

# CHRONIC PAIN

## Background

Chronic pain is characterized by significant emotional or functional disability and its potential to negatively impact a child's development. Symptoms of chronic pain extend beyond the expected healing period and persist or recur for longer than three months. Children with chronic pain experience high levels of physical disability, emotional distress, anxiety, depression, and sleep issues significantly impacting quality of life.

Multiple situations and conditions can cause chronic pain including an initial injury, surgery, physical deconditioning, hypermobility, and/or an underlying health condition. Primary chronic pain is diagnosed independently of any biological or psychological cause meaning that pain does not have a clear underlying etiology. Non-primary or secondary chronic pain does have a clear, identified underlying etiology (e.g., disease, injury, surgery). Chronic pain is also a common symptom of many chronic health conditions including cancer, diabetes and sickle cell disease.

A variety of medical diagnoses, pain locations, and symptoms are treated for chronic pain including complex regional pain syndrome (CRPS), pain-associated disability syndrome (PADS), amplified musculoskeletal pain syndrome (AMPS), Ehlers-Danlos syndrome (EDS), and postural orthostatic tachycardia syndrome (POTS). Chronic abdominal pain, headaches/migraines, and fatigue are also associated. A growing number of children are also experiencing chronic pain related to functional somatic symptoms and sensory processing disorders.

A child's developmental and psychological perspective and their ability to express pain can affect their perception and response. Chronic pain may peak during adolescence related to puberty and the physical, emotional, social, and cognitive changes during this stage.

The goal of treatment for pediatric chronic pain is to improve functional outcomes. Treatment is not solely focused on providing pain medication but in developing new tools to manage pain. Multidisciplinary treatment approaches focus on minimizing response to pain complaints, encouraging adaptive behavior, regaining physical strength and endurance, and addressing emotional needs.

Cognitive behavior therapy (CBT) can also be integrated to help change the perception and physiologic response to pain.



Pharmacological management, specifically opioids, should only be carefully prescribed when indicated and monitored closely for their ability to alter recognition and response to pain.

## Top Takeaways for School Considerations

Chronic pain is a developmental health concern impacting a student's functional ability. Students may report increased pain when presented with a physical or cognitive task they find demanding.

Students can experience difficulties with memory, concentration, and decreased stamina.

Despite school absences, children with chronic pain tend to perform similarly to peers in processing information and academic achievement. Students do best when they attend school regularly and use coping strategies and distraction techniques.

It is important to understand the school staff's perception and reaction to chronic pain. Negative interactions and perceived lack of support could potentially influence the student's ability and motivation in the classroom.

## Kennedy Krieger Institute's Specialized Health Needs Interagency Collaboration

The Specialized Health Needs Interagency Collaboration (SHNIC) program is a collaborative partnership between Kennedy Krieger Institute and the Maryland State Department of Education.



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## Considerations for the Individualized Healthcare Plan (IHP)

- Nursing diagnosis of pain (acute/chronic), impaired physical mobility, risk for injury
- Current diagnosed health condition including date of diagnosis, progress of disease process and other chronic health conditions
- Current medication and treatment orders (consider schedule, equipment needs and side effects)
- Student-specific triggers, avoidance, or intervention strategies
- Use of specialized equipment, adaptive equipment, and orthotics
- Activity, positioning, transferring (consider precautions and/or restrictions)
- Equipment troubleshooting (consider equipment/device user manual, battery, charger)
- Consider emergency care plan(s) (ECP) and emergency evacuation plan(s) (EEP) as related to medical needs in the school setting, and staff education/training, as appropriate

## Discussion Starters for Educational Team

1. Would the student benefit from evaluations or assessments in any of the following areas: physical therapy, occupational therapy, speech and language therapy, assistive technology, adapted physical education, functional behavior, psychology, hearing and vision?
2. Would the student benefit from additional academic support and/or modified education (e.g., copies of notes, extra time, reduced workload, simplified instructions, alternative formats for presentation of material, 504/IEP)?
3. Would schedule flexibility support the student?
4. Can rest breaks, safe spaces or reduced stimulation times be built into the student's schedule?

## Resources

Kennedy Krieger Institute: Pediatric Pain Rehabilitation Program  
[kennedykrieger.org](http://kennedykrieger.org)

Meg Foundation  
[megfoundationforpain.org](http://megfoundationforpain.org)



Scan QR code or visit **KennedyKrieger.org/Redirect** for more information.