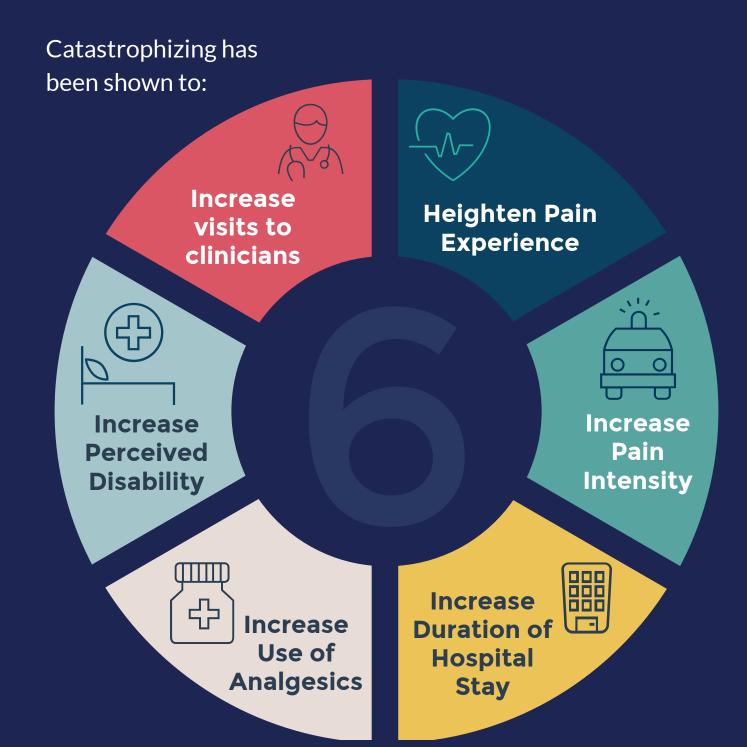
Catastrophizing



(adopted from thelogicofrehab.com

"Catastrophizing has been broadly conceived as an exaggerated negative "mental set" brought to bear during actual or anticipated pain experience." - Sullivan, 2001



An example of catastrophizing:

"I have low back pain, and my MRI showed disc degeneration and I am worried I'll end up needing back surgery because my father had multiple back surgeries and ended up being in a wheelchair for the rest of his life and I do NOT want to end up in a wheel chair!"

Helpful Suggestions

Injuries can be serious and a physical therapist can help you rule out any red flags. Once ruled out, we may encourage patients to remind themselves that hurt does not equal harm, pain is complicated and cannot often be reduced down to one structure, and to try and keep pain thoughts to only what we know (i.e. "I have pain with bending over" or "my knee hurts when I squat") and be cautious with letting thoughts move beyond our reality (i.e. "I'm going to need spine surgery just like my grandfather" or "I'm sure I'm going to need a knee replacement and I'll never be able to play with my grandchildren").



Rumination

Rumination is where a patient's primary focus in their day is their pain; it may describe a constant preoccupation with their pain and obstruct their ability to maintain perspective on the many enjoyable things they ARE able to do.

Helplessness

Helplessness is the feeling of lost identity, no control over their experience, and the belief that they need something done to them to help their pain such as manual therapy, passive modalities, medication or even surgery. Loss of control or autonomy is arguably one of the most debilitating thought processes associated with persistent

pain.

Magnification

Magnification describes a subjective amplification of a patient's experience; it may



facilitate a potentially false belief that something is "wrong" with them.



