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## **Returning to School with Persistent Pain – Information for Schools, Families & Health Professionals**

Returning to school after a prolonged period of absence can be a very stressful and emotional time for the young person and their family.

It can also be a very worrying time for the school, teachers and peers.

Knowing how best to help a person with persistent pain is difficult for a variety of reasons – no one likes to see people in pain and persistent pain is very different to “acute pain” which is most people’s understanding of pain.

Persistent Pain (also known as chronic pain) is less visible than acute pain because this type of pain is more about the sensitivity of the nervous system, rather than an injury or physical damage.

Persistent pain is very real. The impact is more profound than acute pain as persistent pain can contribute to school avoidance, depression, stress levels, isolation, poorer health and increased burden on family/others. Accepting that no amount of medications or surgery can fix the pain is not easy but once the focus is shifted towards a management approach, reclaiming life and returning to meaningful activities is possible.

In Australia, 1 in 5 people have persistent pain. Persistent pain is the third most costly health condition in Australia (behind cardiovascular disease and musculoskeletal conditions).<sup>1</sup> Everyone is susceptible to develop persistent pain at any stage in life as we all experience pain.

Headaches, abdominal pain, musculoskeletal and limb pain are the most common pain conditions seen in young people. For some people, pain may be related to another health condition e.g. juvenile arthritis.

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## **Beginning the process**

For anyone that has missed significant amounts of school, a graded return to school is best (akin to an injured worker who has taken a long period of time off work). A graded return to school will help build physical and cognitive tolerance, confidence to participate in school activities and prevent un-doing of newly learnt self-management skills. Done carefully, a graded return to school can facilitate positive recovery and break the chronic pain-disability cycle. Speak to your child/student, school teachers and health professionals about this.

## **Return to School Plan**

Designing a structured return to school plan can be useful and should be done in consultation with the young person, teachers, family and health professionals (e.g. occupational therapist, physiotherapist, psychologist). Grading can be based on no. of hours, no. of lessons, subject type, contact type (social vs classroom) and no. of days. Below is an example of a structured graded return to school plan:

Mon	Tues	Wed	Thurs	Fri
Lunch break		Lunch break		Lunch break
Lunch break		Lunch break		Lunch break
Morning tea to Lunch (incl lesson)		Morning tea to Lunch (incl lesson)		Morning tea to Lunch (incl lesson)
Morning tea to Lunch (incl lesson)		Morning tea to Lunch (incl lesson)		Morning tea to Lunch (incl lesson)
½ day		½ day		½ day
½ day		½ day		½ day
½ day	½ day	½ day	½ day	½ day
½ day	½ day	½ day	½ day	½ day
¾ day	½ day	¾ day	½ day	¾ day
¾ day	½ day	¾ day	½ day	¾ day
¾ day	¾ day	¾ day	¾ day	¾ day
¾ day	¾ day	¾ day	¾ day	¾ day
Full day	Full day	Full day	Full day	Full day
Full day	Full day	Full day	Full day	Full day

**Working out a safe starting point** may involve trial and error. It is important to know that in persistent pain, hurt ≠ equal harm. It can be helpful to take an experimental approach for one week - to calculate the average of time spent at school and then working out 50-80% of the average which can be a starting point. As pain levels do fluctuate (good and bad days), it is best to assess a starting point based on performance across a week rather than a single day.

Staying at each grade for a minimum of 2 weeks is key to allow the young person to adjust to the change in demand. Some people may prefer to stay on a grade for 3 weeks or longer.

Increments should be consistent and gradual.

It is important to stick to the plan as much as possible despite whether the young person is having a good day or bad day. It can be easy to overdo things when you have extra energy and remember that baselines have been calculated with pain fluctuations in mind.

## **Return to School Strategies**

A non-judgemental approach and practical supports to assist a student to initiate their own self-management strategies will help maximise a successful graded return to school plan.

1. Organise a school meeting to discuss a return to school plan and review regularly.
2. Understand the young person's pain and their self-management strategies. Discuss how strategies can be transferred into a school setting (pain toolkit)
3. Access to a quiet non-medical room/space to practice self-management techniques e.g. stretching, relaxation, distraction (if not practical in class).
4. Portable sensory modulation aids to soothe or assist with concentration/distraction from pain such as cool packs, massage balls, fidget objects etc.
5. Effective communication strategies between student, teachers and peers to convey needs in a helpful manner
6. Pacing of school tasks and activities
7. Environmental supports e.g. lift pass, lockers, additional text books to be left in classrooms, varied seating, positioning aids such as foot stool/back rest.
8. Clothing concessions depending on location/nature of pain as prescribed by health professionals – e.g. softer shoes, different style backpack.
9. Learning supports such as flexibility to do school work in a different room if needed, tutoring support, having missed school work emailed home, reduce subject load to less intensive subjects or just core subjects, swap out a lesson/subject in the week for a catch up/study period.
10. Flexibility and increased supports around exams/assignments i.e. extensions for assignments, exam in 2 parts.
11. Education pathway counselling to discuss alternative prevocational options.
12. Agree on a process for determining when and how parents/caregivers are to be notified in the event of a pain flare up
13. Ensure the young person is not excluded from normal school activities including physical education, sports and camps - modify/adapt where necessary, ask the young person what they could do, seek health professional input if unsure.
14. Provide a mentor (teacher) to whom the student can go to with concerns.
15. Consider increased psychosocial supports during transition periods e.g. such as counselling and peer support/buddy. Transition includes moving from a different school, first year of high school, transition to senior subjects, and finishing school.
16. Referral to an allied health professional e.g. physiotherapist or occupational therapist or a psychologist for a return to school assessment.
17. Education to teachers and peers about persistent pain (see below) and student's plan.

### ***For More Information***

1. ACI Pain Network – for Youth Painbytes <https://www.aci.health.nsw.gov.au/chronic-pain/painbytes>
2. Understanding Pain: Brainman Chooses (Youtube) <https://www.youtube.com/watch?v=jIwn9rC3rOI>
3. Tame the Beast - <https://www.tamethebeast.org/#tame-the-beast>
4. Contact Support Kids in Pain – email [info@skip.org.au](mailto:info@skip.org.au); visit [www.skip.org.au](http://www.skip.org.au)

### ***References***

1. Pain Australia Painful Facts <https://www.painaustralia.org.au/about-pain/painful-facts>