

Dear Omega **“Rewire Your Brain to Alleviate Pain”** participant,

We are looking forward to teaching you methods that will enable you to stimulate your brain to grow new neurological pathways that create “detours” around your pain pathways. As your nervous system shifts into these alternate circuits the pain pathways become less active resulting in much less or no pain. With full engagement the results are consistent. We would like to provide you with these questions to enable to look at your pain now and then re-answer these questions in a year to see how far you have come. This information will not be shared or used to make any treatment decisions. The questions apply how your overall pain limits you regardless of where it is or how many parts of your body are affected.

Please read the questions carefully and return your completed form by:

Mail:

Omega Institute for Holistic Studies
Attn: Registration Dept
150 Lake Drive
Rhinebeck, NY 12572

Or scan and email:
classapplications@eOmega.org

Personal Information:

Your Name: _____

Preferred email: _____

Phone number: _____

Mailing address:

How did you learn about this workshop?

Please list your three worst areas/types of chronic pain:

1) _____

2) _____

3) _____

How long has it significantly affected your quality of life? _____

What is the impact of chronic pain on the quality of your life over the last year?

0 1 2 3 4 5 6 7 8 9 10
No effect Moderate Extreme impact

Your Pain Profile

Pain Severity

1. If 10 is the worst pain imaginable, and 0 is no pain, please note your pain over the last TWO WEEKS:

a) Please range your WORST pain.

0 1 2 3 4 5 6 7 8 9 10

b) Please rate your LEAST pain.

0 1 2 3 4 5 6 7 8 9 10

c) Please rate your overall or AVERAGE pain.

0 1 2 3 4 5 6 7 8 9 10

2. Over the last month, how many days per week have you had your usual pain?

0 1 2 3 4 5 6 7

Function

- **Pain intensity** (mark only one)

I can tolerate the pain I have without having to use pain killers
The pain is bad but I manage without taking painkillers
Painkillers give complete relief from pain
Painkillers give moderate relief from pain
Painkillers give very little relief from pain
Painkillers have no effect on the pain, I do not use them

- **Personal Care (washing, dressing, etc.)** (Mark only one)

I can look after myself normally without it causing extra pain.
I can look after myself normally but it causes extra pain
It is painful to look after myself and I am slow and careful
I need some help but manage most of my personal care
I need some help everyday in most aspects of self-care.
I do not get dressed, wash with difficulty, and stay in bed

- **Lifting** (mark only one)

I can lift heavy weights without extra pain
I can lift heavy weights but it gives me extra pain
Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table)
Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned

I can lift only very light weights
I cannot lift or carry anything at all

- **Walking** (mark only one)

Pain does not prevent me from walking any distance
Pain prevents me walking more than 1 mile
Pain prevents me walking more than ½ mile
Pain prevents me walking more than ¼ mile
I can only walk using a stick or crutches
I am in bed most of the time and have to crawl to the toilet

- **Sitting** (mark only one)

I can sit in any chair as long as I like
I can only sit in my favorite chair as long as I like
Pain prevents me from sitting more than one hour
Pain prevents me from sitting more than thirty minutes
Pain prevents me from sitting more than ten minutes
Pain prevents me from sitting at all

- **Standing** (mark only one)

I can stand as long as I want without extra pain
I can stand as long as I want but it causes extra pain
Pain prevents me from standing more than one hour
Pain prevents me from standing more than thirty minutes
Pain prevents me from standing more than ten minutes
Pain prevents me from standing at all

- **Sleeping** (mark only one)

Pain does not prevent me from sleeping well
I can sleep well only by using tablets
Even when I take tablets I have less than six hours of sleep
Even when I take tablets I have less than four hours of sleep
Even when I take tablets I have less than two hours of sleep
Pain prevents me from sleeping at all

- **Employment/Homemaking** (mark only one)

My normal homemaking/job activities do not cause pain
My normal homemaking/job activities increase my pain, but I can still perform all that is required of me
I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g., lifting, vacuuming)
Pain prevents me from doing anything but light duties
Pain prevents me from doing even light duties
Pain prevents me from performing any job or homemaking chores

- **Social Life** (mark only one)

My social life is normal and gives me no extra pain
My social life is normal but increases the degree of pain
Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing, etc.)
Pain has restricted my social life and I do not go out as often
Pain has restricted my social life to home
I have no social life because of pain

• **Traveling** (mark only one)

- I can travel anywhere without extra pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys less than one hour
- Pain restricts me to short journeys less than thirty minutes
- Pain prevents me from traveling except to the doctor or hospital

Sleep:

Have you had any of these sleep problems at least half the days of the past month?

- Trouble falling asleep when you first go to bed
Yes No
- Waking up during the night and not easily going back to sleep
Yes No
- Waking up in the morning earlier than planned or desired
Yes No
- Feeling unsatisfied or not rested by your night's sleep
Yes No
- Feeling excessively sleepy during the day (does not include regular naps)
Yes No

How many hours per night do you sleep currently, on average? _____

Did your sleep problems exist prior to your current pain problem? Yes No No sleep problems now

Mood:

*These questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give one answer that comes closest to the way you have been feeling.*

Do you feel you might be depressed or overly anxious? Yes No

Circle the appropriate number to indicate the extent of the problem you are having with each of the following:

	NONE										SEVERE
Anxiety	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10
Irritability	0	1	2	3	4	5	6	7	8	9	10

Occupational History:

Employer: _____

Occupation: _____

Briefly describe your job:

1. How physically demanding is your job?

Very heavy (frequently lifting over 50 pounds)	Light (frequently lifting under 10 pounds)
Heavy (frequently lifting 25-50 pounds)	Sedentary (essentially no lifting)

Moderate (frequently lifting 10- 25 pounds)	
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2. How satisfied are/were you with your job?

Very satisfied Satisfied Dissatisfied Worst job I've ever had N/A

Pre-workshop Homework:

1) Read:

- a) *Back in Control: A Spine Surgeon's Roadmap Out of Chronic Pain*, by David Hanscom
- b) *Forgive for Good* by Fred Luskin

2) Writing:

Pain pathways are permanent. The harder you try to get rid of them the less success you will have. It is similar to trying to unlearn riding a bicycle. The basic principle of this seminar is creating new neurological pathways around your old circuits. There are three parts to it: 1) awareness 2) detachment 3) reprogramming. This sequence is critical. The seminar will be focused on step 3 – reprogramming. One of the most effective re-programming tools is play in almost any form.

We are asking you to engage in steps one and two prior to coming to the seminar. The most effective way is actively engaging in the writing exercises described on the website, www.back-in-control.com. On the bottom of the home page under “Getting Started” you will notice #4 – “Start Writing”. You cannot control your thoughts but you can separate from them. <http://www.drdavidhanscom.com/5-stages/stage-1-address-anxiety/stage-1-second-step/>

We are asking you to begin the process of writing down your negative thoughts and instantly destroy them. You are becoming aware of the disruptive thoughts and detaching from them in form of the space between you and the paper. This space is connected with vision and feel. You have begun to form new pathways. Your healing will begin with this step.

The writing exercise is the foundation of the process. It is not quite as easy as you might think. Every patient initially resists this step. He or she cannot believe that they have these thoughts in their head. They are just thoughts. However, within two to four weeks after engaging in this step most people will sense a perceptible shift in their consciousness.

If you cannot get yourself to engage in this step then you should re-think attending this seminar. You are not ready for it at this time. There is no way around the permanency of the pain pathways and this exercise is critical.

3) Do You Have Mind Body Syndrome?

Dr. Howard Schubiner is a friend of mine who is a pain specialist practicing in Detroit who has tremendous expertise in the Mind Body Syndrome. He wrote a book, “Unlearn Your Pain”. In his chapter 5 he gives the following list of MBS symptoms. You will find it enlightening to systematically go through his list and see how many you are dealing with. Every human being has several of these problems.

Mind Body Syndrome Self-Diagnosis by Dr. Schubiner

To figure out if you have MBS and what issues in your life may have contributed to this disorder, take the time to complete the work sheets below. They will help you understand yourself better, and this understanding is the key to ridding yourself of your pain. This section is based upon the detailed interview I use with my patients.

STEP 1: SYMPTOMS

The following list of symptoms and diagnoses are likely to be caused by MBS (though some of them can also be caused by other medical conditions that can be easily ruled out by your physician). The more of these you have had during your lifetime, the more likely it is that you have MBS. People with several of these conditions have usually seen many doctors and been given multiple diagnoses, but their doctors have not considered MBS. This is because biotechnological medical practice tends to look at each body system in isolation. You may have seen a neurologist, orthopedic surgeon or neurosurgeon, gastroenterologist, rheumatologist, or others. But no one is looking at the whole person. MBS occurs in people, not in body parts, and we can only understand it by evaluating the whole person, the mind, and the body.

It is very common for MBS symptoms to start in childhood or adolescence. Many people develop headaches, stomachaches, dizziness, fatigue, anxiety, or other symptoms while they are young and then later in life develop back or neck pain, fibromyalgia, irritable bowel syndrome, or other conditions.

CHECK EACH ITEM ON THIS LIST and write down at what age you were when each set of symptoms first appeared in your life.

Date of onset:

1. Heartburn, acid reflux _____
2. Abdominal pains _____
3. Irritable bowel syndrome _____
4. Tension headaches _____
5. Migraine headaches _____
6. Unexplained rashes _____
7. Anxiety and/or panic attacks _____
8. Depression _____
9. Obsessive-compulsive thought patterns _____
10. Eating disorders _____
11. Insomnia or trouble sleeping _____
12. Fibromyalgia _____
13. Back pain _____
14. Neck pain _____
15. Shoulder pain _____
16. Repetitive stress injury _____
17. Carpal tunnel syndrome _____
18. Reflex sympathetic dystrophy (RSD) _____
19. Temporomandibular joint syndrome (TMJ) _____
20. Chronic tendonitis _____
21. Facial pain _____
22. Numbness, tingling sensations _____
23. Fatigue or chronic fatigue syndrome _____
24. Palpitations _____
25. Chest pain _____

26. Hyperventilation _____
27. Interstitial cystitis/spastic bladder (irritable bladder syndrome) _____
28. Pelvic pain _____
29. Muscle tenderness _____
30. Postural orthostatic tachycardia syndrome (POTS) _____
31. Tinnitus _____
32. Dizziness _____
33. PTSD _____

We will be curious to know how many of these symptoms have resolved by the time you attend the seminar. With full engagement with “Back in Control: A Spine Surgeon’s Roadmap Out of Chronic Pain” and the website, www.back-in-control.com many of you will have already experienced significant relief, as this is a self-directed process.

Your Perspective on the Workshop

What do you think your chances are of getting rid of your chronic pain within the next 12 months?

0	1	2	3	4	5	6	7	8	9	10
No		chance			Hopeful				Optimistic	

In addition to getting rid of your chronic pain what other benefits would you like to receive from this week?

How open are you to learning new treatment concepts based on the Mind Body Syndrome principles (MBS)?

0	1	2	3	4	5	6	7	8	9	10
cynical			somewhat open					enthusiastic		

Do you have particular talents or areas of expertise such as music, art, performance, dance, story telling, etc.?

- 1) _____
- 2) _____
- 3) _____

Are there any of the above that you would like to share with the group during the week? We will only ask if you are open. We will not twist your arm. You also don’t have to be a professional. If you have an instrument you play that it is easy to carry we would encourage you to bring it.

- 1) _____
- 2) _____

3) _____

Is there anything that else that you would like us to know about you?

We have enjoyed witnessing how quickly can share and take their lives back. The week also has a significant impact on the faculty. We are looking forward to meeting you.

To a rich and full life,

David Hanscom, M.D.

Fred Luskin, PhD

Babs Yohai