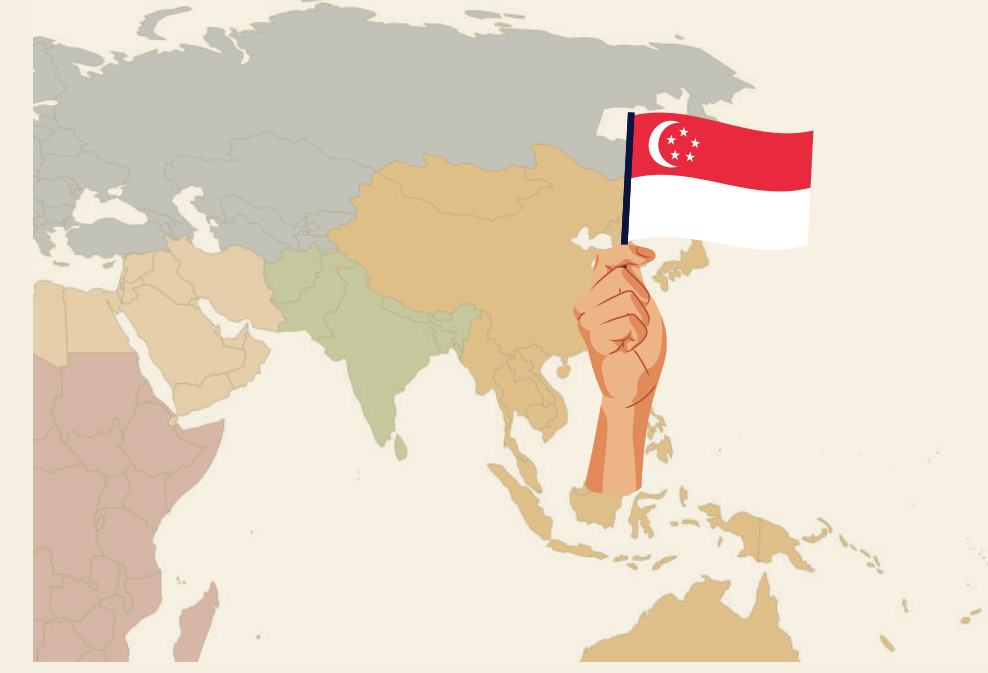


# Reflections as a clinician in persistent pain management from a Singapore context

Prevalence of persistent pain in Singapore is 8.7%



## Background

- The type of health care provider practice (public vs. private) influences the care pathways and outcomes of managing patients with persistent pain.
- Similarly, limited awareness of persistent pain among health care providers (HCPs) and people living with pain influence clinical outcomes.

## Aim

Using two case-studies, this poster aims to highlight the referral practices, care pathways, and management strategies as a pain management physiotherapist in Singapore.

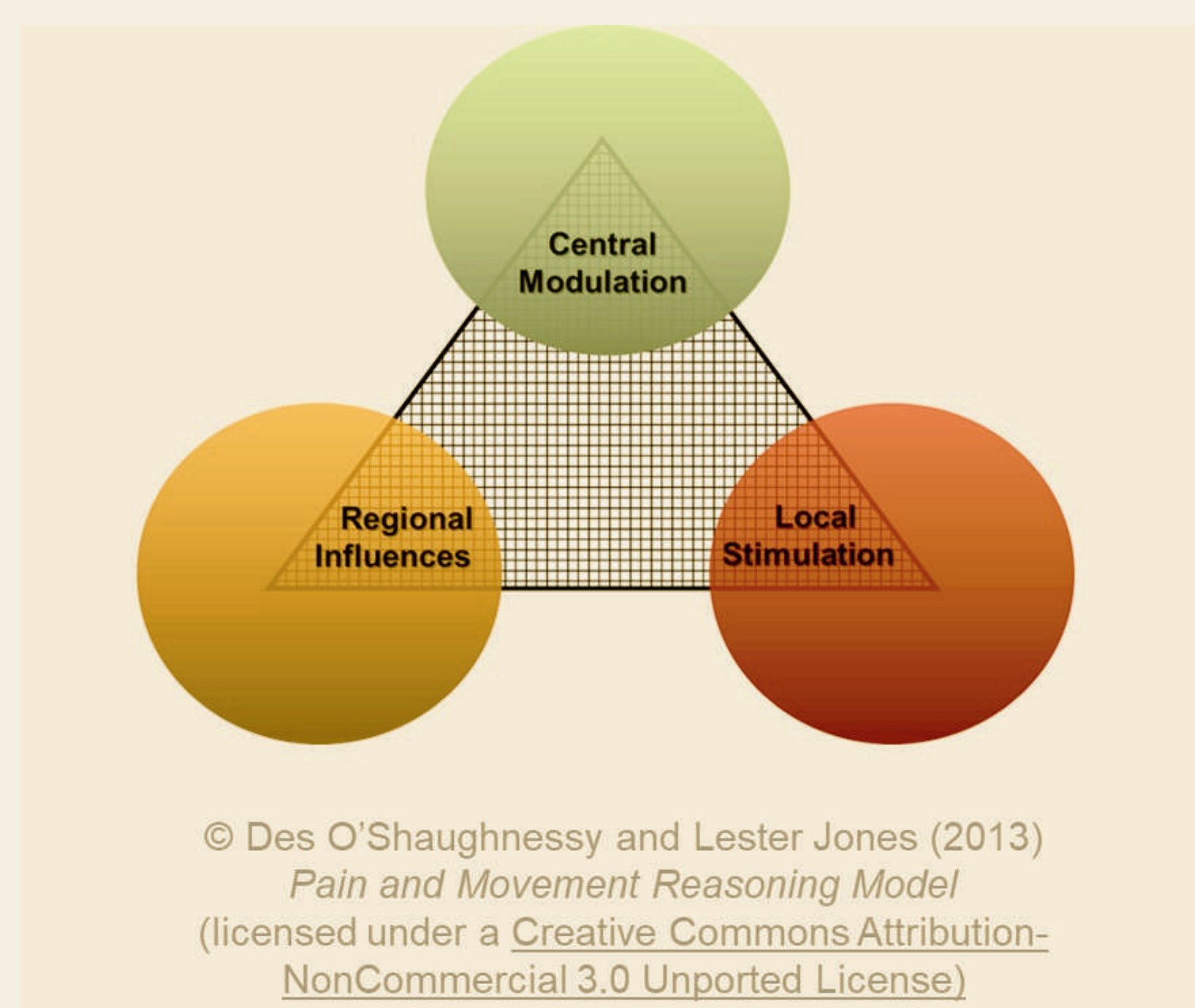
## Private practice

### Patient A



Explained the biopsychosocial impact of pain on function, suggested referrals to pain psychologist, pain physician with ongoing inputs from physiotherapist.

### Patient B



4-5 sessions before being referred to other HCPs. Educated professionals, working class, nil language barrier

No family involvement & paid out of pocket

Unable to accept persistent pain; biomedical beliefs, feeling of not getting appropriate care

Second opinion with another physiotherapist & spine surgeon

Spousal involvement & good financial coverage

Had pain physio, Traditional Chinese medicine practitioner, psychologist & psychiatrist inputs

Returned to work at 8 months since initial visit to physiotherapist

## Reflections and conclusion

- The applicability of the biopsychosocial framework in Singapore remains challenging due to pathoanatomically driven practice and “quick fix” management options in private practices.
- The social and cultural aspects of pain from a Singapore context is unknown.
- There is a need to explore and understand the causal beliefs of people with pain and HCPs in a multicultural country like Singapore that can inform culturally adapted BPS care for persistent pain management.

## References

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