



Physical Injury

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1.1 ACCEPTANCE

In this section you will learn about the role of acceptance in your life with physical injuries. Acceptance is a process that takes time and can be defined by common phases.

Learning about these steps can help you to process your specific situation.

1.1.1 Who's On My Team?

Think of adjusting to your physical injuries as a mental game. Like any other game, beating the challenges posed by your injuries takes attitude, determination, and practice. You'll need to rely on strengths you've learned in the past and incorporate new strategies. Sports teams need a coach to teach new skills, monitor progress, and encourage development. You will need the help of a coach, too. Your "coach" is called a therapist. In fact, you may have a whole roster of therapists/ coaches:

- A **physical therapist** assists with proper movement and healing to improve physical performance.
- An **occupational therapist** helps you figure out new ways to take care of yourself. These are referred to as the "activities of daily living."
- A **mental health therapist** will help you make adjustments to the changes in your life.
- A **spiritual therapist** is someone of your faith or belief who can help you understand any conflicts between your beliefs and your experiences.

Accept help, but realize that, ultimately, it's **your** attitude, practice, and performance that will determine how things turn out.

1.1.2 Steps To Acceptance

While deployed, you suffered a debilitating injury and you survived. Now you must cope with the aftermath of injury, which may include loss of body parts, an altered appearance, chronic physical pain, emotional pain, or loss of physical abilities. Learning to adapt to your injuries may be challenging for you and your loved ones.

Be patient with yourself. You need time to process your situation. Experiencing a wide range of emotions is a natural and important part of the healing process. The way you adapt to your injury will be influenced by:

- Your personality.
- Your life experiences.
- Your health before the injury.
- Support from your family and friends.
- The meaning you assign to the event that caused your injury.

While coping with injury is a personal process, some aspects of healing after a deployment-related injury are common for everyone. For example, accepting a serious injury means dealing with loss: the loss of body parts or functions; the loss of physical capabilities and skills; the loss of a former identity; the loss of mobility; and perhaps the loss of your future plans.

1.1.2 Steps To Acceptance (cont.)

In many ways, adjusting to physical injury is like *grieving*. In fact, you most likely *are* grieving.

Grieving involves:

- **Initial Reaction** can take two forms:
 - *Shock*: you feel numb and have a hard time accepting the serious nature of your injury.
 - *Genuine relief*: you feel relief, having survived the event that caused your injury. You may also feel relief to be out of the war zone. The initial reaction stage may last several days.
- **Denial**. You believe the effects of the injury are reversible, and that full recovery is possible. Watch out for “false acceptance,” where you seem to accept your injury but you continue to have unrealistic and overly-optimistic expectations. False acceptance may be fueled by bravado rather than true understanding and acceptance. Denial can last up to a few months.
- **Anger**. You feel rage at the unfairness of the injury. You may blame others, fate, or God for your disabilities.
- **Guilt** can take the following forms:
 - You may feel guilty for your part in the event that caused your injury, especially if others were injured as well.
 - You may feel guilty for surviving an event where others died. This is known as “*survivor’s guilt*.”
- **Depression**. You feel hopeless and down about your injury. You may avoid other people. You may feel like staying in bed all day. Or you may have a, “What’s the use?” attitude. It’s common to feel like this hopeless state will last forever, but *it will pass*.
- **Acceptance**. You succeed in coming to terms with your injury and its life-altering impact. When you reach this stage, you’re ready to stop looking to the past and the way things might have been. You’ll know you’ve reached this stage when you begin to concentrate on areas of your life other than your injury. You may start thinking about the practical aspects of life, looking forward to events, your current abilities and progress, and life goals. The world will be bigger than your injury and you will begin to see possibilities.



Grieving is different for everybody. Some people move through the stages of grief in a different order. Some people don’t experience every stage of grief, while others will go through certain stages more than once. It helps to talk to other service members who’ve suffered injuries like yours.

Allow yourself to feel *all* emotions. The painful emotions of the grieving process are normal and natural. Getting emotional doesn’t mean you’re weak. Prepare to feel angry, guilty, sad, and hopeless. But take heart—these emotions will pass. Typically, the grieving process can take anywhere from several months to two years.

Everyone has a *different recovery time*;
taking longer to reach the acceptance
period than someone else -
doesn't mean you're weak.

1.1.2 Steps To Acceptance (cont.)

The length of your grieving process largely depends on:

- The severity of your injury.
- The severity of your disability.
- Your pre-injury character (who you were *before* the injury).

Everyone has a different recovery timeframe; taking longer to reach the acceptance period than someone else *doesn't mean you're weak.*

1.1.3 Redefining Who You Are

Like other injured service members, you will likely respond to your injury in two distinct phases. The first phase is your response to the injury and the trauma that caused it. The second phase is your response to your recovery. Once you've grieved the loss of your old self and accepted your new physical appearance and abilities, you may discover new interests and opportunities.

You'll find that you can adapt to enjoy some of your old activities. And you'll probably discover new interests and activities along the way. Some people describe this experience as a rebirth. Once you enter this stage, you'll discover how many things you *can* do that you hadn't thought possible because of your injury.

1.1.4 Changing Your Self-Image

Your self-image comes from the way you feel about:

- Your appearance.
- Your skills and abilities.
- Your role in relationships with others.
- Your worth as a person.

A positive self-image is important in order to:

- Achieve personal and professional goals in your life.
- Have healthy social relationships with family and friends.
- Promote your own health and recovery from injury.



1.1.4 Changing Your Self-Image (cont.)

If your deployment injuries left you disabled or disfigured, you might compare your appearance or abilities with those of people around you. Or you may compare the way you look and function now to the way you looked and functioned before your injury. These kinds of comparisons are normal and natural. But, to recover and thrive, you need to develop a new self-image apart from those comparisons. Developing a positive self-image after an injury may take a while, so be patient. You will need to:

- Give up your old, pre-injury self-image.
- Accept your new body (including a prosthetic if you have an amputation).
- Combat the stereotypes of “physical perfection.”

Giving up the old image of yourself before you were injured.

As a service member trained to stay in shape, you may base your self-esteem on your physical appearance and abilities. However, *your physical self is just one aspect of your total self.* These two exercises can help you keep your physical appearance and abilities in perspective.

Exercise #1: In your mind, picture yourself at different times in your life. Think about how you looked when you were a child, a young teenager, and as an adult before you were injured. This exercise helps you remember what your body was like before the injury while you transfer those images to the *past*. You are now in a new phase of life.

Exercise #2: List your top six personal qualities. These can be character traits, the way you interact with other people, your ability to handle problems, and so forth. Only one of the six qualities should relate to your appearance or physical capabilities. Read this list each morning. These qualities characterize you as a person. This exercise will reduce the importance of your appearance and physical abilities and increase your focus on your character.



Accepting your new body image.

Some service members claim to accept their injuries. But when they picture themselves, they don't acknowledge their injury. To fully recover, you need to visualize and accept your appearance with the injury. Exercise #3 can help you accept your new body image.

Exercise #3: Look in a mirror each day for at least five minutes with your injuries in full view. As you look at yourself, repeat the following phrases: “I accept myself.” , “I am strong.” , “This body works for me and I work for my body.”

This exercise will help you accept and get comfortable with your new body image.

Fighting the stereotyped images of “physical perfection.”

When you show no self-consciousness in front of others, you *educate* others and help them overcome our culture's misguided emphasis on “physical perfection.”

1.1.5 Making Sense Of Your Injury

One of the toughest jobs related to adjusting to war injuries is to make sense out of the injury and why it happened. Service members who find positive meaning in their sacrifice and fit their injury into their world view have a greater sense of well-being and less anxiety and depression.

Making sense of your injury may take days, weeks, or months. Think of the ways your injury has positive affects on your life.

1. Search for a positive direction that you could pursue because of your injury.

- Have you learned to appreciate small things you used to take for granted?
- Have you formed new relationships or grown closer to loved ones?
- Has the injury increased your wisdom or faith?
- Have you learned new skills you didn't have before?
- Are you stronger and more resilient than you thought you could be?



2. Look to your faith to help you find meaning.

- #### 3. Find a new purpose for your life in light of your injury.
- This might be an immediate purpose, like turning an ordinary event into something special and significant. Or it might be a long-term purpose, like helping other injured people get their lives back on track.

You have made a sacrifice. Now discover how you can make things better as a result of that sacrifice.

1.1.6 Setting Goals For The Future

Once you accept and make sense of your injury, *you can start to see your life in terms of possibilities, instead of limitations*. Begin to set goals for the future. Goal-setting is important for both your physical recovery and for positive mental health. Setting goals will give you a sense of purpose and help you focus on your future. Here are some steps to goal-setting that will help you plan for a positive future:



Choose the goal:

- Write out your goal: "My goal is to ..."
- Make sure the goal is *yours*, *not* someone else's. Don't set goals based on what you think society expects you to do.
- Make your goal as specific as possible. *Too General*: "My goal is to start hiking again." *Specific*: "My goal is to climb Mt. Whitney."

Create a completion plan

- Write down all the intermediate steps required to accomplish your goal. This may take some research.

1.1.6 Setting Goals For The Future (cont.)

Example: An IED explosion cost John his left leg. Following his recovery from the amputation, John set a goal to climb Mt. Whitney. Check out his completion plan.

- **Get the correct prosthetic.**
- **Learn to walk without crutches.**
- **Train on flat ground using the correct prosthetic.**
- **Train in foothills.**
- **Increase endurance.**
- **Find and train with a hiking club.**
- **Get equipment for the hike.** List your intermediate goals chronologically. John put his goals in chronological order, so each step in his plan logically followed the step before it. For instance, increasing John's endurance came *after* training first on flat ground and then in foothills. Make a list of what you need to do to accomplish the first step.

Example: The first step in John's plan is to "Get the correct prosthetic." John must contact other amputee hikers, research online, find a company that makes hiking prosthetics, get fitted, and find a way to pay for the prosthetic.

- **Set a timetable to complete the steps.** Plan a target date to accomplish the big goal.
- **Schedule time for delays and setbacks.** If you plan for setbacks ahead of time, they won't upset you as much.
- **Put it all in writing.** "My goal is to climb Mt. Whitney by August of next year. The intermediate steps and the dates for their completion are: ..."
- **Do a reality check.**
 - Make your plan challenging but not impossible.
 - Make a plan that works within your budget and schedule.
- **Begin as soon as possible, but pace yourself**
 - Many people begin working toward their goal at a pace they can't maintain.
 - Move slowly and steadily toward your goal.
 - Keep the journey toward your goal a priority.

***When you complete your goal,
celebrate and appreciate
your accomplishment.***

Then set another challenging goal.

1.2 RETURNING TO COMMUNITY

After accepting your injury and setting new expectations for the future, you need to "get back out there." Return to your community. Some of the most important factors in creating a high quality of life include:

- Maintaining healthy relationships with others.
- Finding or continuing employment that is personally and financially rewarding.
- Participating in your community.
- Enjoying recreational activities.

1.2.1 Building Satisfactory Relationships

Injured or disabled service members may need to learn new ways of interacting with others. They may also need to develop new skills to deal with uncomfortable or unfamiliar situations, such as:

- Handling unwanted attention effectively.
- Asking for help and making requests in a direct and open way.
- Developing new relationships.

Handling unwanted attention: Visible injuries include burns and amputations. Wheelchairs also indicate an injury or disability. Visible injuries attract more attention. At first, you may feel uncomfortable in public:

- a When someone stares at you.
- b When someone is curious about your injury.
- c When someone makes fun of your injury.

a) When someone stares:

Accept it as part of human nature. People naturally pay attention to anything out of the ordinary, so your injuries may draw attention. Expect *some* people to stare at you. But most people will stare out of curiosity, compassion, or concern – not rudeness.

Retain control over the situation. Don't give power over your life to strangers. You can't control their staring but you *can* control your reaction. Don't allow other people's reactions to prevent you from living a good life.

1.2.1 Building Satisfactory Relationships (cont.)

Use **The STEPS tool**.

Whenever you are out in public or enter a new social situation, you can influence the way people respond to you by projecting confidence. When people see you are self-assured and friendly, they will focus on your personality instead of your injuries. Practice the following steps until they become natural and automatic. You may want to practice daily in front of a mirror.

S = Self-talk (make it positive) -
“I accept myself and I’m comfortable with other people.”

T = Tone of voice - friendly, warm, enthusiastic.

E = Eye contact – look people in the eye.

P = Posture – head raised, shoulders back.

S = Smile – confident but approachable.

b) When someone is curious about your injury: when people ask about your injury, have an answer ready. This will reduce any embarrassment or anger you might feel. And it will make the situation less awkward. Rehearse your response until it feels natural and friendly (not hostile). If someone asks for more information and you don’t feel like talking about it, have a response ready for that, too: *“That’s all I care to say about it today. I’m sure you understand.”*

Two techniques:

1. **When possible, IGNORE put-downs**

2. **Use humor to diffuse the situation.**

Here’s an example: *“I was injured in an explosion in Baghdad. I was in the hospital for a couple of months, but I’m doing better now. Thanks for asking.”*

This answer consists of three sentences:

Sentence # 1 states how, when, or where you were injured:
“I was injured in an explosion in Baghdad.”

Sentence # 2 states how you are doing now:
“I’m doing better now.” Or: “I have one more surgery but I’m doing better.”

Sentence # 3 states your appreciation for the other person’s concern and closes the topic:
“Thanks for asking.” Or: “Thank you for your concern.”

c) When someone makes fun of your injury: some people’s comments are not so well-intentioned. Someone may purposely taunt you or poke fun at your disability. And you may feel the urge to get revenge or defend yourself. But either response will fuel the other person’s wishes. Instead, your response should: stop the other person from harassing you, and maintain your self-respect. Use one of two these techniques: **IGNORE put-downs** and **Use humor to diffuse the situation**.

IGNORE put-downs: this option is difficult for service members trained in combat rather than compromise. Most people make fun of others out of insecurity. Insecure people point out the imperfections of others to feel better about their own shortcomings. By ignoring the put-downs, you keep the one thing the other person wants—control. The put-downs will eventually stop when the other person realizes they can’t get a reaction out of you. As a bonus, everyone else will respect the mature way you handle the situation.

Use humor to diffuse the situation. If you feel you need to respond to an insult (for instance if you are in a social situation where ignoring the other person is difficult or inappropriate), find a humorous response. Again, plan your response and practice it ahead of time.

1.2.1 Building Satisfactory Relationships (cont.)

Example: Robert suffered severe upper body burns during deployment, leaving him with extensive scarring on his face and hands. While eating an ice cream cone with his younger brother in a local park, Robert is approached by a group of teenagers. One of them shouts: *“Hey, Dude! Don’t look now, but someone stole your face.”* Robert merely shrugs and says: *“Yeah, I guess I got too much sun on that beach in Iraq last year.”* Robert’s humorous line diffused the situation and won the respect of onlookers (like his brother).

Use negative assertion to diffuse the situation. Negative assertion means acknowledging truth in the put-down while turning it into a positive statement.

Example: in another situation, Robert used negative assertion.

Put-down: *“Hey, Dude, it must be pretty hard to eat ice cream with that face.”*

Robert’s Response: *“You’re not kidding. It was hard to eat for a long time after the explosion, but I’m getting better at it now.”*

Robert’s negative assertion showed he was not intimidated by the put-down. Instead, he diffused a potentially difficult situation. Prepare and practice negative assertions ahead of time. The goal of responding to a put-down should be to diffuse—not aggravate—the situation.

Ask for help, and make direct and open requests: your goal as an injured service member is to become as independent as possible. However, there may be times when you need help. Ask for help in a direct, assertive, and unembarrassed manner. Asking for help indirectly frustrates others, makes you seem insecure, and prevents people from helping when they can’t figure out what you need. Direct requests have three parts:

- State your needs: *“I need to get to the doctor’s office tomorrow.”*
- Make the request: *“Would you be able to drive me?”*
- Acknowledge the other person’s response: *“Thank you, I really appreciate it.”* **Exercise:** Make a list of areas where you need help. Then write a script with a direct request for each item, using the three-part request approach listed above. Finally, practice each request until it becomes automatic. The next time you ask for help, you’ll be able to ask in a direct, confident, and open manner.

Developing new Relationships: having a broad base of social support is vitally important for injured service members. Relationships keep you from becoming withdrawn or isolated. Friends, family, and coworkers can sustain you through your physical recovery. Their support will make your daily triumphs more meaningful. You may meet many new friends in the hospital, at support groups, and in recreational or community activities (see below). To build and maintain positive relationships:

- Remember to use the **STEPS Tool**. Practice the following steps until they become natural and automatic.
- Be a good listener. Instead of planning what to say while the other person is speaking, listen carefully. Every once in a while, repeat what they’re saying in your own words. Use phrases like “What I hear you saying is…” or “You seem to be saying…Is that right?” This helps the other person feel understood.

Ask questions that show you are interested in the whole person, not just their work or their deployment experience. Everyone has a unique personal story to tell if you act interested. If you follow these guidelines, people will know you are comfortable with your injury and interested in getting to know them.

1.2.2 Employment

Finding or returning to employment is one of the most important aspects of adjusting to an injury. Employment will increase your self-esteem, personal independence, and financial security. Ask yourself these questions when looking for employment.

- Are you capable of returning to the job you formerly held? If not, are you able to work in a related area where your expertise can be valuable?
- Would you prefer to work in a different field from your former employment? If so, what training or education will you need? Is it realistic to pursue this training or education?
- Does the new job have advancement potential? Does it offer training? Is there room for growth?
- Are you interested in this field? Or is this “just a job”? You will perform better and find more satisfaction in a job that really “calls” to you.

People with disabilities cannot be denied employment just because they're disabled if they can perform the essential duties of the position.

For more information on employment and disability, visit the U.S. Department of Labor, Office of Disability Employment Policy Website at <http://www.dol.gov/odep/pubs/fact/laws.htm>

1.2.3 Compensation Issues

As an injured service member or veteran, you may qualify for compensation. To find out more about veterans compensation, visit <http://www.cms.hhs.gov/apps/firststep/content/vacomp-qa.html> If you left a civilian job to serve your country, you qualify for compensation from the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). To find out more about USERRA, check out <http://www.dol.gov/compliance/laws/comp-userra.htm> you can also visit Military.com website at <http://www.military.com/benefits/military-pay/va-disability-compensation> and the Disabilities Programs webpage of the Social Security Administration at: <http://www.ssa.gov/disability/>

1.2.4 Community Involvement

Through your service to your country, you gained much life experience. Working in your community gives you a way to share that experience with others. Community involvement will help you:

- Make an impact on your world.
- Meet new people so you won't feel isolated and withdrawn.
- Find new interests, hobbies, or causes.



1.2.4 Community Involvement (cont.)

To get involved in your community:

- **Attend town meetings.** Most communities hold open public meetings at least once a year. These meetings are excellent places to learn about the issues in your town. Check your local newspaper for dates.
- **Volunteer your skills.** There are many organizations that could use your help. You may learn new skills while you help others. To find volunteer opportunities in your area, check out Volunteer Match at <http://www.volunteermatch.org>.
- **Be a mentor.** Mentoring is a great way to share your life skills. Think about becoming a Big Brother or Big Sister. To find out more, visit <http://www.bigbrothersbigsisters.org>.
- **Participate in a sports activity.** Check with your community recreation department to find sporting activities and youth leagues in your area. If you love sports, consider coaching or assistant coaching for a local team.
- **Get involved with your child's school.** Most school districts have Parent/ Teacher Associations (PTAs), and many schools encourage parents to volunteer. This is an excellent way to learn more about your child's school and make the school a better place.
- **Get involved with your local faith-based organization.** Your local church, synagogue, or spiritual center, will provide opportunities such as singing, fundraising, or teaching.
- **Participate in a community garden.** Gardening with others offers exercise, recreation, companionship, and the opportunity to add beauty to your community. To find community gardens near you, contact the American Community Gardening Association at <http://www.communitygarden.org>.
- **Vote.** Vote in all local and national elections. Your vote can impact public policy. Contact your local town hall for registration and voting information.

For other ideas on community involvement, visit the University of Pennsylvania Community Integration site at <http://www.upennrrtc.org/var/tool/file/29-CivicFS.pdf>.



1.2.5 Recreational Activities

Thanks to modern advancements in prosthetics, mechanical aides, specialized sports equipment, and access laws, you've got more recreation options than ever before. People with burns, spinal injuries, and amputations can now participate in all kinds of activities at the recreational, amateur, and elite levels, including:



- Canoeing and kayaking
- Curling
- Lacrosse
- Dancing
- Cycling
- Billiards and pool
- Flying aircraft
- Golf
- Skiing
- Horseback riding
- Ice skating
- Swimming
- White water rafting
- Team sports
- Hang gliding
- Mountain climbing
- Track and field
- Skydiving
- Wilderness trips
- Marathons
- Bowling



Check out Disabled Sports USA at <http://www.dsusa.org/>.

Along with being fun, recreational activities enhance self-confidence, increase independent functioning, and develop strength and endurance.



1.3 MANAGING PAIN

In this section you will learn about different types of pain and how the type influences in how you manage and treat pain you or a loved one is suffering from. You will learn different strategies for managing pain and other resources available to help you.



1.3.1 Is All Pain The Same?

When you were injured you felt the pain caused by tissue damage, called **nociceptive** pain or **acute** pain. This type of pain is the same whether the tissue injury was caused by burn, broken bones, gunshot wound, or amputation. You may still feel acute pain during the healing process, dressing changes, physical therapy, or when you “overdo it” before you are completely healed.

You may still feel pain, even after you completely heal. This type of pain is called **neuropathic**, or **chronic**, pain. With chronic pain, your nerves continue to carry a pain signal even though the tissue damage has healed. It is possible to feel acute *and* chronic pain at the same time. This may happen during recovery from burns or with musculoskeletal injuries.

If you have experienced poorly managed pain for a long time, you may have developed **chronic pain syndrome**.

Chronic pain syndrome is a combination of neuropathic pain, **myofascial** pain (pain from constantly tensed or contracted muscles), worry, and lack of exercise and poor sleep.

Many service members have pain from the wear and tear on the body from military service. In the course of their duties, Service members lift, pull, haul, and jump—often in full battle rattle. These activities can cause a variety of injuries that aren't as obvious as amputations or burns. But the pain from these activities can significantly interfere with your ability to function. These conditions may also cause you to develop chronic pain syndrome. Experts can treat acute pain and chronic pain.

1.3.2 Managing Acute Pain

Acute pain may require opiate (narcotic) medication. Your treatment team should consider other strategies and medications to reduce your pain, minimize the amount of opiate you require, and help you feel better. It may not be possible to eliminate all your pain. But your treatment team should manage your pain well enough that you can sleep, watch t.v., read, interact with family, and participate in therapy.



1.3.2 Managing Acute Pain (cont.)

Important information about opiates (narcotics):

Some people who take prescription opiates for pain worry they will get addicted. Most develop a **tolerance** to opiates. Tolerance means your body has adjusted to the dose and needs more medication to get the same amount of pain relief. Eventually the amount of medication you need will stabilize. Unless your pain reaches a point where you need **breakthrough pain medication**, your dose will likely remain stable.

If your doctor keeps you on opiates for a while, you may become **dependent**. Being dependent just means that you cannot suddenly stop (quit “cold turkey”) taking your medication without suffering the unpleasant effects of **withdrawal**. As you heal and progress in physical therapy, your treatment team will slowly reduce your dose of medication to help you avoid withdrawal. Tolerance and dependence alone do not mean that you have an **addiction** or **substance abuse** problems. However, **you have a problem if:**

- You exaggerate—or even lie about—your pain level to get more medication.
- You spend your time trying to find ways to get more medication when your pain is already under control.
- You want medication because you enjoy feeling “high.”
- You use the medication to avoid loneliness, sadness, anxiety, or post-traumatic stress.

Many service members who develop an addiction to pain medication have had trouble with other substances like alcohol.

You deserve to have your pain treated. Pain slows healing, and poorly-controlled pain may actually contribute to chronic pain. So take your medication as prescribed. Be honest about how much pain you have, and describe it as accurately as possible when asked by your caregivers. If your medication works briefly, but your pain gets worse long before the next dose, let your treatment team know. This is relief-seeking, not drug-seeking. And you have a right to control your pain.

Other types of medication: Your muscles may tense or contract because of your pain. This can increase your pain level, so your treatment team may prescribe medication to relax your muscles. The team may also prescribe anti-depressants for anxiety, since anxiety (and depression) can increase your pain level as well. If your pain keeps you from sleeping well, your treatment team may also prescribe sleep medication. Sleep is critical to pain control because it affects your ability to deal with pain during the day.

Acute Pain Service: If normal treatments can't reduce your pain, your treatment team may seek help from a specialist in Pain Medicine. Many military and VA facilities have pain specialists who help manage and treat difficult pain from injuries or surgery. Besides prescribing pain medications, these specialists can provide special procedures to reduce specific types of acute pain.

Pain Psychologists: Some clinical psychologists are trained to help to reduce your pain. If your treatment team consults a psychologist, it doesn't mean they think your pain is not real or that it's “all in your head.” Your brain processes the pain signals from your body. Some psychological tools, such as hypnosis, can alter the way your brain receives pain signals. Psychologists can also address any anxiety, depression, or poor sleep issues that affect your pain control. These specialists can also supply videos, video games, and music to distract your brain from pain signals and reduce your pain. Psychologists can help you understand your treatment plan so you worry less about it.

If you think you may be addicted to your pain medication, the military medical system and the VA have programs to evaluate and treat addiction and substance abuse.

1.3.3 Managing Chronic Pain

Depending on your length of service and your duties, you may have a combination of acute pain (like degenerative joint disease in your feet, knees, hips, and back) and chronic pain. As you get older, your joints continue to degenerate. **Your condition may get worse if you don't make it better!**

To successfully manage your pain, delay further deterioration, and maintain a good quality of life, you need to understand your situation and create a plan to deal with it.

REMEMBER: Knowledge is Power.

What is going on? If you have suffered from acute pain for a long time, your central nervous system may have adapted to transmitting a constant pain signal. You may continue to feel pain even though the tissue injury (which initially caused the pain) has healed. Your medical providers may even say your problem has been addressed and they no longer detect a reason for your pain.

Your brain responds to all pain signals the same, whether the pain is from a tissue injury or something else. That brain responds to pain by directing you to stop the cause of injury or seek help. Pain is supposed to “bother” you. With constant pain, your brain “bothers” you even when you're not suffering the effects of a tissue injury. This brain response is known as neuropathic pain - one component of a chronic pain syndrome.

When you experience chronic pain, your stress response system causes the muscles around the source of pain to contract. Physical therapists call this “bracing.” Because pain also causes mental stress, your body responds with more muscle contractions or ‘tension’. Muscles that contract or tense for a long time become painful. We call this type of pain **myofascial** pain. **Myo** refers to muscle. **Fascia** is the thin sheet of connective tissue that covers the muscle. Myofascial pain causes large areas of soreness and pain. It often triggers headaches when located in the upper back, neck and head muscles. This is a second component of a chronic pain syndrome.

While on active duty you were physically active. You may have abruptly stopped that activity with the onset of pain. The normal response to pain is to stop moving. This response is helpful with tissue injuries, because it may prevent more injury or blood loss. But when you are not suffering from a tissue injury, not moving can lead to injury when your body becomes weak or de-conditioned. Lack of movement can also cause weight gain, putting an additional strain on your back and joints.



By not moving, you are also depriving yourself of a major stress reliever at a time when you may be upset or stressed. This is yet another component of chronic pain syndrome.

1.3.3 Managing Chronic Pain (Cont.)

Stress, pain, and weight gain can interfere with sleep in different ways. Healthy people with no pain will develop pain if they are deprived of deep sleep. If you wake up with pain, suffer chronic nightmares, or have a serious snoring or breathing (sleep apnea) problem, your ability to manage pain will suffer during the day. These conditions may even lead to additional pain symptoms. This is the last major component of chronic pain syndrome.

What needs to be done? With chronic pain syndrome, there are a number of processes working together to keep you in pain. Your treatment team can help you with some parts of your chronic pain, but much of this problem only *you* can handle.



TREATMENT TEAM ROLE: Medication and Chronic Pain Service

Medication: even though your treatment team may have prescribed opiates for your pain, there are other medications that can help with pain. This may include anticonvulsants, such as Topamax, Neurontin, and Lyrica. While originally designed to treat seizure disorders like epilepsy, anticonvulsants can also reduce neuropathic pain.



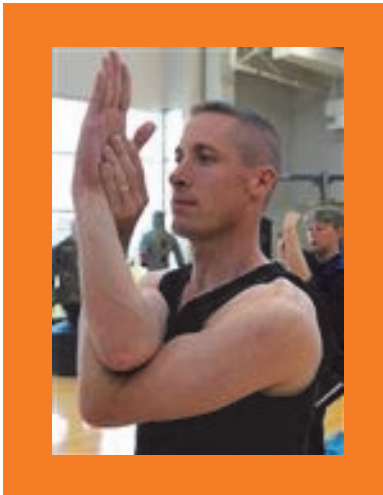
Some antidepressants have also been found to be very useful. Small doses of older anti-depressants, like Elavil, decrease nerve pain and promote good sleep. A newer antidepressant, Cymbalta, specifically treats neuropathic pain even if you're not depressed. Your medical provider can answer your questions about the right medications for your treatment.

Your medical provider should also assess whether you suffer from sleep apnea or other sleep disorders, such as restless leg syndrome or periodic limb movement disorder. You may need to be evaluated in a sleep study. Post-traumatic stress can cause nightmares that may interfere with sleep.

Chronic Pain Service: along with treating difficult acute pain problems, pain doctors also specialize in treating chronic pain problems. They have a variety of procedures that may reduce your pain if you have developed a specific chronic pain problem. Doctors may also prescribe medications and injections to relax muscles and reduce myofascial pain.

YOUR ROLE: Reduce Muscle Contractions, Reconditioning, Sleep

Reduce muscle contraction: you must learn to manage stress and treat any post-traumatic stress symptoms. If you have relationship problems that cause more stress, you should consider counseling. Money worries can also increase muscle contractions and myofascial pain. Identify all of the stressors in your life and look for ways to begin reducing that stress.



Many techniques that reduce pain also reduce muscle contractions. Some techniques may not work for you or suit your personality. You may find other techniques surprisingly effective in reducing your pain. Experiment to see what works for you.

Heat relaxes muscles and reduces myofascial pain. Hot showers, baths and compresses are all effective ways to prevent muscle contractions and control pain.

A daily stretching program works directly against chronic muscle contraction and prevents the onset of some pain conditions like hip bursitis and carpal tunnel syndrome.

Reconditioning: your physical therapist may have given you some exercises to do on your own. You need a personalized exercise program to promote fitness, decrease the risk of injury, support your joints and back, and decrease stress. Have an exercise physiologist design a program for you that:

1. accounts for your physical problems
2. works for you
3. is fun

Your exercise program should include stretching, resistance exercise, and an aerobic component. You won't feel like moving when you are in pain, so you'll have to push through the pain. Go slow and build up gradually.



Sleep: sleep medication will only work consistently if you have a regular sleep pattern. If you do not work toward a regular cycle, your brain won't know when it is time to shut down for sleep. Stick with a sleep cycle that you like. It's also important not to nap longer than 30 minutes.

If you think you have post-traumatic stress disorder (PTSD), get tested by a behavioral health professional. PTSD symptoms (including recurring memories of the traumatic event, avoidance behavior, and irritability) interfere with pain management.

1.3.4 Strategies for Managing Pain

- **MEDICATIONS**
- **HEAT AND COLD COMPRESSES**
- **ACUPUNCTURE/ACUPRESSURE/MASSAGE**
- **ELECTRICAL STIMULATION**
- **AUTOHYPNOSIS**
- **VIRTUAL REALITY**
- **STRESS REDUCTION**
- **PHYSICAL ACTIVITY**

Medications/Narcotics:

- The class of opioid-based drugs including morphine, oxycodone, methadone and fentanyl.
- Used for acute pain, such as pain after an amputation or burn surgery.
- Also used for chronic pain in low doses if other methods are not effective.
- Side effects may include sedation, nausea and vomiting, and hallucinations.
- Since they are habit-forming, opioids must be prescribed and used with extreme care under professional medical supervision.

Anti-inflammatory Drugs:

- Includes aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil and Motrin) and naproxen (Aleve).
- Reduces swelling, irritation, and pain.
- Also includes prescription steroidal drugs (cortisone and prednisone) for treating more serious inflammatory conditions.

Antidepressants:

- Used for chronic pain and pain due to nerve damage in SCI or amputation.
- Newer medications (like Cymbalta) are particularly helpful.
- May also help induce restful sleep.

Anti-seizure medications:

- Used for chronic pain.
- May relieve what some patients describe as "shooting" or "burning" pain caused by damaged nerves and aching pain.

Injections:

- Local anesthetics (such as Novocain) can be injected around nerve roots and directly into muscles or joints.
- Used to reduce swelling, muscle spasms and abnormal nerve activity that can cause pain.

Heat Compresses:

- Electric heating pad or hot water bottle applied to the site of the pain may give relief.
- Heat above 104F blocks the body's ability to detect pain.
- Increases blood flow to the injured area, bringing nutrients to damaged tissues.
- Also reduces joint and muscle stiffness.

NOTE: Heat should not be applied immediately after an injury.

Cold Compresses:

- Relieves pain by numbing the affected area.
- Reduces swelling and inflammation.
- Reduces bleeding.

Some people find more relief with cold compresses than with heat and vice versa. Some people prefer moist heat and some prefer dry heat. Experiment to see which treatment works best for you. Always follow your provider's directions on how long to apply each.

Acupuncture:

- In this treatment, sterilized stainless steel needles are inserted into the skin at specific points on the body.
- Approved by the National Institutes of Health for the treatment of chronic pain.
- May help with phantom limb pain.

Acupressure:

- Pressure is applied to special acupressure points in the body.
- May help with musculoskeletal pain.

Massage

- Therapeutic massage may disrupt the transmission of pain signals to the brain.
- May stimulate the release of endorphins (the body's natural painkillers).
- Reduces stress and promotes relaxation.

1.3.4 Strategies for Managing Pain (cont.)

Transcutaneous electrical nerve stimulation (TENS)

- Low-voltage electrical current is transmitted through electrodes that are taped to the skin near the painful area.
- The electric current may prevent pain signals from reaching the brain.
- May help phantom limb pain.

Hypnotherapy:

- A state of deep relaxation that leaves the mind open to suggestions of pain relief.
- Approved by the National Institutes of Health as a pain control method.
- May be useful with both acute and chronic pain.
- May also reduce anxiety associated with painful procedures such as burn treatment.

Autohypnosis:

- Self-induced hypnosis or deep relaxation.
- Pain relief or stress relief suggestions can be self-administered.
- May also be used to create a state of relaxation or distraction from pain.

Stress Reduction—Stress intensifies both chronic and acute pain. In turn, pain intensifies stress. This can lead to an upward spiral of increasing pain and stress. One way to break the cycle is to reduce pain through methods listed above. You can also break the cycle by using stress management techniques.

Deep Breathing Technique:

- Slow, deep breathing from the abdomen instead of shallow breathing from the chest.
- Reduces heart rate and other physical signs of tension.

Progressive Muscle Relaxation:

- Tensing and relaxing muscle groups progressively throughout the body.
- Releases the muscle tension associated with increased pain.

Stress can also lead to sleep problems. Failure to get good sleep may intensify pain. And post-traumatic stress, including unwanted flashbacks of the event that caused the injury, may also increase pain.

Virtual Reality:

- Promising new pain treatment for pain.
- Patient wears a headset with goggles and earphones to explore a computer-generated world or play a computer game.
- Involvement in the virtual world distracts the user's attention from the painful procedure.
- Treatment is used during painful procedures, such as changing burn dressings.

Physical Activity—Physical activity is a potent pain reliever. Staying active distracts your mind and reduces the amount of attention devoted to pain. Physical activity also reduces stress, increases muscle and cardiovascular tone, and may increase the release of endorphins – the brain's natural pain killers.

All kinds of physical activity – from washing dishes and mowing the lawn to sports such as skiing and hiking – are beneficial. Many activities are also now accessible to service members with amputations or in wheelchairs. Check with your doctor before beginning a new or strenuous activity.



1.3.4 Strategies for Managing Pain (cont.)

For more information on activities check out the following:

- the Disabled Sports USA website at: <http://www.dsusa.org/about-overview.html>
- Military inStep at: <http://www.amputee-coalition.org/military-instep/sports-recreation-resources.html>
- the Sports and Recreation webpage of the Paralyzed Veterans Association at: http://www.pva.org/site/PageServer?pagename=sports_main.



You play a major role in controlling your injury-related pain.

YOU play a **major role** in controlling your injury-related pain.

To help you manage your pain:

- Don't use tobacco products if you have a spinal injury. Tobacco can add to back and leg pain from degenerate disk disease.
- Don't self-medicate the pain by overusing alcohol.
- Don't try to "tough out" the pain. Pain is treatable; don't expend your personal resources fighting pain when you could use them on other parts of your recovery.
- Let your doctor know if you have new or constant pain. Don't give up if certain types of treatment don't work. Be open to trying different treatments or combinations of treatments until you find what works for you.

1.4 SEXUAL ISSUES

Humans are sexual beings. This does not change just because of serious injury. But serious injuries can change the way an injured person expresses their sexuality. Regaining a satisfactory sex life is an important ingredient of healthy post-deployment adjustment for an injured person and their partner. Communicate openly and honestly with your sexual partner as you work to return to a fulfilling sex life. Deployment injuries may lead to sexual problems in the following areas which will be discussed in this section:

- Pain.
- Fatigue.
- Erectile dysfunction.
- Loss of desire.
- Lubrication issues.
- Problems with bowel and bladder control.

1.4.1 Pain

Chronic or acute pain may interfere with sexual desire *and* performance. You may have to deal with chronic pain issues before resuming a satisfactory sex life (see the Managing Pain section). If you're a female with an injury and you have genital pain (dyspareunia), you should see a specialist—the problem is sometimes associated with psychiatric issues and may need specific treatment.

1.4.2 Loss of Desire

Loss of sexual desire after a deployment injury is common and may be caused by a number of different factors, including: depression or anxiety, antidepressant or pain medications, pain, fatigue, or loss of sensation to the primary sex organs (as in the case of spinal cord injuries). Psychological factors, such as trust issues and low self-esteem, can also decrease sexual desire.

Depression – Loss of sexual desire and depression often go hand in hand. If you are depressed, your interest in many pleasurable activities may suffer. As your depression lifts, your sexual desire should return.

Antidepressant and pain medication – Reduced sexual desires are often a side effect of antidepressants. If you take anti-depressants, tell your doctor if you are having sexual difficulties. Sexual side effects can interfere with your recovery from depression. Your doctor may change the drugs you are taking, change the dosage, or add a small dose of another medication (e.g. bupropion) to help increase your sexual desire. Even if you are not depressed, check your medications if you are having desire problems. You may take an antidepressant for pain.

Fatigue – Fatigue negatively affects sexual desire. Fatigue may result from long hospital stays (where adequate sleep is difficult), constantly fighting pain, rehabilitation and physical therapy, or other forms of stress. Getting the proper amount of rest and using stress reduction techniques may help restore your sexual desire to pre-injury levels.

Loss of sensation – If you have spinal cord injuries or severe burns, you may have lost sensation in your primary sexual organs. Loss of sensation may temporarily interfere with sexual desire because sexual activity does not produce the same amount of stimulation as before the injury. But many people find that other non-sexual areas of their body become sexually sensitive if they lose their primary sexual sensitivity. You may need to experiment to find which of your body parts now give you the most sensual pleasure. The earlobe, neck, hands, lips, or other body parts may take over as sources of sexual excitement.

Trust issues – Dealing with changes in your sexual functioning may affect trust in a relationship. Talking openly and honestly with your sexual partner is crucial. Making assumptions or “settling for less” in your intimate relationship can damage the trust between you and your partner. Communication is the key. Instead of feeling embarrassed and avoiding the topic, have open conversations about your changes in sexuality. You may want to use humor. Counselors or psychologists can help with this adjustment phase.

1.4.2 Loss of Desire (cont.)

Body image problems – If you are uncomfortable with the way your body looks after your injury, you will probably take your discomfort into your sexual relationship. Self-consciousness may affect your level of sexual desire. Check the Redefining the Self section for suggestions on how to feel more comfortable with your body image.

Change in role within the family – Another issue that may affect the level of sexual desire is a change of your role within the family. This issue is usually more serious for males than females. If you are used to being in control (the head-of-household) and you find that others have taken over tasks that used to be yours, you may suffer from a loss of self-esteem. Low self-esteem can affect your sexual desire. The best way to deal with this issue is to strive for independence.

1.4.3 Erectile Dysfunction

Drugs (Viagra, Levitra) – New erectile dysfunction drugs have proven to be helpful for males having difficulty getting and keeping erections due to injuries.

Vacuum method – A vacuum pump is placed over the penis, causing the blood vessels to inflate. A band is placed at the base of the penis to keep those blood vessels inflated. This method is non-invasive and should be considered before injections or implants.

Injections – A small needle injects a prescribed vasoactive medication into the penis. This causes the blood vessels to enlarge and results in an erection that lasts from 15 minutes to an hour. The needle causes little or no discomfort. Potential side effects include bruising at the injection site or priapism (a persistent, often painful, erection that lasts more than four hours). Insurance may cover this option.

Penile implant/prosthesis – Most men who tolerate penile implants are satisfied with the results. However, about 10 percent experience problems and must have the implants removed. Unfortunately, the men who have the device removed may find that other erectile dysfunction treatments no longer work because the removal process may damage penile tissue. So consider this method a last resort.

1.4.4 Female and Lower Body Injuries

Women with lower body injuries, especially spinal cord injuries, are generally able to have sexual intercourse as easily as before the injury. A lubricant (commercially available) may make intercourse easier and to prevent chafing.

1.4.5 Problems with Bowel And Bladder Issues

Bowel and bladder management are extremely important for people with spinal cord injuries. This may include managing catheters or ostomies. Emptying your bladder before sex helps to avoid the urge to urinate during sex. Avoid intense genital or anal stimulation when you have a full bowel, as this may also stimulate an unscheduled bowel movement. If you worry about your bowel or bladder, always keep blue pads or “chux” nearby.

Both men and women with indwelling catheters can leave the catheter in during sex. For men, the catheter can be folded along the penis and held in place with a condom or tape. For women, the catheter can be taped to the lower abdomen. If you are at risk for autonomic dysreflexia (AD), remember that stimulation or orgasm can trigger AD. Talk to your doctor about treatments to prevent this problem.

*As you increase your
independence and
develop more
confidence in
your post-injury abilities,
your growing
self-esteem will
positively affect your
sexual desire.*

1.4.5 Problems with Bowel And Bladder Issues (cont.)

To get the best results, you'll need to communicate openly with your doctor. You may need to bring up the topic of sexual functioning. Be assertive, ask questions, do your research, and follow through on recommendations. Communicating with your spouse or partner is just as important. You'll need to work together to deal with your injury. Keep in mind the following points:

- Sex may be less spontaneous than it was before your injury. You may need to plan ahead to handle fatigue, pain, or bowel and bladder routines.
- You may have to try different positions or have your partner take a more active role.
- You may have to experiment with different pleasure zones on the body. And you may need to rely more on non-intercourse types of sexual activity.

Adjusting to changes in your sexual functioning takes time. But with an open mind and open communication with your spouse and your doctor, you can look forward to an active and positive sex life.

1.4.6 Fertility Issues

People with spinal cord injuries may experience significant fertility issues. The two most common problems are difficulty with ejaculation and poor sperm quality. While not much can be done to improve the sperm quality, there are two common procedures address difficulty with ejaculation:

- **Penile vibratory stimulation (PVS)** – In this procedure, a mechanical vibrator is placed at the base of the penis and vibrates at a designated frequency, inducing a reflex ejaculation.
- **Electroejaculation stimulation (EES)** - In this procedure (usually performed under general anesthesia), an electric probe is inserted into the rectum near the prostate. A small electrical current stimulates the nerves and leads to ejaculation and the collection of sperm.
- **In vitro fertilization (IVF)** – When sperm quality is low, *in vitro* procedures may be effective by injecting a single sperm directly into an egg taken from the female. The fertilized egg is then placed back in the uterus.

If you or your partner want to get pregnant, ask your doctor for a referral to a fertility clinic that specializes in disability, illness, or spinal cord injury.

1.5 SEVEN RULES FOR ADJUSTING TO INJURY AND DISABILITY

1. Focus on what you still have and on what you can still do.
2. Nurture your sense of humor. Be prepared for stares and insensitive comments.
3. Set goals for yourself. Take it one day at a time or even one hour at a time.
4. Seek balance. Don't isolate yourself. Work, rest, and play.
5. Don't give your power away. Do not let others dictate your mood or actions.
6. Be assertive.
7. Never give up. You are a precious, priceless person, placed in this world for a limited time to learn to love yourself and others.

You have the power to choose how you want to see yourself and your situation. You have the power to think positively, negatively, or realistically. You choose your mood, attitude, and feelings. You control your own thoughts, feelings, and behavior.

Hopefully, you found this section of *afterdeployment.org* helpful. Good luck in your recovery!

1.6 RESOURCE LIST

BURNS

- **Alisa Ann Ruch Burn Foundation Website** <http://www.aarbf.org/>
Provides services to burn survivors in California.
- **Burn Survivors Online** <http://www.burnsurvivor.com/>
Provides assistance to people with severe burns. The site includes a forum where people can share stories.
- **Handbook of Disabilities Burns Chapter** <http://www.rcep7.org/projects/handbook/burns.pdf>
The burns chapter from the *Handbook of Disabilities* (2001) by the Curators of the university of Missouri & RCEP7 provides basic medical information on burns and describes potential complications.
- **National Institutes of Health Burns Website** <http://health.nih.gov/result.asp/98>
The NIH burns homepage provides information on burns and describes the latest research on prevention and treatment of burns.
- **The Phoenix Society for Burn Survivors Webpage: Recover, Renew, Return** <http://www.phoenix-society.org/> A collaborative Australian project with guidelines for health care workers and family members as well as burn survivors. It includes a chat room.

SPINAL CORD INJURIES

- **National Center on Physical Activity and Disability Website** <http://www.ncaonline.org/>
This website has information on all kinds of activities for all ages and types of disability. From adventure programs to golf, virtually no physical activity is out of reach for SCI individuals with motivation.
- **National Institute of Neurological Disorders and Stroke Webpage** http://www.ninds.nih.gov/disorders/sci/sci.htm#What_is This website contains facts about SCI, current research, and other SCI organizations.
- **National Spinal Cord Injury Association Website** www.spinalcord.org
Contains news stories about SCI and lists resources available by state.

15.6 RESOURCE LIST

SPINAL CORD INJURIES (Cont.)

- **Paralyzed Veterans Website** www.pva.org
This upbeat website has sections on disability rights, veteran's benefits, and a great section on sports and recreation activities.
- **Spinal Cord Injury Information Network Website**
<http://www.spinalcord.uab.edu/show.asp?durki=21396>
This site has all issues of *Pushin' On*, an informative newsletter funded by the National Institute on Disability and Rehabilitation Research. The newsletter addresses all aspects of life with SCI.
- **United Spinal Association Website** www.unitedspinal.org
United Spinal Association, founded in 1946 by veterans with spinal cord injuries, helps members and others with disabilities lead full, productive lives.

AMPUTEES

- **Active Living Magazine Website** www.activelivingmagazine.com
Provides uplifting and motivational information about recreation, sports, health and wellness for amputees.
- **Amputee Resource Foundation of America, Inc. Website** www.amputeeresource.org
This website has online support groups and list of resources for amputees.
- **Military in-Step Website** <http://www.amputee-coalition.org/military-instep/amputee-rehab.html>
This website is sponsored by Amputee Coalition of America and the U.S. Army amputee patient program. It has information about the effects of amputation on military members. It also lists support groups for military amputees worldwide.

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