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