



Dr. David Hanscom

## Treating Chronic Pain through Listening and Coaching

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

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## Sharna Prasad, DPT - Treating Chronic Pain through Listening and Coaching

Tom: Hello everybody and welcome back to Back In Control Radio with Dr. David Hanscom. I'm your host, Tom Masters. We welcome back Sharna Prasad, who is a doctor of physical therapy and also a founding member of the Oregon Pain Science Alliance.

David: Thank you, Tom. I'm very happy to have Sharna on board today. We talked to her last week about her background and how she came to be so excited about treating chronic pain. The nickname that the group took initially, and still hangs around today, is painiacs and they're simply excited about treating chronic pain.

As you all know I'm also very excited about treating chronic pain. It's been by far the most rewarding phase of my career, because like most other health care professionals, I dread seeing chronic pain in patients, but now that we are developing alternative approaches to help people live good lives even if they are troubled by chronic pain, it is very exciting to see positive outcomes at last.

If you have the correct paradigm and can watch people get better, it's just flat out fun. Particularly, when we take people without hope that are simply trapped deep in chronic pain, and not only do they come out of chronic pain, they actually thrive at a level they never thrived at even before they went into chronic pain. Sharna has become quite effective and consistent with her approach to patients. And Sharna if you could re-introduce yourself really quickly. Congratulations by the way, I didn't realize you'd received your doctorate. So it's Dr. Prasad now, right? That's fantastic, congratulations. But anyway, Sharna if you could introduce yourself a little bit more and then we'll jump into your approach.

Sharna: I'm Sharna Prasad, physical therapist; I've been a PT for 32 years. I went to PT school in India and went to school at NYU for my grad school work and then I have just finished my therapeutic pain specialist and my DPT with Adriaan Louw's group Evidence in Motion.

David: Great. Well, the last show we talked about how you'd been in the Willamette Valley for what, how many years? 20 years.

Sharna: 21 years.

David: And she's worked with a friend of mine, a friend of ours, Dr. Kevin Cuccaro, who's a pain specialist and anesthesiologist in the Willamette Valley. And he and I have been friends for a while; we actually all met about the same time. I have asked Sharna on this episode to really talk about her specific approach that's been successful in helping people out of pain. We talked about her own neck pain and back pain years ago, and how she evolved into her current approach. But as you know, when you actually use the approach, things evolve. So I'm really curious now, as if I walked in the door, I'm your patient, how do you view me? What's your general assessment? How do you start?

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Sharna: So when I meet someone in our waiting room I will say, "Welcome, glad you could make it. There's a long walk to my room. I'm Sharna." And then we walk to the room and I sit down, I get my computer out, and I have to document unfortunately. And then I tell them, "I'm ready for your story." And then I just wait and they say, "Well, what do you mean?" And I just shrug, and I don't say anything, I just wait for them start where they are. And that pause, that wait is the best thing I have learned. And this was from a motivation interviewing, I've taken a lot of courses, and I have a lot of people who have guided me through that process. And that pause is the best thing ever because I've had people tell me, "When I was nine years old and I..." "And this would be a 70 year old gentleman who has started the story from nine years old, so I know the incident that happened at nine years of age has a huge impact on his pain today, and I can't stop listening.

To me, it's so exciting right now because every patient is coming with a very unique story, and how am I listening and how am I dancing with them versus having an agenda is different. Before I used to have an agenda with boxes to tick off, and I would get really upset if my patients would jump to something else when I was on a box that was much higher. But now it's like, "Don't worry about it. Just tell me whatever, and I'll figure out my boxes later."

David: Wow, that's fantastic. That's a really good point because it's been well documented, they've timed this, the patients can talk somewhere between 12 to 15 seconds before the doctor interrupts them. Did you see that? Have you seen that data? It's really interesting.

Sharna: Yes, I have seen that data. I don't interrupt for at least five to eight minutes minimal. I mean, I don't look at that clock. I do not look at the clock. But there are times I don't say any... I mean, I'll just maybe validate data. And I just recently took a motivational interviewing class where they talk about repeating what the patient says, but I don't feel like I want to interrupt them if they're in storytelling mode, you know?

David: Well, that's very interesting. I mean, one of the biggest problems that people in chronic pain have is you can't find a reason 98% of the time, so providers don't believe them. Their family doesn't believe them, their doctors don't believe them, their colleagues don't believe them. So people don't feel believed and they feel labeled. And of course when you're labeled you feel like you're trapped and nobody's listening to you, it's been actually documented. Always the first step is solving the problem is listening. So now you've heard this story and what's your general approach? Let me ask you a different question, what percent of patients that stick with you and engage with your process, I'll use the word their process guided by you, do you think get better?

Sharna: I, and I'm not trying to brag, but I've a very high efficiency and effectiveness rate with my patients. Right now for a nonspecific low back pain, the average number of sessions in which I see them is anywhere from four to five.

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David: Okay.

Sharna: Over a period of three months I use a coaching style more than physical therapy as in traditional physical therapy.

David: And what percent of those patients get better?

Sharna: I would say most of them, most of them, unless they're a complex patient. The complex pain syndromes, those take much, much longer.

David: My experience has been that the biggest obstacle to people healing is simply people being willing to be responsible and engage in the practice. And once they engage, probably 90 to 95% of them get better at some point. For some people it's weeks, but I would say the average is three to six months, with some people taking a year or two. But once you start the process, the brain actually physically changes, we know that. So the vast majority of your patients at some point, once they engage, they get better.

Sharna: That is absolutely true, David:, I totally agree with you. And when I say four to five visits, I don't mean that they're all better, and that I've used this magic wand, and I'm so good in what I'm doing. I don't mean it that way. What I mean is that they have started their process, they have understood movement, they have understood the value of touch as in oxytocin, not as in manual therapy and the importance of all the people in their lives and themselves understand self-care, and they're on the journey to understanding what pain is. And I do have a really good story about that.

David: Yes.

Sharna: I had a gentleman who had just retired three years ago, and he came to me with a diagnosis of spinal stenosis and he said, "I haven't been able to work in my business." He was a carpenter. He said, "I haven't been able to make my picnic tables for the last three years and I'm very frustrated about that."

I said, "Okay, so what else?" And he said, "Well, I'm afraid." I said, "What are you afraid of?" He said, "My diagnosis." And I said, "What does spinal stenosis mean to you?" And he said, "Well, my spine is getting narrower." I said, "And what's it going to do?" "It's going to press on the nerves." "What's that going to do?" "Well, I'm going to be paralyzed." I just paused and that's when the emotional part hit, and he said, "I don't want to be in a wheelchair like my mother." And that is the meaning of his diagnosis.

If I had just stopped at narrowing of the canal and started on a rant saying, "Well this is what it is, da, da, da," I never would have found out that for him, fear was the biggest piece. Right? The fear of being lonely like his mother in a nursing home in a wheelchair was his big fear.

So then, I put him through an examination. I had him get on the floor; stand up; do forward flexion; do some sit to stand activities, and just kind of got a feel for what he could physically do. He was doing great, I checked his sensation, I checked his reflexes, and they were all great.

I said, "Okay, so are you ready to listen?" And he says, "Yes." And he says, "You're very strong. You have a diagnosis of spinal canal stenosis. Well the canal may or may not get narrow, we don't know. But..." And then I use the example of we are sitting on a fault line, we're waiting for an earthquake to happen in Oregon, we can just stop doing everything and wait for this earthquake to happen or we can continue living our lives and see if when it happens we'll deal with it. So I told him, I said, "You are very strong, you have got great strength, great flexibility, you're okay. But tell me what your goals are." His goal was to walk to the mailbox, to walk to his workshop because he was a woodman and there was one more goal, I can't remember what it was. So those were his three goals.

I say, "For a home program, are you okay just getting up from your chair a couple of times a day?" And he said, "I think I could do that, I did about seven of those in the office so I could do that." I said, "Okay, and just maybe start walking halfway to the mailbox and coming back," and just very simple stuff. And I explained the triangle that Dr. Cuccaro uses, which is what is pain. And he uses the fire analogy that when you have fire, you need oxygen, heat and fuel, and in pain you have body sensation, emotions, and the cognitive, your thoughts and beliefs. So I used that and I showed him that and it just takes me 30 seconds to explain that and went home and came back a week later, I see my patients weekly or every two weeks at least or once a month.

So he came back the next week and he had a frown on his face and I said, "Oh gosh, this is really bad." So I said, "What's going on?" He said, "I have no pain." And I was like, "Oh, no. Sharna, talk about relapse, talk about relapse." I was just preparing myself because you can't get better so soon. But he said that, he said, "I don't know but I have no pain right now." So I said, "Tell me what happened." He said, "I went home, I talked to my wife about that triangle thing, you talked about sensation and emotions and thoughts. And my wife said, 'You know what? That's good because you don't talk about emotions ever, so that's good.' That same evening I had some buddies come over and we were having beer and the guys said, 'What? She didn't touch you? She didn't do any manual therapy? You need to stop going to see her, this is not the right PT for you.' And I said, 'Fine.' And all I did was just hung around and I said, 'Let me just see what happens.'"

"So I started going to my workshop, I started touching the wood, I started touching my equipment. And before you know, I made all three of my picnic tables that I was given a contract for. And not only that, I cut enough wood to put it on Craigslist too, for eight more picnic tables and I'm starting to get orders for that. And I have no pain right now." I said, "Okay." And so then I started

talking a little bit more about relapse and stuff like that, but I said, "Tell me what happened? What changed you in this whole process?"

And he said, "You know, when you took me to the ground and I stood up and you said, 'You're okay.' Just that sentence made me realize that I am okay." And I'm like, "Okay, then, you're okay." So then I said, "Okay, well here's some more information on this, this. I'll see you in a month." And then a month later he never showed up and I called him and I said, "Hey, what's going on? Why did you..." He said, Sharna, I am loading sheet rock in my truck. I'm fine, I don't need any help right now, I'm good." So that was like, that's of course my best story, so I'm sharing my best story. I've had lots of great stories but this is one of my things that I was very proud of.

David:

But there's lots of best stories like that, I mean this does happen all the time. I actually see it happen quickly like that all the time also. Just people get told they've got a degenerative disc disease, or they have spinal stenosis and they become afraid of the diagnosis. The problem is when you're afraid, what people don't understand, it changes your body chemistry. You're full of adrenaline, cortisol, and histamines, it actually doubles the nerve conduction. You really do feel the pain, but it's that perception that it's dangerous is what cranks up the body chemistry. What you're doing, you helped him feel safe, you listened to him, helped him calm down. He started feeling safe with himself and there's a change to the body's chemistry, people's pain really does disappear.

I wanted to be clear on a couple of things, so I know Howard [Shu 00:15:07] and I think this really clearly, and I said it on the last podcast, but I just want to reiterate that doctors in general, including myself historically, I don't be too critical here, really look at chronic pain as something to be managed, not cured. And we see it being cured all the time, it's just solvable problem. Once you understand the neurochemical nature of it, and we've just barely touched on the surface of it today, once you do your homework and understand pain and understand that pain is not necessarily reflecting damage, it's your nervous system interpreting signals which may or may not be accurate. Once you understand that it's just game on, people really do get better consistently. And as you pointed out probably, I'm just guessing 90% of your people at some point, go to pain... When I say pain-free I mean there's always flareups, et cetera, but in general, the chronic pain that tied them to the ground is actually gone. Is that a fair statement?

Sharna:

Yeah. Yeah, I think it's a very fair statement. Dr. Cuccaro is our leader in our area and he doesn't use the word managed pain anymore, he uses the word mastered pain, so we're in that process of mastering pain. And that has changed our focus because when you use words like chronic illness or chronic pain it takes away hope. It takes away, like, "I have this problem, I'm going to have to just manage it, I have to live with it." And I don't believe that's true and I'm in total agreement with you and Howard Shu that it can be turned around. You're changing the neurophysiology but safety is complete. And that classic example that I gave, that is so classic. I mean I have a gazillion examples and I think I

need to start writing a book or something but there's a lot of stories that they changed.

I mean I had another patient, she was coming for a neck pain and she was an older lady and she said, "Every time I turned my neck there's a clicking sound." And I said, "Okay, so tell me more about the clicking sound." I said, "What does it feel like?" She said, "It clicks and I'm scared." I said, "And what are you scared off?" And she says, "It feels like my vertebrae are sliding over each other, it's going to press the spinal cord and I'm going to be paralyzed." I said, "Oh my gosh, that's a scary visual to have. If every time that neck makes that clicking sound you feel like your vertebra is going to sliding, you're going to hit the nerve. I mean spinal cord." It was like similar thing what I had gone through. So I said, "Do you trust me and are you okay if we try something?"

And I said, "Just like the door hinge is noisy, what do you do? You take the WD40 and you squirt on it." And then I use some humor and I say, "And don't use WD40 on your neck but use movement, that will help your..." And so she started moving and she says, "I hear the clicking but I see that it's like a door hinge. And every time I move I'm lubricating that joint. And as I lubricate it the sound may be there or not be there." And before, you know it, she was on her way and we were done.

David: No, it's just unbelievable. I'd like to finish up here with just telling the audience about some of the things that you're doing now in an effort to keep this whole process going on. Your painiac group has gone from 5 or 10 up to 30 or 40 and you have patients running it, and it's organized into a statewide Alliance. And that's been my approach also, just keep being persistent and just helping people who are open to be helped, and the energy will definitely grow. But I'm really curious about some of your efforts now to actually get the message out both to the Valley and also in the state of Oregon with what you're doing.

Sharna: We have a couple of programs. The first one is called MAPS, which is movement, mindfulness, and pain science. That's a more in-depth program where our patients sign up, they're evaluated by the physical therapist, and then they are led into this group class which is two times a week for two hours each for eight weeks. And in that process we are going through movement and mindfulness and a big chunk of pain science. So it starts off with a lot of didactic work and very easy movements, and then over time the movement just takes over with mindfulness and then you're just experientially learning that whole process.

David: And this is for patients?

Sharna: Yes, this is all for patients.

David: And this is in a group setting?

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It's in a group setting. We've been doing this for now two and a half years so we have the data, we just have to do the IRB and do it formally, assess the data. So that's one thing that we're working on. And the patients that are coming out of these group classes have created their own support group and they meet two times a month to just... We were not involved in that at all. But that group is growing as well, very well, so there's a lot of hope there. So that's one thing.

Sharna: The other thing is I got a grant to bring opioid misuse, pain science, and healthy self-care skills into the high schools. And so I'm working on that right now. We have developed a pretty comprehensive curriculum with an occupational therapist, Michael Falcon. And he and I along with the school principals and the professional development people that have come up with a program and we are working on teaching the teachers so that they can take it into the classroom. And we're working on making champions in the school district, to have a couple of teachers who understand this material completely. I mean it's going to be hard for us to get the pain science concepts in completely, but the 101 pain science they can understand, and how can they bring that to the high school kids? So that's the exciting part for us.

David: When did that start? How long ago did that start?

Sharna: That started January 2019 and the funding will end December 2019.

David: How's that going? What are some of the things you've seen?

Sharna: It's going really well. There's this certain thing, it's very interesting, Corvallis is a very affluent neighborhood. I mean they are well off people, well educated; they have HP and all these bigger companies. Because people are well educated there is not that much of an opioid problem here. And this is very interesting because you don't have an opiate problem, and parents don't want to hear about mental health, right?

But we can bridge that gap through pain science. Everybody has pain, so that bridging is there. But the teachers don't see that as a bigger problem, they're like, "Oh yeah, yeah, our kids don't have it." So right now we are working with students who have gone through opioid problems and they are in our community ready to speak now. And they are telling us that the teachers know that we have a problem but they choose not to listen. So yeah, it's very powerful. This is very powerful.

David: Fantastic.

Sharna: So the Corvallis community is a little bit resistant, but we have a couple of teachers who have started to understand the value of self-care, and they are starting to practice on their own journey and are bringing it to their students.

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David: So you also mentioned that more and more physicians and physical therapists in the Valley are also accepting the concepts and implemented them with lots of really positive results. But I mean I'll tell you that when you take a patient who's been absolutely hopeless for 5, 10, 15 years, my record by the way is 55 years of chronic pain, and they come out of chronic pain, they can't put into words how happy they are. I mean it's unbelievable. And when it happens, it energizes everybody, it energizes their families, their colleagues, the physicians, and of course, themselves.

But it's a real positive effect that keeps growing and your Willamette Valley is just getting started. I'm just excited to see what's going to happen in 5 or 10 years from now because it's really, really a great energy that you've put out there. Sharna, thank you very, very much. This is wonderful, I learned a bunch of things that I didn't really know before, including the fact that you're now a doctor. So again, congratulations.

Sharna: Oh, thank you.

David: And you're a busy person, aren't you?

Sharna: Actually, no, I work part-time; I do part-time projects and whatever else I feel like doing. So I am very comfortable with my time. I take care of myself very well.

David: Excellent, nice work. Hey, well thank you very much for being on our show. We really, really appreciate it.

Sharna: Thank you, David.

Tom: Sharna, again, thank you for sharing the principles of your practice and those great stories, they're very inspiring. And the work that you're doing now, including in the high schools, I think that's such a great step forward in people understanding pain and how pain works. And for our listeners, we want to welcome you back next week for another episode of Back In Control radio with Dr. David Hanscom. And be sure to visit the website at <https://www.BackInControl.com>

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