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|  | **Acute Pain** | **Chronic Pain** |
| **Examples** | Cuts, Burns, Fractures, Child Birth, Surgery Recovery, Occasional Headaches | Sciatica, Low Back Pain, Daily Knee Pain, Fibromyalgia, Neuropathies, IBS, Arthritis, Bursitis, Frequent Migraines/Headaches (+8-15/mo) |
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| **Duration** | <3 Months (usually under 6 weeks) | >3 Months (updated from 6 months) |
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| **Prevalence** | 100% | 15-30% of population in year; 50-100 million in US  17.6% of population has severe chronic pain |
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| **Function** | Warns of tissue damage  ‘Do not use that- it is injured’ | Tissue is deconditioned- ‘Use it more, wisely’ |
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| **Medical Process** | Clear Dx, Tx, Px | Unclear Dx, Tx, Px; often exclusionary/”trash-can” Dxs;  Ex. MRIs show evidence of DDD in +50% of 40-yr olds and +90% 60 yr olds |
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| **Role of Medication** | Medications helpful  Opiates great for suppressing suffering *for weeks* | Medications can be helpful, but are more complex  Iatrogenesis/Opiate-induced hyperalgesia common  Long acting meds, Anti-inflammatories, etc |
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| **Patient Role** | Passive | Must become active, well-informed |
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| **How Healing Occurs** | Rest and Time | Adequate balance of rest and activity, with exposure-response prevention |
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| **Visibility** | Often Visible | Often invisible |
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| **Social Scripts** | Easy | Complex |
| **Role of Social Support** | Increases | Variable; Isolation Very Common  Peripheral support dwindles  Proximal support increases, may be in coregulation with patient |
| **Mental Health** | Time-limited, most people can have resilience | Increasingly central to pain management/perception  Part of deconditioning loop; Pain phobia can play central role |