

Raising pain awareness – A Public health Approach



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Community Pain Champion for the Flippin' Pain Campaign
Co-lead of the PETAL collaboration



St. Saran's & St. Joseph's Ferbane Junior Player of the year 1995





Declaration / Conflicts of Interest

- I am a named inventor of an automated sensorimotor training device that could be used for the management of persistent pain
- I am leased out by **Teesside University** to be a Community Pain Champion for the Flippin' Pain - a public health campaign run by **CORA HEALTH™**

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ME



footsteps
to change

Live Well with Pain Conference 2026

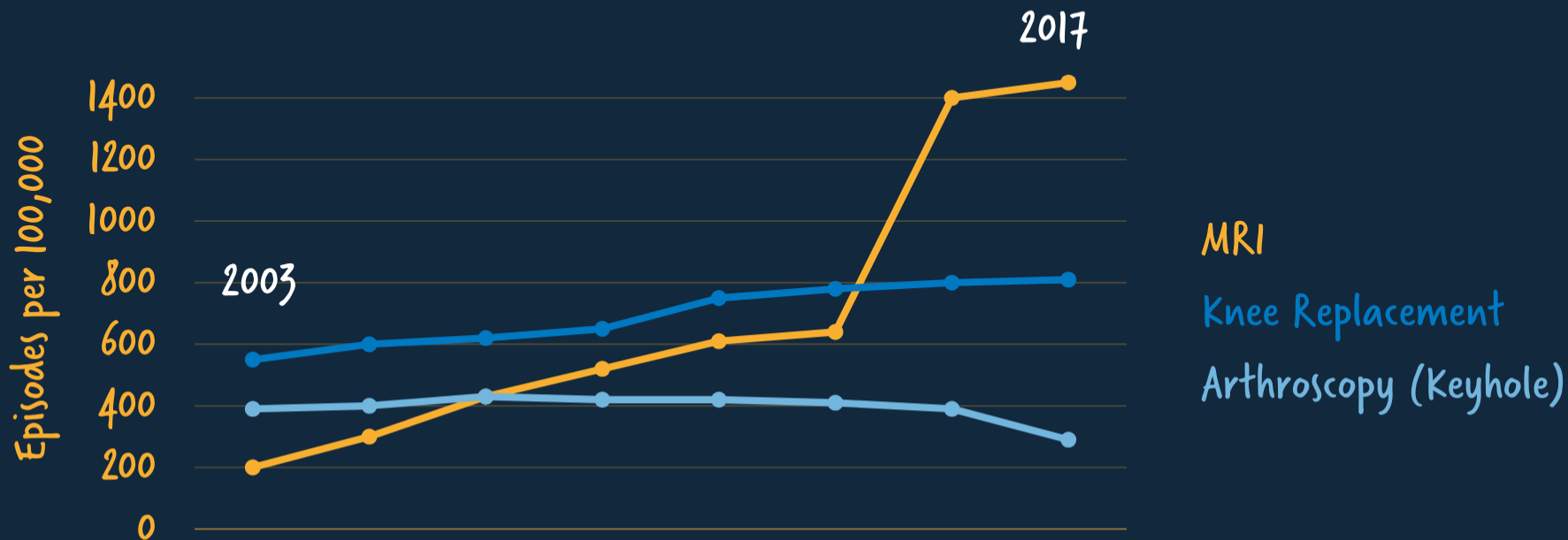


footsteps
to change

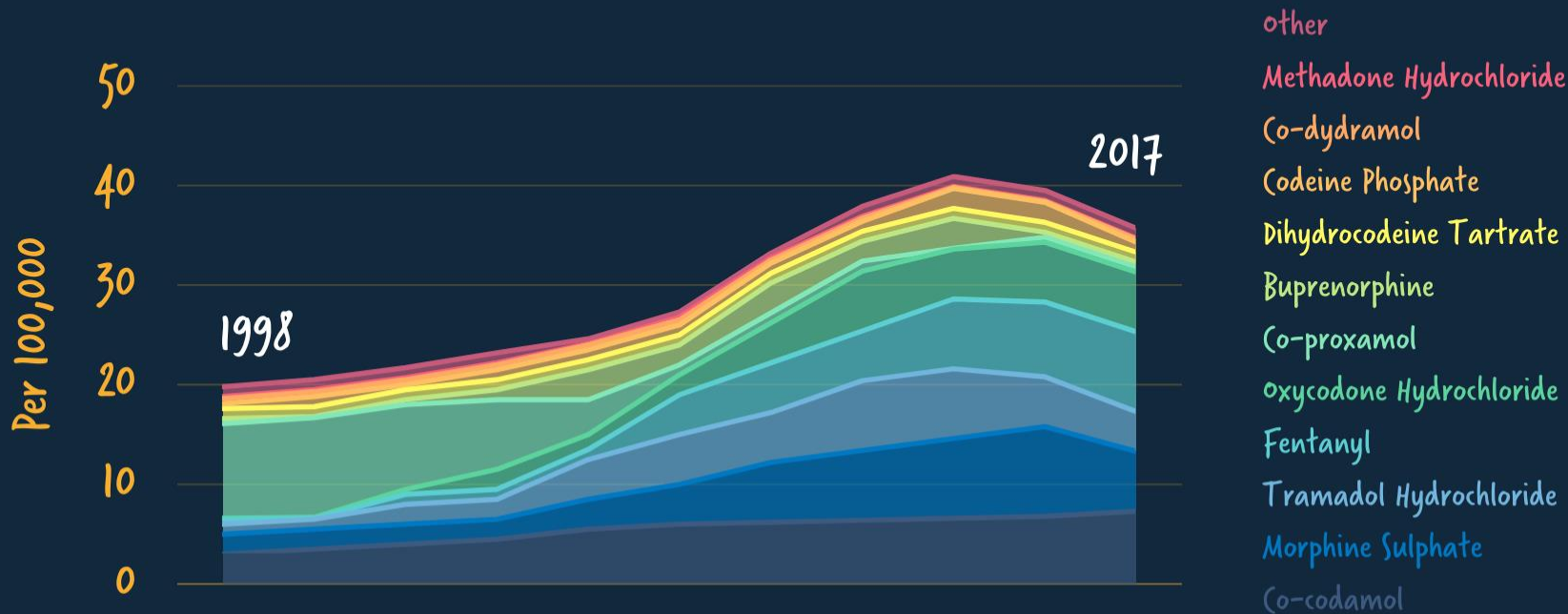
Live Well with Pain Conference 2026



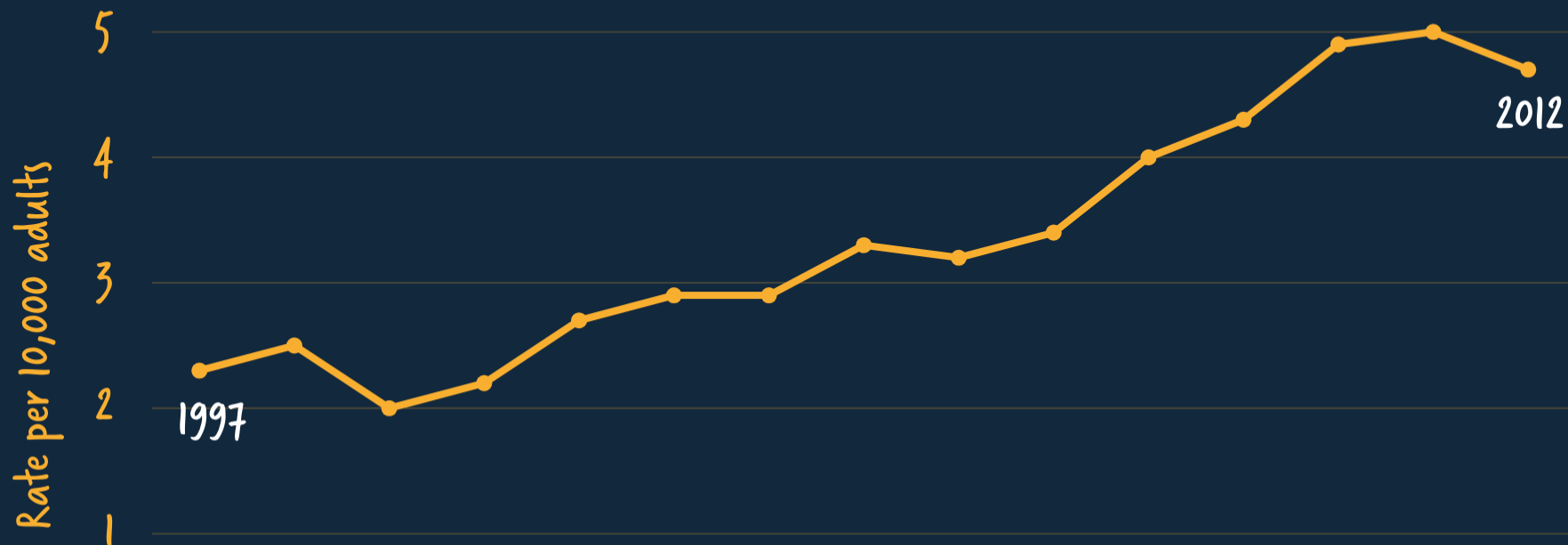
Increased scanning



Increased medication use

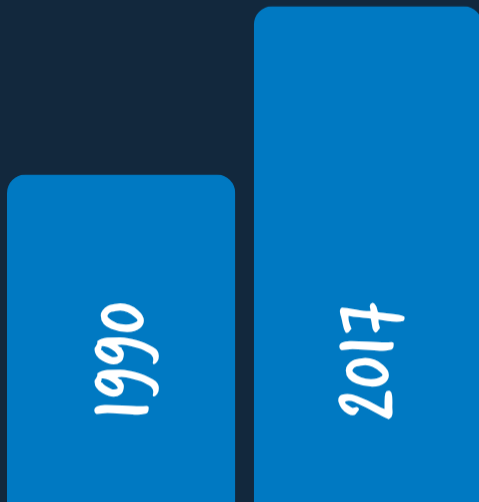


Increased surgery



Things aren't improving!

Years lived with
disability



Prevalence of lower
back pain

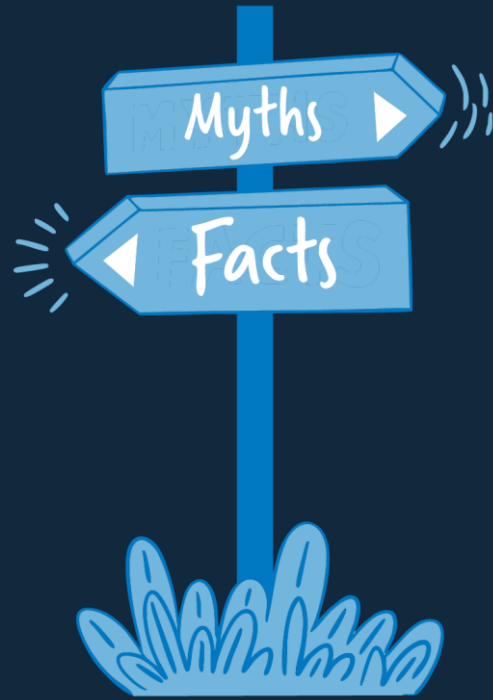




- Pain only occurs when you are injured
- The greater the injury, the greater the pain will be
- Persistent pain always means the injury has not healed

Best treatments make no sense







Low back pain: a call for action

*Rachelle Buchbinder, Maurits van Tulder, Birgitta Öberg, Lucíola Menezes Costa, Anthony Woolf, Mark Schoene, Peter Croft, on behalf of the Lancet Low Back Pain Series Working Group**

“Develop interventions to address misconceptions about low back pain among health professionals, patients, the media, and the general public”

USASP

US ASSOCIATION FOR THE STUDY OF PAIN

PUBLISHED BY



ELSEVIER

The Journal of Pain, Vol xxx, No. xxx (xxxx), xxxx: pp xxx–xxx
Available online at www.jpain.org and www.sciencedirect.com

Review Article

We Are All in This Together—Whole of Community Pain Science Education Campaigns to Promote Better Management of Persistent Pain

Cormac G. Ryan,^{*,†} Emma L. Karran,^{*,‡} Sarah B. Wallwork,^{*,‡} Joshua W. Pate,^{*,§}
Mary O’Keeffe,^{*,¶} Brona M. Fullen,^{*,||} Nick Livadas,^{*,†} Niki Jones,^{*}
John W. Toumbourou,^{*,**} Peter Gilchrist,^{*,††} Paul A. Cameron,^{*,‡‡,§§}
Francis Fatoye,^{*,¶¶,|||} Deepak Ravindran,^{*,†,***} and G. Lorimer Moseley^{*,‡}

Misconceptions contribute to poor public understanding of persistent pain, which negatively impacts upon pain related critical health literacy, and are a considerable barrier to tackling the problem of persistent pain.

The Need: Pain misconceptions and poor pain related health literacy, non-evidence based care choices, and poor pain related outcomes

Target group: General public (pain and non-pain populations) and health & wellbeing professionals

The Aim: To create a world where peoples understanding of pain and approach to managing it is in keeping with contemporary scientific understanding

Activities

Community events and activities centred around Pain Science Education:

- multimedia resources
- public seminars (online & in-person)
- school events
- interactive brain bus
- local pain educator training
- community outreach cycling tour

Outputs

Engagement with campaign messages via the number of:

- event attendees
- people accessing resources
- social media followers
- mainstream media communications
- local pain educators
- endorsements

ST outcomes

- ↑ pain related health literacy
- ↑ awareness about persistent pain
- ↓ feeling of isolation in those with pain
- ↑ validation of pain
- ↓ pain stigma
- ↓ misconceptions
- ↓ pain related worry

LT outcomes

- expectations of care change
 - ↑ self-efficacy & coping
 - ↑ self-management
 - ↑ physical activity
 - ↑ (return to) work
 - more supportive social/work environments
 - better healthcare
- Utilisation including:
- ↓ opioids
 - ↓ surgery
 - ↓ imaging
 - ↓ A&E visits
 - ↓ hospitalisation
 - community support for policy, guideline, law reform

Impact

Whole communities adopt a new understanding of pain that leads to better health outcomes, better healthcare experience, and better use of healthcare resources. More people lead healthier lives

Resources: delivery (multidisciplinary) staff, communications team, interactive resources (illusions & virtual reality), IT support, arts & media team.

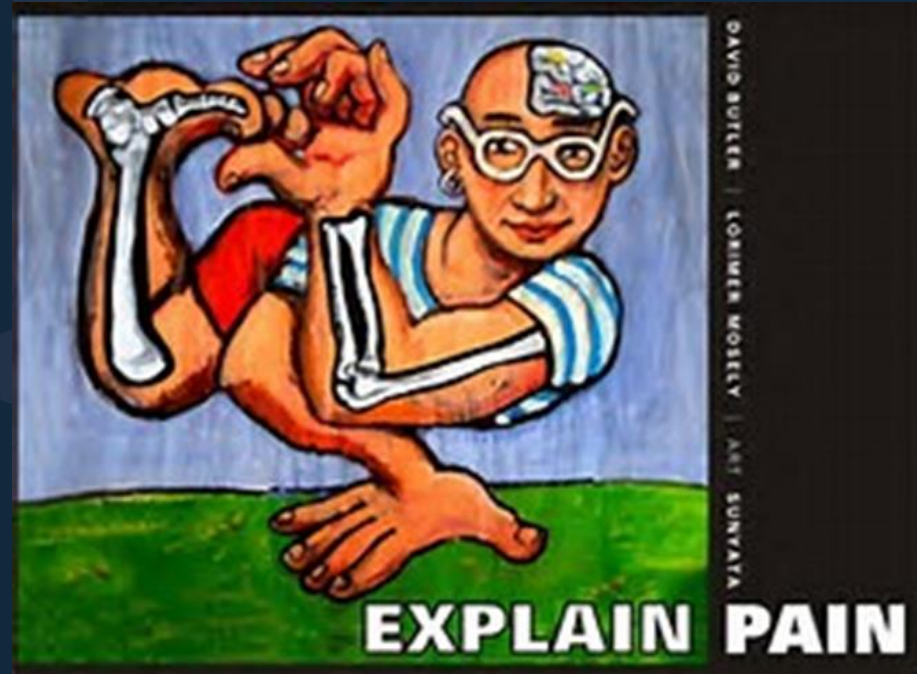
Pain Science – Public Health?



“to shift one’s conceptualisation of pain from that of a marker of tissue damage or pathology, to that of a perceived need to protect body tissue”

(Moseley and Butler, 2015)

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PSE is like learning a new language. But what's the point of speaking French if everyone around you is speaking German?

Professor Denis Martin

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<https://www.nytimes.com/2020/01/23/smarter-living/adults-guide-to-social-skills.html>





Pain Revolution



www.painrevolution.org



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Flippin' Pain



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Our key messages

Persistent pain is common and commonly misunderstood

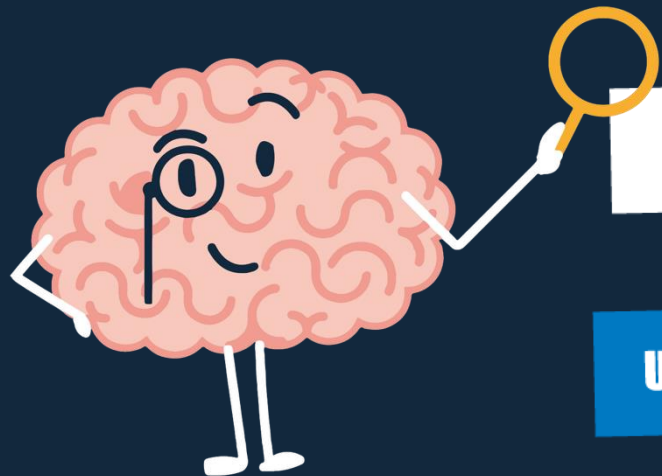
Hurt does not always mean harm

Everything matters when it comes to pain

Medicines and surgeries are often not the answer

Understanding your pain can be key

Recovery is possible



A movement changing the way we think about, talk about and treat chronic pain.







(Fisher J P et al. BMJ 1995;310:70)





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 **LACUNAE**
Man unaware of 12 cm knife stuck in head FREE


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Image: © R. Beau Lotto

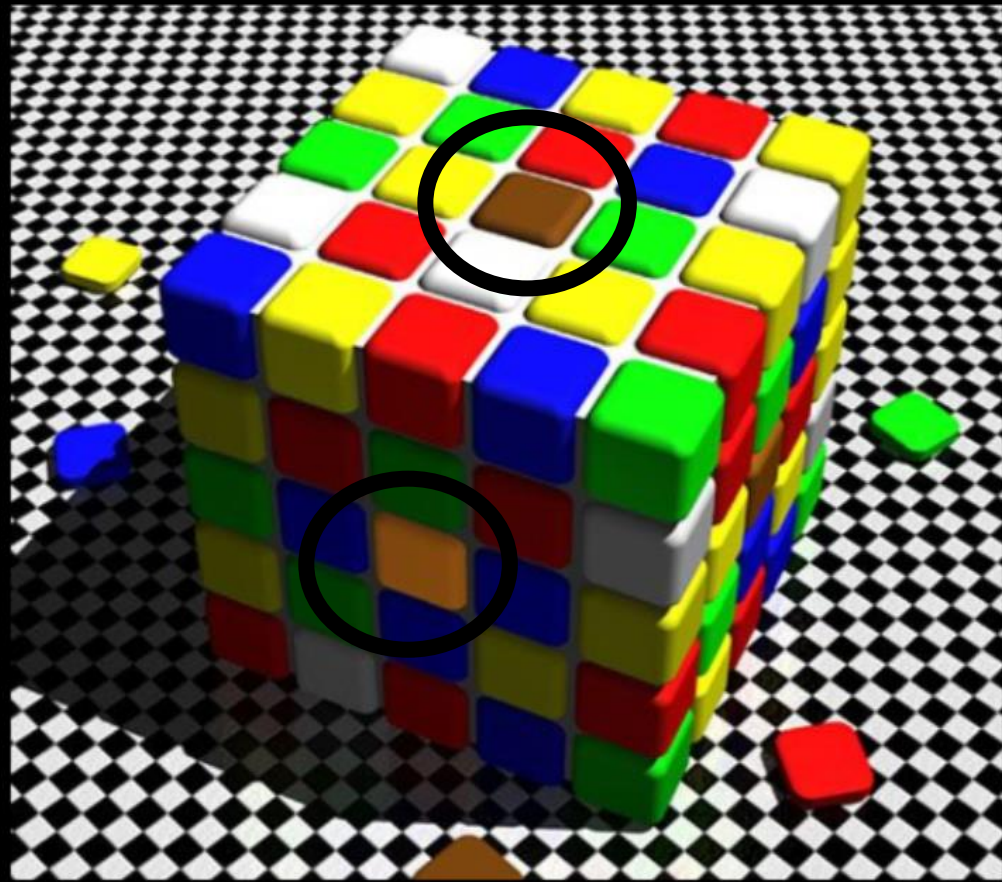
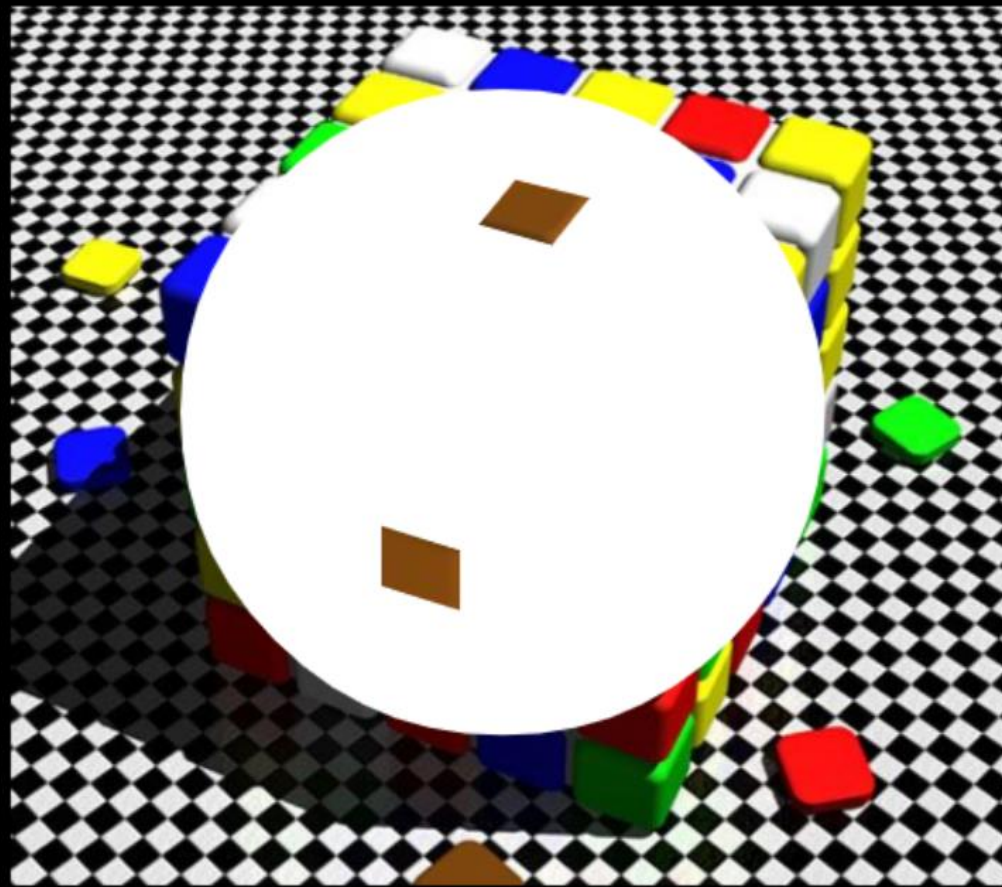


Image: © R. Beau Lotto



How does sight work?





Image: © R. Beau Lotto

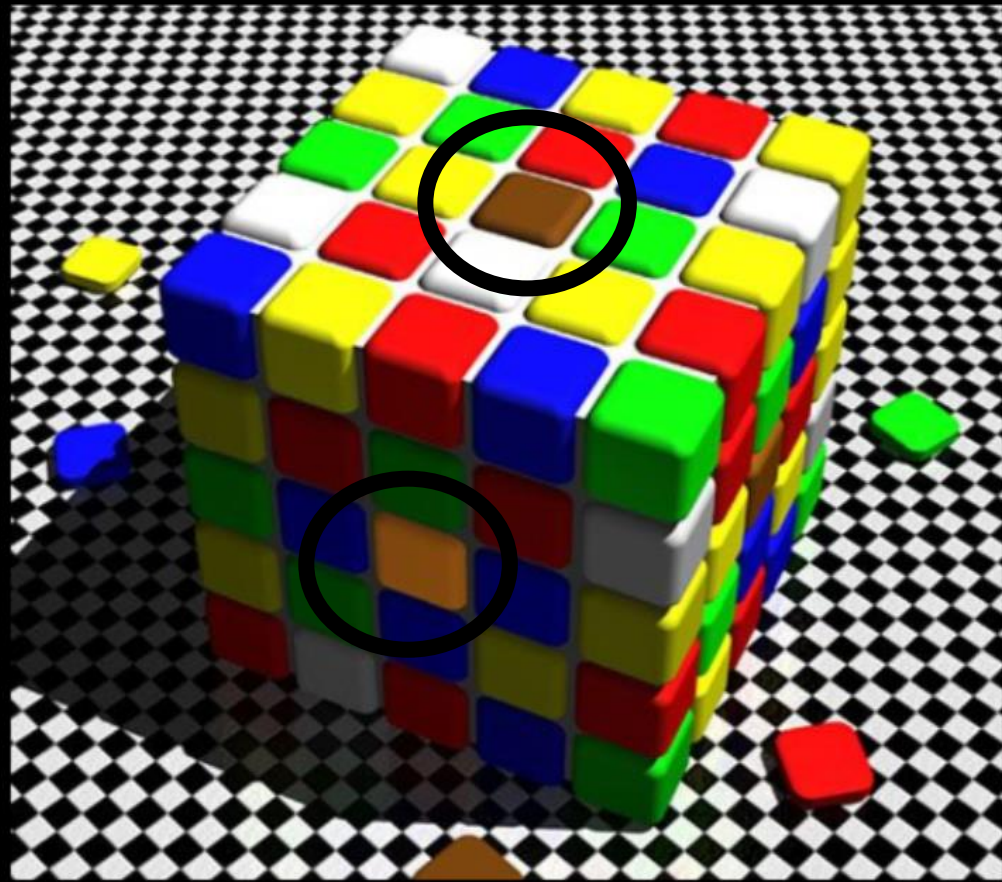
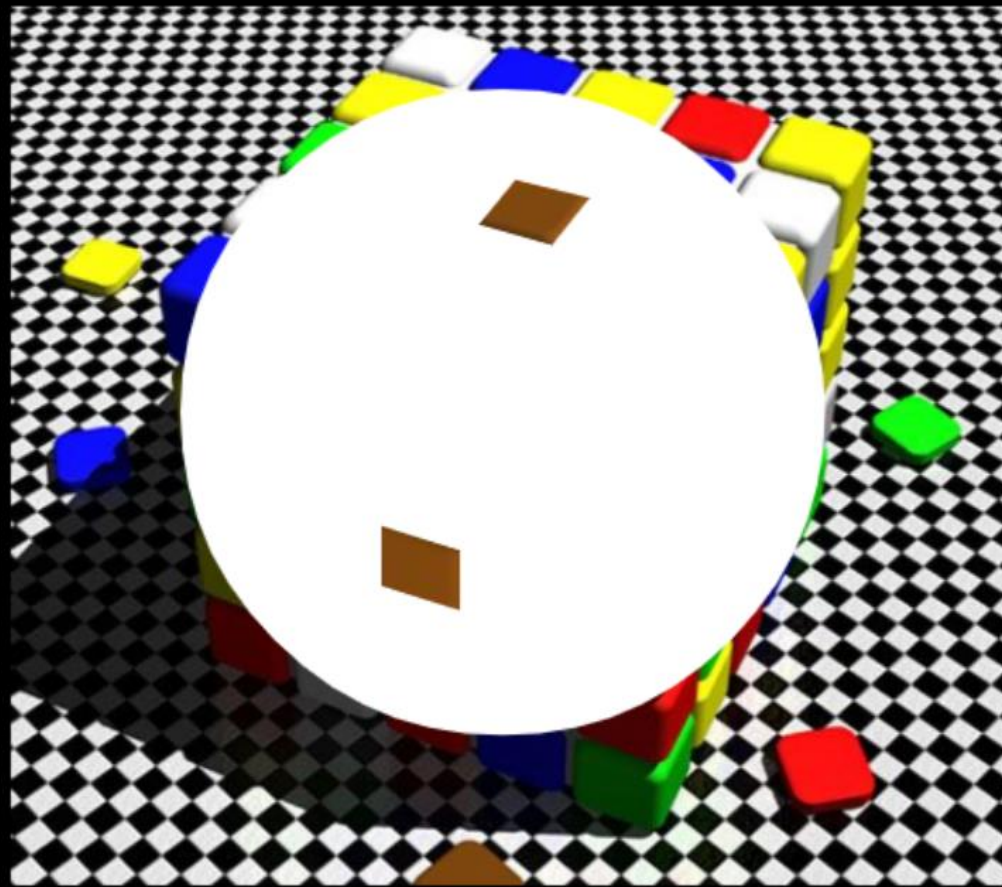
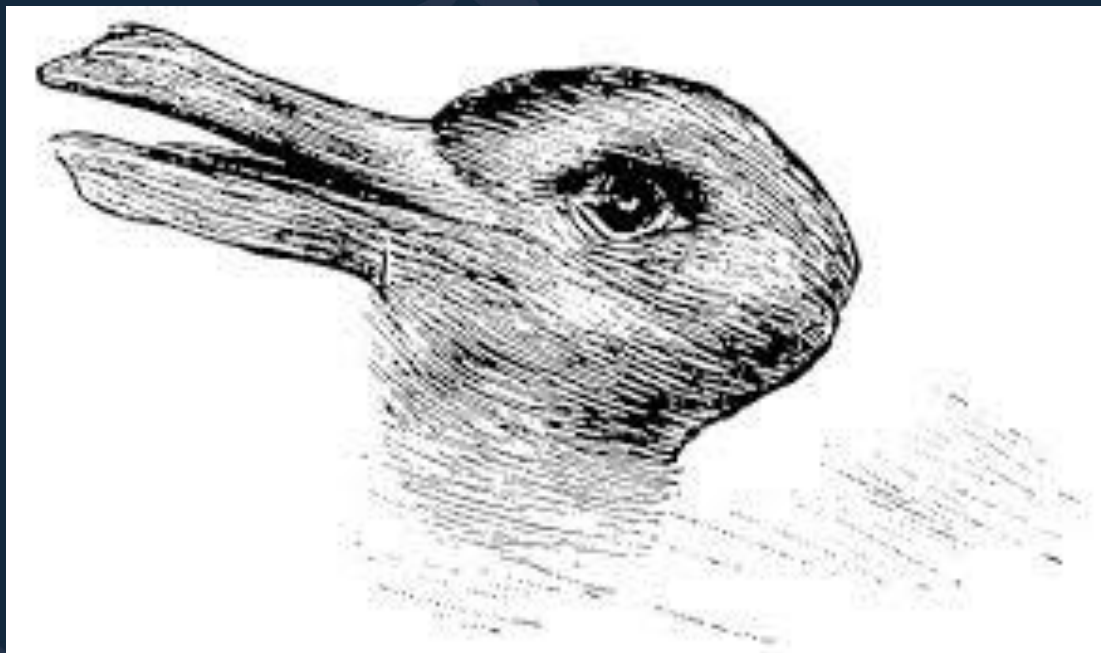


Image: © R. Beau Lotto





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Robson, D., 2022. *The expectation effect: How your mindset can change your world.* Henry Holt and Company.



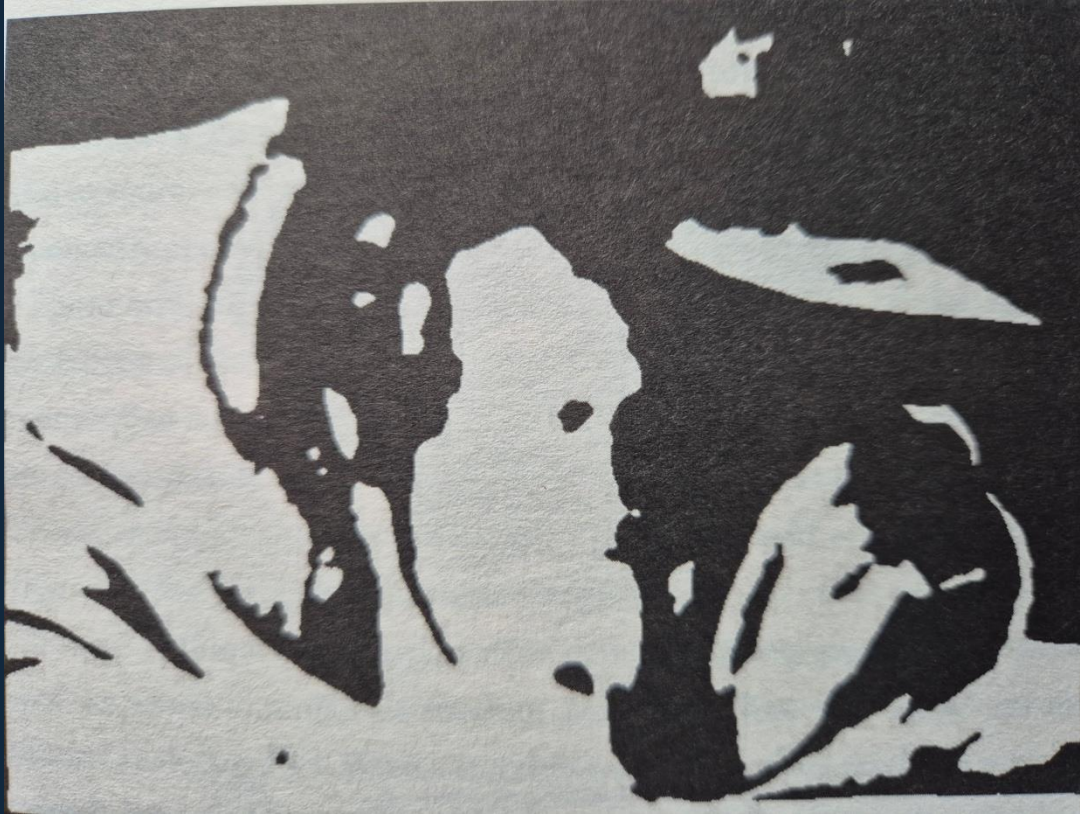
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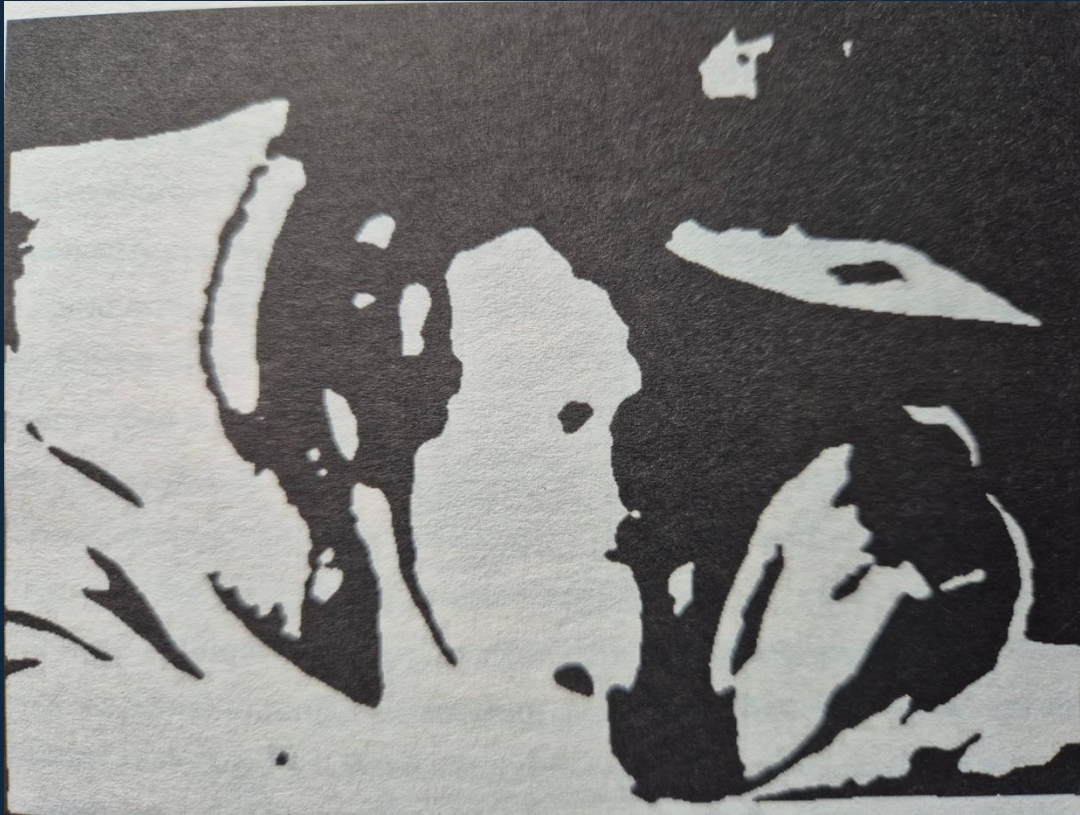
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**Our brain's department of
health and safety!**







Impact



Since 2019.....



12k

people have joined us 'live' for one of our events (online or in-person).

102k

people have visited the Flippin' Pain website and used our free resources.



86%

of people living with pain reduced their inaccurate biomedical beliefs, as well as 73% of professionals.



15k

have followed Flippin' Pain on social media.



310k

people have engaged with the campaign so far*.



19k

have signed up to the Flippin' Pain bimonthly newsletter.



73%

of those taking long-term opioids left an event open to reducing them.



11k

have listened to the Flippin' Pain formula, our free podcast series.



160k

people have watched our YouTube videos.



74%

of professionals left an event feeling always/mostly confident.



90%

of people with pain left saying they were likely to move more.



97%

would recommend our events! (NHS FFT)





Virtual Event feedback

The talk was delivered at just the right pace in an entertaining way with the perfect balance of information for health professional and general public





Virtual Event feedback

The talk was delivered at just the right pace in an entertaining way with the perfect balance of information for health professional and general public

The timing and informal approach worked really well to keep it accessible for everyone”



Teesside
University



Virtual Event feedback

The talk was delivered in a way that was just the right amount of formal and informal and the timing and informal

entirely appropriate. The research worked really well and it was a great experience for everyone"

I have previously attended my local pain management service who have tried to explain some of the things discussed but somehow it seemed to click more this time





Virtual Event feedback

The talk was delivered in a way that was just the

the timing and informal

ch work

I have previously attended my local pain management service who have tried to explain some of the things discussed but somehow it seemed to click more this time

I really liked the range of people on the panel and Cormac is handsome rogue – he must workout alot



Teesside University



Virtual Event feedback

The talk was delivered in a way that was just the right amount of informal and engaging.

I have previously thought that chronic pain management was just a matter of trying to endure it. It was good to hear from someone who has been through the process. It was engaging all the way through.

Excellent. Plus the recognition that chronic pain is real, even if we need to flip how we think about it. It also helped to hear from someone who has been through the process. It was engaging all the way through.

the range of panel and some devil most weight recently?



Nick Livadas's PhD data

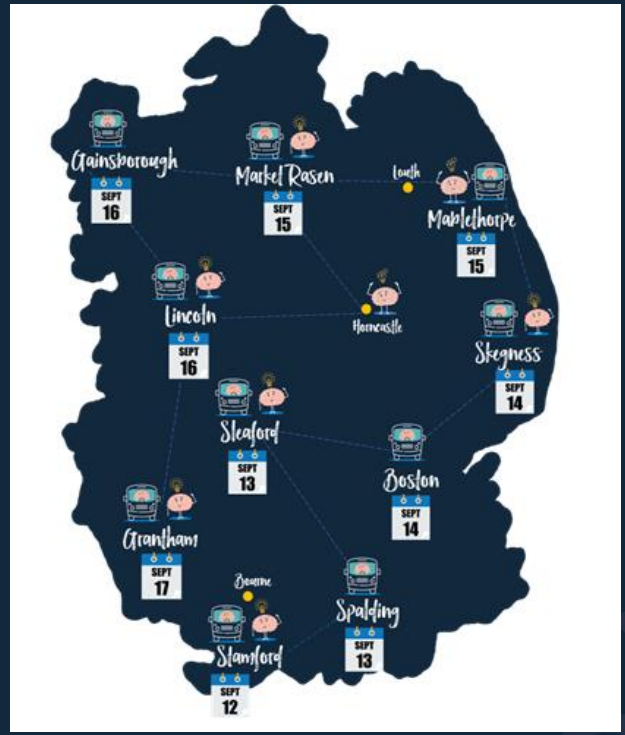
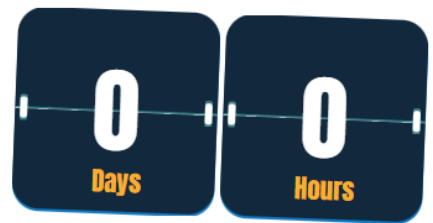
Supervisory Team: Professor Denis
Martin (Director of Studies),
Professor Lorimer Moseley, Gail
Sowden, & me.



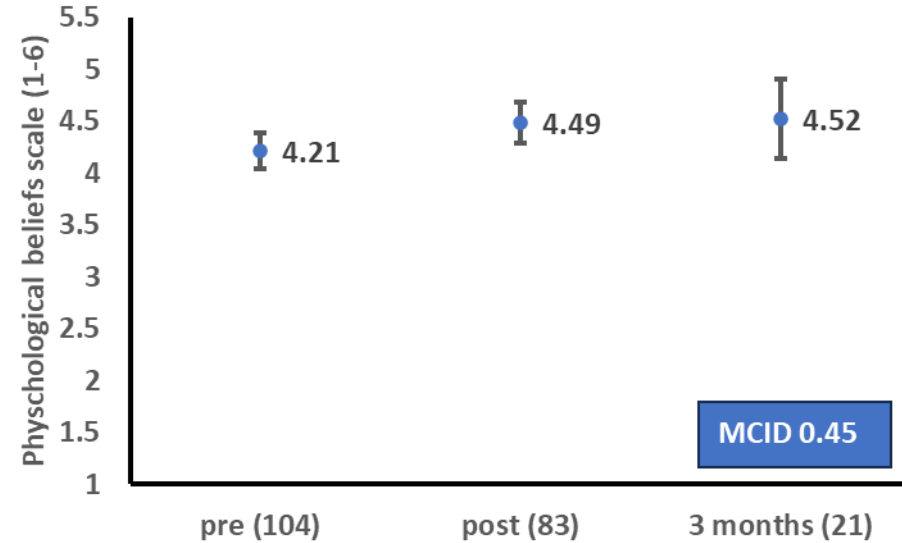
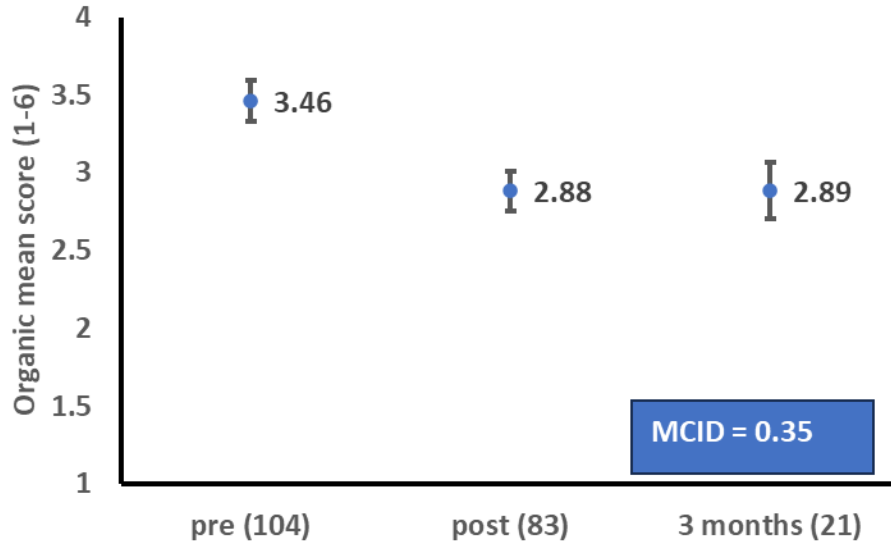


Community Outreach Tour

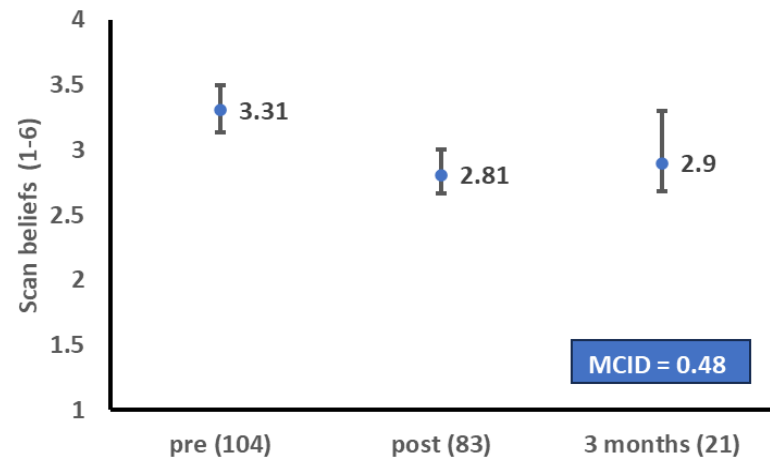
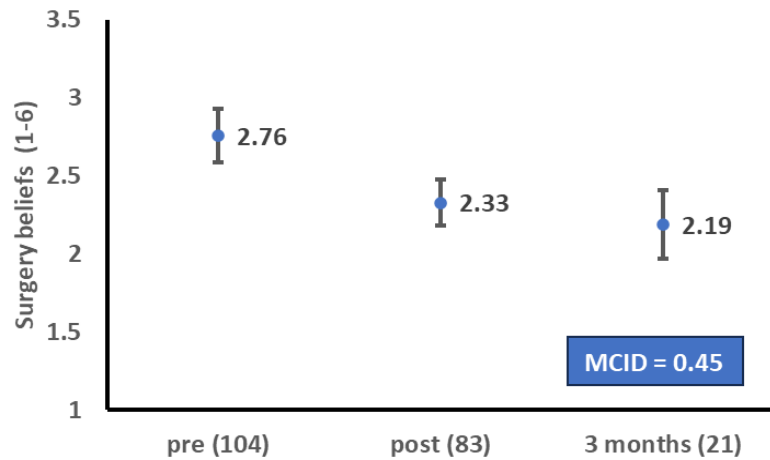
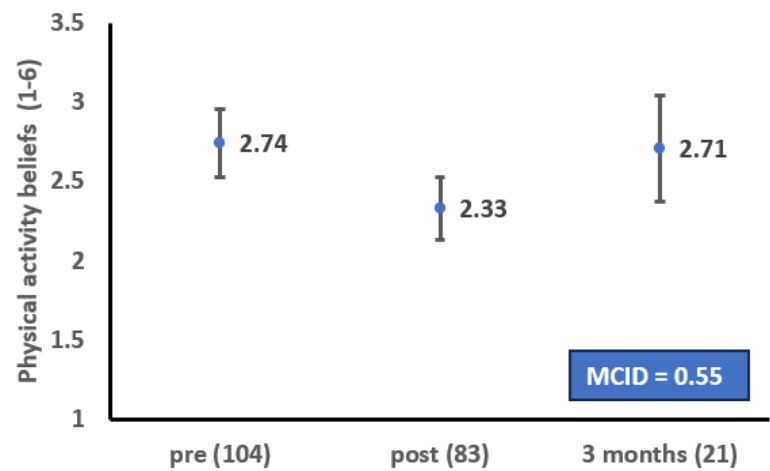
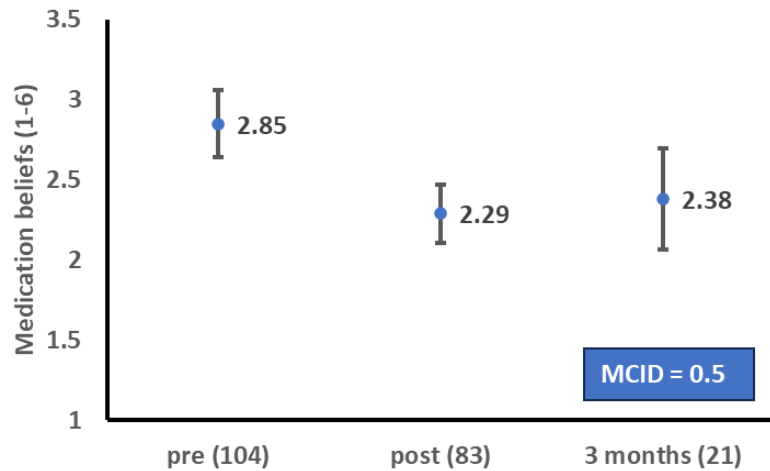
Lincolnshire



Peloton tour:



Data presented as mean and 95% confidence interval of the mean



Health care professionals' beliefs about persistent musculoskeletal pain following an online pain science education based public health event

N. Livadas^{1,*}, D. Martin¹, C. Ryan¹, G. Sowden², R. Pell²

¹ Teesside University, School of Health & Life Science, Middlesbrough, United Kingdom

² Connect Health, Newcastle Upon Tyne, United Kingdom

A flippin' pain community outreach tour - a mixed methods evaluation of a public health campaign in Lincolnshire

Livadas N.^{1,2}, Ryan C.¹, Sowden G.², Pell R.², Moseley GL.³, Martin D.¹

¹ Teesside University, School of Health & Life Sciences, Middlesbrough, United Kingdom

² Connect Health, Newcastle upon Tyne, United Kingdom

³ University of South Australia, Adelaide, Australia

Research Article

Pain Science Education for People With Persistent Pain on NHS Waiting Lists: A Mixed Methods Study

Mankelov J.^{1,2}, Ryan C. G.^{1,2}, Stanton T. R.^{2,3,4}, Pell R.⁵, Varghese V.,⁶ and Martin D.⁶



An evaluation of a one-day pain science education event in a 16–18 years school setting targeting pain-related beliefs, knowledge, and behavioural intentions: A mixed-methods, non-randomised controlled trial[☆]

J. Mankelov^{a,b,*}, C.G. Ryan^{a,b}, N. Skidmore^c, J. Potter^d, D. Ravindran^{a,b,e}, R. Chattle^f, S. Browne^{g,b}, S. Suri^{a,h}, A. Graham^a, J.W. Pate^{i,b}, R. Newport^j, T. Langford^a, D. Martin^h



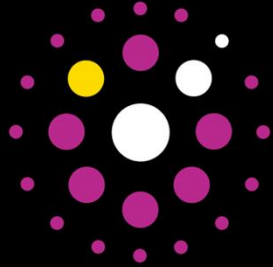
Original article

An evaluation of a one-day pain science education event in a high school setting targeting pain related beliefs, knowledge, and behavioural intentions

J. Mankelov^{a,e,f,*}, D. Ravindran^{a,d,e,f}, A. Graham^a, S. Suri^{a,b}, J.W. Pate^{c,e,f}, C.G. Ryan^{a,e,f}, D. Martin^{a,b,c}



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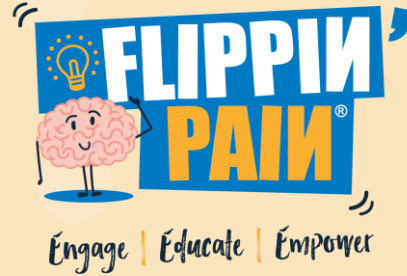
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Revolution by revolution.



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