



Dr. David Hanscom

Building a Healing Practice After Her Own Battle with Chronic Pain

An interview with Sharna Prasad, DPT
on Back in Control Radio with Dr. David Hanscom

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Sharna Prasad, DPT - Building a Healing Practice After Her Own Battle with Chronic Pain

Tom: Hello everyone, and welcome back to another episode of Back in Control Radio with Dr. David Hanscom. David's guest today is Sharna Prasad. Sharna is in charge of a group in Oregon called the *Painiacs*.

David: Tom, thank you. I'm excited about having Sharna returning to continue what we started to talk about on her first appearance. I met Sharna, I guess, maybe three years ago in Seattle at a meeting. Sharna caught my attention because she is very enthusiastic about treating pain. I want to preface our talk together by saying, as I did in our last session with Sharna, that research shows that less than 20% of physicians are comfortable treating chronic pain, and they look at it as a *condition to be managed*. Surveys also show that less than 1% of physicians actually enjoy treating chronic pain, but as many of you have heard me say, I'm very excited about treating chronic pain—so I guess that puts me in the “less than 1%.” It's been by far and away the most rewarding aspect of my career. There is a rapidly growing group of us looking at chronic pain as something to be cured and solved, not just managed. Sharna epitomizes that whole process. This is Sharna Prasad, a physical therapist, but she's not *just* a physical therapist. She is very, very busy in the Willamette Valley in Oregon. Sharna welcome to the show.

Sharna: Thank you David. I remember we met three years ago after I attended Lorimer Moseley's Explained Pain Three, and we had a very interesting conversation on the Painiac world, but let me just introduce myself.

I have been a physical therapist for the last 32 years. I went to PT school in India and then came to New York City, went to school at NYU for my master's and then I have been practicing all over the country, I practiced in New York for a while, then in North Carolina for six years, moved to Corvallis, Oregon, and I've been here for the last, I think almost 21 years. I worked in Corvallis for about 14 years and then I have recently moved, I would say around two and a half years ago to Lebanon, Oregon, which is a rural community in Oregon, and that is where I work and I thoroughly enjoy treating chronic pain patients. Actually that's the only thing I treat now. I'm also a pelvic floor therapist but I'm not seeing that many patients unless they are complex pain patients, so that is my background. I've done all kinds of things from nursing home to oncology work to home health to acute care and rehab. Currently my position is in an acute care hospital, but I primarily do outpatient, just general outpatient.

David: And you work for a hospital system, correct?

Sharna: I do. I work with Samaritan Health Services.

David: Okay, got it. Most healthcare providers including physical therapists tend to dread treating chronic pain—and by the way, this is not just back pain. Sharna mentioned pelvic floor pain, which is a huge problem. One of my friends, Dr. Cassius actually specializes in pelvic floor pain. In my own case, the more complex the chronic pain problem, the more I actually welcome the situation as a doctor because it actually, in some ways, becomes more solvable the more

complex it is. Could you give us a little background about how you came to the perspective of enjoying your work treating chronic pain so much?

Sharna:

Yeah, so I have my own chronic pain story. I had neck pain when I was in my early twenties when I was in New York working as a physical therapist, and hurt my neck helping a patient stand up to use the parallel bars. And I thought, "Oh wow, that's painful," and "Oh, I'm a physical therapist, I should be able to treat it." Well, I was not, and my pain progressed. After two years went by, I started having radicular symptoms in both hands and started getting very worried about my pain. But why would I see a physical therapist? I *was* the physical therapist. I was supposed to know how to treat myself. So I saw a surgeon instead. And that surgeon did an MRI and said you have a C5-6 disc herniation and if you don't have surgery you will be paralyzed, and I had a fear of being paralyzed. I guess we all do.

I walked out of that office and I thought "Wait, wait a minute. If he thought that I would be paralyzed with this disc herniation, he would have sent me straight to the ER. Why did he let me walk out of that room?" So, I figured I was not an imminent danger yet. So I went back and I started taking some courses, the McKenzie courses, and I took all of the training. While taking one of the last courses, I was picked as a patient and I was shown how to move. And I learned how to move. And I believed in that, what they showed. And six months later I was pain-free. So my belief was that was the way to treat all patients.

I did that for years until I was in Corvallis and I hurt my back, and that was when I realized that nothing that I had learned from the McKenzie courses was working. I was very frustrated and in a lot of pain. I would get up, crawl out of bed, go to the gym, workout, and go to work. I went from a sitting chair to a standing desk *thinking sitting was the next smoking*. And that's when I met Dr. Cuccaro who started talking to me about pain science, and I thought he was absolutely crazy because he was telling me things like attitudes and beliefs of therapists could change the patient's pain. And I'm like "That in total contrast to my McKenzie training," which was very biomechanical in nature. And I was in total confusion in my head. But at the same time I was very curious, because I was in a lot of pain and nothing was helping me. So I wanted to see what he had to say, but it wasn't making sense to me at all.

David:

So let me ask you a quick question. Going back to your neck injury, explain to the audience if you could, what we mean by a **radicular pattern**. In other words, as a surgeon, when I hear about neck pain going down the arms, which is radicular pain, you start to think about spinal cord injuries, spinal cord impingement, paralysis, and your neck situation was a long time ago, and obviously, you're not paralyzed.

Sharna:

No, I'm not paralyzed. My symptoms were tingling and paresthesia, and decreased sensation in my fingers. It was patchy and would come on, and other times it would not be there. I felt it more when I was heading home than when I was at work. I did not feel it as much when I was at work. I was busy, I was

enjoying my work. When I was walking from the hospital to the bus stop to go home, that's when I would notice it the most, and it was a very helpless feeling.

David: I just want to make a comment. My new book is called 'Do You Really Need Spine Surgery?' and it was inspired in part by one of the lines I've heard throughout my career, and to which I've always strongly objected, which is that in a disc rupture, sometimes the spinal cord is being pinned, sometimes it's not, but if you don't have surgery you're going to be paralyzed. I've never seen it happen, and generally I think the risk of surgery is actually higher than the risk of being paralyzed. And I think it's a really unfair way to approach doing spine surgery. I mean there are times where we have to do it, but it's pretty darn rare. And your story is quite typical when people actually say "Look, I don't want to do this." They often do become better. When did this low back situation start? How long ago was that?

Sharna: The low back situation was around 2013-2015. That was when I was in a lot of pain. Yeah.

David: Kevin Cuccaro is an anesthesiologist, pain specialist in the Willamette Valley. He and I have become good friends, and we basically have trained each other back and forth, and Sharna has also been part of my training. And then Dr. Lorimer Moseley has been training all of us. He's one of our gurus, so to speak. I had met Kevin at that point, right?

Sharna: Yes, you knew Kevin at that time.

David: Just to give you background, Kevin is an anesthesiologist and he actually lost his job because he talked to patients, which is another discussion. I have been on the chronic pain situation for a long time and met Kevin when he'd just started "losing his mind" over treating chronic pain. So he and I had a big conversation, and then he really took off like a rocket learning pain science. In turn, Kevin has become one of my mentors. Who was part of this whole Lemon Valley Painiacs group when you got going and how many do you have in your group now?

Sharna: Oh, David, we have so many now. Let's backtrack a little bit. So I came back from Seattle after we attended Lorimer Moseley and David Butler's *Explain Pain Three* and we came so fired up, we said "Oh my goodness, we are ready to take the world." And we started giving, once a month, a community talk. Kevin Cuccaro, Lianne Dyche, and I rotated amongst the three of us and we just presented once a month to the community bringing hope, bringing some excitement, and in that group now, we have close to 30 to 50 people. I've lost count. Because what has happened is the patients have started getting better and they are joining this group. And right now I was just having this conversation with the group and they're changing their name from the Mid Valley Pain Alliance to Oregon Pain-Science Alliance. And it's being led by patients, which is the best part.

And we are filing for a 501(c). I don't even attend the meetings anymore because I feel like they're just taking it and running with it. We have so many providers now who are signing up to talk. So we have the provider list and we have the patient story list. And we have so many patients who want to talk that we have to restrict them and say "Well hold on, you know what? We can't have you repeat. We have so many other people, and we also have backups." So if we have a talk in Corvallis, we have one patient talking and in case at patient's not around, we have two backups for each one. It's a very fun place to be right now.

David: So just to be clear, as far as I understand, your group consists of Kevin Cuccaro, a pain specialist who is dedicated to getting the specialists out to the Willamette Valley to learn, and then Sharna, physical therapist. How many core physical therapists do you have as part of your group?

Sharna: We have, I would say, at least five PTs, five to six I think. I can't remember the exact number.

David: And I was down last year and I gave a talk. Kevin, you and I were all on the stage and we had different people come up and talk. It was one of the most remarkable conferences I've been to, with part of it being patients telling the stories, which are incredibly compelling. I'm curious, after that conference there were about 80 or 90 primary care physicians in the room. Did that seem to have an effect on the value of that conference?

Sharna: Yes, it did. What was unique about the conference, for the people who are listening to us now, is what we did was invite some out-of-town speakers like you, David, Giulietta Bolton, and Nora Stern from Portland. And what was great about this conference was that in addition to outside speakers, we went to our local speakers, to the people who were experts in sleep, experts in mood, psychologists, and movement and diet, and said, "Hey, would you like to speak on diet, sleep?" And they said "Sure." And we said "But it's a pain conference, we want to make sure that your language of pain is in alignment with the rest of the speakers." So they were like "Sure, we would like to learn what the language of pain is."

So we had them attend Dr. Cuccaro's six-week training, and what that did was create a very cohesive conference because everybody was speaking the basics and we were not talking pain science. Lorimer Moseley explained pain supercharged. We were talking one-on-one pain signs and everybody got it. And the clinicians are now so fired up that we have physicians' assistants, nurse practitioners, and surgeons who want to talk more. And so we are using the term transdisciplinary team.

David: I'm sorry, what was the term?

Sharna: The transdisciplinary team.

David: Transdisciplinary team. Meaning?

Sharna: Well, I don't have the exact definition in front of me, but the way I interpret it is that, for example, I had a patient that I was working with pelvic floor, who was doing very well with her program, and she was also seeing a psychologist, but she did not like the cognitive behavior part of that psychology. So we were just sitting and talking and saying "What is her plan? Where is she going to go with this?" And she said "I don't like doing this paperwork." I said "Show me what that paperwork looks like." And she brought it out and I said "Okay, let's go with this. This is what we talked about. These are the thoughts you have. Why don't you pick one of your thoughts? What are your emotions? What is the evidence for that thought?" You know? And we walk them through that.

So basically what it tells me is, as clinicians, we don't need to be locked into physical therapy. While I wasn't moving at that time, I wasn't taking the patient for a walk, I wasn't exercising, but I was helping the patient get to where she needed to be in dealing with a problem or an obstacle and seeing the patient remove that.

And I have one more example for that *transdisciplinary model*. Our surgeon is a bariatric surgeon, Dr. Erica La Vella. She and I were talking about this and she said, "My patients don't walk enough." I said, "Why don't you have your consult while you're walking with this patient?" *So she has one hour consults with her patients. She takes all her patients for a walk. It's so lovely.*

David: Wow. Was she the general surgeon that gave the talk on nutrition?

Sharna: Yes.

David: That was one of the best talks I've ever heard. It was unbelievable.

Sharna: Yes, she is amazing.

David: I thought that conference might have an impact. It was a remarkably smooth, organized conference, and I forget that Dr. Cuccaro had asked people to go through the course. I said "I snuck by that little course."

Sharna: It wasn't him. It wasn't him. It was not him. We insist. *We as organizers insisted that we needed a course that they all needed to take.* And I believe that's the best course that's out there, because I have taken so many courses in pain that I feel that he's the best right now.

David: What happens with a lot of courses, people put together six or seven talks but they don't necessarily have continuity with the goal of the course. But this was wonderful—patient stories and concept and type. So on the second podcast, we're going to talk about your approach and how it works.

I did skip ahead so let's quickly finish up your neck resolution story about how that transformed you into what you do. I know you talked to Kevin Cuccaro, but when you talked to Kevin and then went through your own neck healing process, some basic shift had to occur, some paradigm shift about pain that allowed you to be excited about it. Because my concept is if you're not treating pain correctly, it'll be frustrating cause it's not going to work. When you treat pain quickly and see success, of course you can get excited about it. So I'm just curious, what in your thinking changed that allowed you to be so excited about treating pain?

Sharna: What happened when I met Dr. Cuccaro was that he and I talked for a long time, but I was not ready to listen to him. I had blocks of my own. I had my personal story of pain. I was talking to him, *but I was coming from such a biomechanical perspective* that I was not ready to listen. So I pushed him away, you know, like in the sense, not pushed him physically, but there was this resistance on my end that he's not a physical therapist. He's not talking my language. He doesn't understand the body like I do. So there was that whole resistance, and you won't believe it, David—it went on like that for a whole year. He and I met once a month and had lunch together, and I would be "Yeah, yeah, yeah, but I'm not convinced."

But I had so much pain and I wanted to get better, and nothing that I knew was working. I was so frustrated with my own profession; and I was so frustrated with myself wondering *where was I going with this?* So I went to CSM, which is our combined section meeting and is the national physical therapy meeting. And that is where I sat and listened to Adriaan Louw. He was a speaker and there was a large group of people sitting over there. This was in Anaheim, California.

David: I'm sorry, who is the speaker?

Sharna: Adriaan Louw.

David: Oh, Adriaan Louw. Just to let the group know, he's very active on a national level, educating physical therapists in the neuroscience of chronic pain, correct?

Sharna: Yes, he is.

David: And it's called, energy in motion, is that what he does?

Sharna: Evidence in Motion.

David: Evidence in Motion. And I will say really quickly that the physical therapy world, I think in a large part due to his efforts, is way more open to these ideas than mainstream medicine. By the way, just to be really clear, this is mainstream medicine. This is basic neuroscience. This has basically been around for 10 years in the research. Mainstream medicine right now is simply ignoring the data, but

anyway, that's a different conversation. Okay, so Adriaan Louw is part of your transition.

Sharna: So Adriaan Louw was there at that conference and the first thing he asked was "What is pain?" And I thought it was such a dumb question, what is pain? I said "We all know what pain is, you know, you get hurt and you have pain, you have tissue damage and you have pain." And somebody in the audience said pain is about protection. And I was like "No, it's not. Pain's not about protection, pain's about damage." And Adriaan kept talking and I was just sitting there with my jaw open going "What are you talking about, pain is about protection?"

So that changed my whole perspective, and I just could not believe what was being said. And of course I had not done as much reading as I should have because I was raising kids at that time, too. So then I reflected back to my neck pain and said "Wait a minute, at that time, the psychosocial factors that were affecting me were huge." I had moved from India, I was missing my family; there was this loneliness that was part of my life. And I would not feel it when I was at work. I would walk home and I would feel that loneliness being in the apartment or whatever it was, I didn't realize that. And then when I took the McKenzie courses and they taught me how to move safely, or somebody paid attention to me and said "You're okay, you're safe." And before I knew it, my body started feeling safe and started healing. But now I know that, I didn't know it at that time.

David: But how about your low back? What solved your low back problem? Was it the same thing?

Sharna: So the low back, I'm sitting there at that talk, when Adriaan Louw was talking, and I'm reflecting on all these things, and I go "Wait a minute, what's going on with my low back?" So I look at the bigger picture and I had so much stress going on with my kids, which I didn't realize how it was impacting my body. But you know, my oldest daughter was the gem and I love her to death now, but at that time she was a typical teenager who was challenging every piece of me. And she and I were conflicting, and I was scared that she was my mirror. She was doing all the things I was doing as a teenager and I was scared for her. But I did not realize how those things were impacting my life. And once I realized that my body is safe and I am strong, because I was working out, I was doing all the right things.

So what was it that could have gone wrong with my back? Once I addressed those things, I think the back pain, which I suffered with for more than two years, was better in like three months. I went back to yoga. One of the big things with McKenzie is don't bend forward, don't bend forward, and, oh my gosh, that was all my body needed—forward flexion. And I went ahead and did everything. I went into yoga and started taking care of my mental health and physical health and social health.

David: It was interesting that you say that because really what I concluded, the essence of solving chronic pain is actually connecting to your own capacity to heal, which means basically feeling safe. When we feel safe it has a dramatic alteration in body's chemistry being full of oxytocin, dopamine and the love drugs, etc. compared to stress chemicals, which keeps your body in hyper alert, which also increases your sensitivity to pain, which makes sense from a survival standpoint. So anyway, this is great background. In a few minutes we're going to talk about your current approach to pain, how you've evolved and how you approach your patients. And also we'll obviously like to hear about some patient successes. But you just told us two success stories about yourself; your neck and your low back. And we'll talk about pain more on the next episode, but this has really been excellent. Do you have any specific thoughts for the audience before we close this part of the session?

Sharna: My only thought is know your pain. Just take some time to understand who you are, and identify the factors that contribute to your pain experience. Don't just wait until you have pain in your body. That's just physiology right? It's our bodies.

David: I mean pain is your friend, I mean it's what protects you. And we do know people are born without pain fibers, it's called congenital indifference to pain, and these people don't actually survive beyond 10 years old at the most because they just can't protect themselves. So pain is a specific protection mechanism that's very elegant, it's what keeps us alive, and so it is an interpretation of sensory input. But anyway, thank you very, very much.

Sharna: Thank you, David.

Tom: Well, thank you Sharna for joining us on the show today and sharing your journey through pain. The insights that you developed from it have enabled you to share your knowledge with a much wider community. And I want to remind our listeners that we will be back next week with another episode of Back in Control Radio with Dr. David Hanscom. For more information, please visit our website at www.backincontrol.com .

Note: The original transcript of this episode of Back in Control Radio with Dr. David Hanscom has been edited for readability.