

# The lived experiences of Veterans/Injured Military Personnel living with chronic pain and PTSD/OSI; an interpretive description study

Joline Attalla<sup>1</sup>, Joy MacDermid<sup>1</sup>, Nicholas Halmasy<sup>1</sup>, Shannon Killip<sup>1</sup>, Don Richardson<sup>1</sup>, Christina Ziebart<sup>1</sup>, Robin Campbell Bromhead<sup>1</sup>  
<sup>1</sup>Western University

## 1. INTRODUCTION

- Veterans are twice as likely to report chronic pain as civilians<sup>1</sup>.
- Physical activity and exercise can improve physical function and quality of life in Veterans/injured military personnel living with chronic pain<sup>1,2,3</sup>.
- For those living with both chronic pain and posttraumatic stress disorder (PTSD) or other operational stress injuries (OSI), there can be multiple challenges as they struggle to resume a new pattern of physical activity and exercise<sup>5,6</sup>.

## 2. PURPOSE

*To understand how former or current members of the Canadian Armed Forces (CAF) experience living with an OSI and chronic pain experience the struggle to maintain exercise/activity and their future needs and preferences.*

## 3. METHODS

Interviews were conducted with former or current CAF members living with chronic pain and an OSI

✓15 Men

✓14 Women

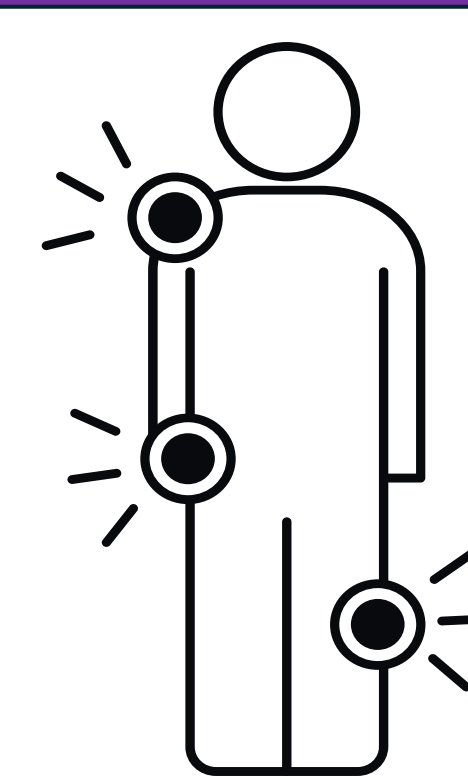
## 4. RESULTS (Demographics)

- 28 Veterans completed the survey
  - Regular Forces (n=16).
  - Reserve Forces (n=5).
  - Regular Forces and Reserve Forces (n=6).
  - Regular Forces, Reserve Forces, and cadets (n=1).
    - Army (n = 5), Navy (n = 5), or Air Force (n = 11).
- 26 identified as White.
- Average age - 55 years (range 28-69).
- 10 were unable to work due to Military OSI.
- 12 were unable to work due to other Military injury.
- 3 were Retired and choosing not work.
- 3 in full-time employment.

## 4. RESULTS

### Themes

Difficult **management of unpredictable symptoms** of chronic pain.



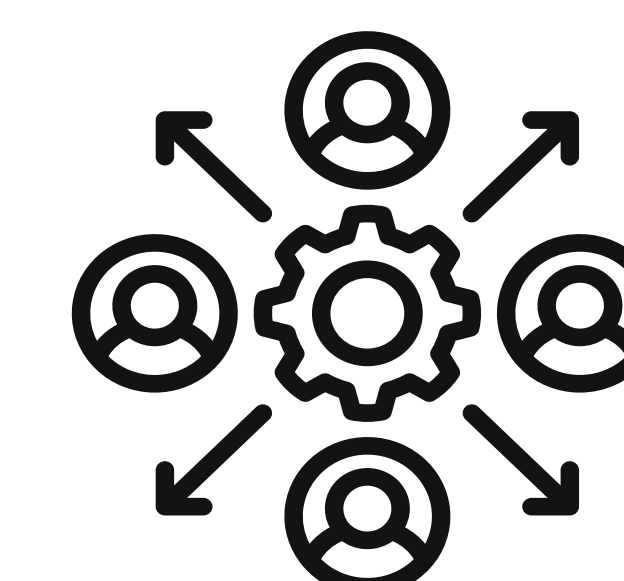
Preferences towards **tailored exercise programs.**



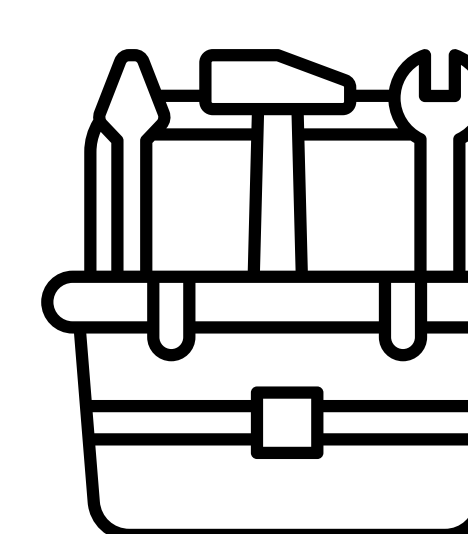
**Barriers** related to exercise concerning **stress responses** related to their OSI.



The important foundation of **social support.**



Successful strategies for **mitigating stress responses** such as mindfulness, breathing, meditation or avoidance.



**Lack of culturally informed clinicians** as previous high performing individuals.



**“So my pain is connected to my PTSD, and that connection is just not just a one-way connection, it’s both ways. So, for example, I can be having a really good low chronic pain, or pain day, but if my PTSD is triggered, what that does is when – I don’t go into flight mode, I go into fight mode. And when you go into fight mode, every – all your muscles in your body tense up. While when my muscles in my upper body begin to tense up and stay tense for a prolonged period of time, then that increases my chronic pain tenfold”**

**“Some trigger I got is enclosed space, and weirdly enough too much of an open space... noise are a big trigger, certain noise especially, like when it’s banging on metal..certain smell as well, musky smell mostly”**

**“And I realize that, so I know I have to do exercises, I have to get active. And as hard as it can be some mornings, I get out there, I do it, and I feel a lot better”**

## 5. DISCUSSION

- Providing skills and tools to monitor triggers and symptoms to become more adaptive exercisers, allows for expectations modification through trauma-informed exercise prescription/rehab.
- This may help current or former serving members to achieve the health benefits of an active lifestyle with regular tailored exercise.

