

Resource 2: Pain Doesn't Equal Harm

As we have seen, pain is our body's protective mechanism, but it is influenced by many factors. There are times when we feel pain even though there's no actual danger or damage. Because pain is processed in the brain and can be affected by many things, it's not a reliable measure for tissue damage.

Similarly, scans like MRIs or X-rays don't always reflect how much pain a person is experiencing. For example, some people with severe osteoarthritis on a scan can feel little to no pain, while others with mild changes on a scan may experience significant pain.



Another example is in low back pain; studies have investigated MRI results in people without pain and found that “abnormal findings” on MRI were common. This has helped us to understand that findings on MRI such as a “disc bulge” are actually normal and are not a reason for pain.

Many people react to pain by avoiding movement, or avoiding activities that they feel will bring the pain on, thinking that it might cause more damage. This is understandable, as they are under the impression that the pain is telling them that movement is damaging them.

However, persistent pain is pain that continues even after tissue healing has taken place. You may have had scans in the past showing “abnormal” results, but these are often just part of the normal ageing process, like going grey or bald. This is what we refer to now as age-related changes. Like other signs of ageing, it may remind us to make a few adjustments - to take care of ourselves a bit more. But it doesn't mean we have to stop doing the things we enjoy.

In healthcare, we now rely less on X-rays and scans, because we know that they don't always give us the whole picture. Often it can even lead us to focus on a disc bulge or a degenerative tendon when, actually, this is not the major driving factor of your pain. Addressing factors such as stress, lack of sleep, or changes in activity can often have a much more positive impact on pain.



Of course, there are times when a scan is necessary, such as to rule out fractures or confirm a diagnosis when we're unsure. A thorough assessment with a doctor or physiotherapist will help determine if a scan or further investigations are needed. It's also important to remember that scans can carry risks, like exposure to radiation, so they should only be used when they're truly needed to guide treatment.

The good news is that we're much better at recognising when pain originates in the brain for reasons other than tissue damage. While this pain is very real, it's reassuring to know it's not a sign of physical injury. This type of pain, known as neuroplastic pain, is no less significant or uncomfortable, but it requires different approaches for relief.

Advances in our understanding of neuroplastic pain have led to sophisticated treatments. Typically, these don't rely on medication but instead focus on self-guided tools, often with the support of a coach, to help “rewire” the brain.