Pain education is required for all physiotherapists

I applaud Jones and Hush (2011) for their Editorial in the December issue of *Journal of Physiotherapy*. Raising the profile of pain education is crucial as it enables ongoing advancement of our profession in many different ways. First, as the Editorial points out, it behoves all clinicians to have both a good grounding in basic science as well as the means to apply it to clinical practice. Second, it should give us a better understanding of our patients and their needs. Third, these benefits will help to give us a competitive advantage in the health-care marketplace.

Jones and Hush (2011) highlight the undoubted importance of undergraduate (including graduate-entry) physiotherapy programs. However, it is also important that postgraduate education reflects the same aims. Speaking personally, a postgraduate degree in Pain Management has revolutionised the way I treat all patients.

There is a common misconception that the pain sciences, or indeed a pain management approach, are only for those involved in treatment of chronic pain sufferers. Nothing could be further from the truth. The biopsychosocial model of pain has been championed in recent years. This model enables clinicians (either as an individual or in a multidisciplinary team) to perform a formulation of any person who is experiencing pain. A formulation examines all three domains of a person in pain (the biological body processes, the psychological background and response, and the environment in which the person lives) and suggests how those domains inter-relate to lead to the outcome of the experience of pain. It is not that physiotherapists have all the skills in each of these areas. However, such an approach enables us to accept that there may be lots of contributors to the pain being experienced by that person in front of us. Such a process of formulation is almost intuitive in chronic pain due to the frequency of significant psychological and social concomitants to the pain. However, a similar diagnostic process is also essential in all acute situations, as it is common for there to be issues such as belief structures, anxiety, family or work situations, that impact on the experience of pain. Failure to identify these factors will lead to us not doing as good a job as we might.

Since JJ Bonica first championed the multidisciplinary environment in assessing and treating people with chronic pain, the unique contribution of different professions to the understanding of pain treatment has grown. Jones and Hush (2011) emphasise this multidisciplinary aspect of pain education. Clinicians from other disciplines have so much to offer to help us understand more fully the complexity of pain. Few courses offer an opportunity to actually learn with and from each other. The formal postgraduate study program with which I am involved (the postgraduate degree program in Pain Management, Sydney Medical School, The University of Sydney) is one of the few that provide such an environment.

I would encourage all physiotherapists to brush up on their pain science, both basic and clinical, as well as training clinicians of the future.

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Reference