



## **One to One Wellness Veteran's Chronic Pain Rehabilitation Program**

### **Introduction**

This 3-phase program provides evidence-based, interdisciplinary pain management support for Veterans living with chronic pain. Our goal is to empower participants with the tools and strategies needed to reduce pain's impact on daily life, enhance overall well-being, and improve functional independence. Using a combination of pain self-management strategies and evidence-based lifestyle interventions, our aim is to help Veterans build sustainable, long-term coping strategies. Additionally, we have strategically partnered with nationally recognized not-for-profit organizations to facilitate a transition beyond our clinic, ensuring continued support to increase long-term adherence to effective evidenced-based pain management practices.

As a clinic, we continue to expand our evidence-based services for individuals living with pain. We are pleased to welcome Dr. Heizer Marval-Ospino (MD, FRCPC) to our team, offering in-person and virtual appointments for veterans. Dr. Marval-Ospino specializes in assessing and treating sleep disorders in patients experiencing chronic pain, often in the context of psychiatric comorbidities such as PTSD, mood disorders, and anxiety. While he considers these factors in his evaluation and treatment approach, his focus remains on sleep-related issues. He does not manage primary psychiatric conditions but collaborates with other psychiatrists involved in the patient's care to ensure a comprehensive treatment plan. He is registered with the College of Physicians & Surgeons of Nova Scotia (License # 013878).

In addition to Dr. Marval-Ospino, One to One Wellness is in the process of onboarding another Registered Psychologist, with details to be shared once finalized. Looking ahead, we plan to further expand our services by introducing Occupational Therapy in 2025.

Thank you for considering One to One Wellness as a multidisciplinary clinic dedicated to supporting Canadian Veterans.

A handwritten signature in black ink, appearing to read "Tyler Dillman".

Tyler Dillman PT/Owner



Please find answers to your questions below.

## **1. Detailed Schedule**

Please note this is a proposed schedule based on more complex needs/management. Each phase outlines evidenced-based objectives and validated outcome measures to monitor success and to help determine transition to the next phase. It is important to note, that this program is individualized, and the frequency of appointments may reduce at any point depending on individual needs or circumstances. Introduction to our community partners may occur earlier in the program.

### **Phase 1: Understanding Pain & Pain Control**

#### **Objectives:**

- Educate participants on the neuroscience of pain, including nociceptive, neuropathic, and nociplastic mechanisms.
- Address maladaptive pain cognitions with the intent to modify activity behaviours
- Increase self-efficacy in pain management by improving understanding of pain triggers, modulation strategies, and treatment options.
- Introduce foundational pain control techniques, including pacing/planning, communication, relaxation strategies, and medication optimization (if applicable).

#### **Validated Outcome Measures for Progression:**

- **Pain Catastrophizing Scale (PCS):** Reduction in pain-related catastrophic thinking.
- **Pain Self-Efficacy Questionnaire (PSEQ):** Improvement in confidence managing pain.
- **Tampa Scale for Kinesiophobia (TSK-11):** Decrease in movement-related fear.
- **Numeric Pain Rating Scale (NPRS):** Subjective change in pain perception (though not the primary goal of this phase).



### Detailed Schedule Phase 1: Understanding Pain and Pain Control (Week 1-12)

Monday	Tuesday	Wednesday	Thursday	Friday
Nurse Practitioner Assessment (1 hr)		Psychology Assessment (1 hr)		Physiotherapy Assessment (1 hr)
Physiotherapy Follow-up (1 hr)	Pain Self-Management Program (Week 1 - 1-1.5 hr)	Psychology Follow-up (1 hr)		Sleep Medicine Assessment (1 hr)
NP Follow-up (30 min) / Physiotherapy Follow-up (1 hr)	Pain Self-Management Program (Week 2 - 1-1.5 hr)	Psychology Follow-up (1 hr)		Manual Therapy Session (1hr)(Massage/Osteopathy)
Physiotherapy Follow-up (1 hr)	Pain Self-Management Program (Week 3 - 1-1.5 hr)	Psychology Follow-up (1 hr)		Sleep Medicine Follow-up (30 min) / Manual Therapy Session
NP Follow-up (30min)/ Physiotherapy (1 hour)	Pain Self-Management Program (Week 4 - 1-1.5 hr)	Psychology (1hr)		Manual Therapy Session (1 hour)

### Criteria for Advancing to Phase 2:

- Demonstrates improved understanding of pain mechanisms and management strategies.
- Reduction in catastrophic thinking or fear of movement based on baseline measures.
- Increased confidence in self-management strategies.
- Expressed willingness and ability to transition to self-directed pain management strategies.
- Patient identification of measurable functional goal(s).





**Phase 1 notes:**

- Pain Self-Management Program ends Week 5. If Veteran misses a week due to unforeseen circumstances, we will ensure they are caught up through an individual session or are
- Appointment frequency is subject to change based on individual circumstances. For example, Psychology may reduce to bi-weekly or Physiotherapy may reduce to 30 minutes.
- Reassessments at Week 12



## **Phase 2: Skill Building & Functional Restoration**

### **Objectives:**

- Develop and practice individualized self-management techniques, including graded exposure, activity pacing, and cognitive restructuring.
- Build strength, mobility, and endurance through tailored movement and strength programs.
- Continue to address sleep, stress, and psychological contributors to pain.

### **Validated Outcome Measures for Progression:**

- **Patient-Specific Functional Scale (PSFS):** Improvement in self-selected functional activities.
- **Roland-Morris Disability Questionnaire (RMDQ)** Reduction in disability levels.
- **Fear-Avoidance Beliefs Questionnaire (FABQ):** Decrease in avoidance behaviors related to movement.
- **Insomnia Severity Index (ISI):** Improvement in sleep-related issues (if applicable)
- **Pain Self-Efficacy Questionnaire (PSEQ):** Continued improvement in self-management confidence.



## Detailed Schedule Phase 2: Skill Building and Functional Restoration (Week 13-24)

Monday	Tuesday	Wednesday	Thursday	Friday
NP Follow-up (30 min) / Physiotherapy Follow-up (1 hr)		Psychology Follow-up (1 hr)		Manual Therapy Session
Physiotherapy Follow-up (1 hr)	Seated Mobility Class (30 min)			Sleep Medicine Follow-up (30 min)
NP Follow-up (30 min) / Physiotherapy Follow-up (1 hr)	Seated Mobility Class (30 min)	Psychology Follow-up (1 hr)		Manual Therapy Session
Physiotherapy Follow-up (1 hr)	Seated Mobility Class (30 min)			Sleep Medicine Follow-up (30 min)

### Criteria for Advancing to Phase 3:

- Demonstrates consistent use of self-management strategies.
- Measurable improvement in functional activities (PSFS, ODI/RMDQ).
- Decreased fear-avoidance beliefs and improved willingness to engage in movement

### Phase 2 Notes

- Manual therapy reduced to bi-weekly or tri-weekly
- Nurse Practitioner and Sleep Medicine follow-ups may be reduced to every four weeks before Week 24.
- PT focus shifts to active management and a supervised graded strengthening program.



### **Phase 3: Transition & Long-Term Maintenance**

#### **Objectives:**

- Reinforce long-term strategies for pain management and prevention.
- Develop a sustainable activity and self-care plan tailored to the veteran's lifestyle.
- Establish ongoing support options, including community resources and periodic follow-ups.

#### **Validated Outcome Measures for Program Completion:**

- **Brief Pain Inventory (BPI):** Stable or improved pain interference with daily life.
- **Pain Self-Efficacy Questionnaire (PSEQ):** Sustained improvement in confidence.
- **Global Rating of Change (GROC):** Patient-reported overall progress.
- **Work and Social Adjustment Scale (WSAS):** Improved participation in daily and social activities.

#### **Detailed Schedule Phase 3: Transition and Long-Term Maintenance (Week 25 to Week 52)**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	Seated Mobility Class (30 min)	Psychology Follow-up (1 hr)		Manual Therapy Session
Physiotherapy Follow-up (30 min)	Seated Mobility Class (30 min)			
NP Follow-up (30 min)	Seated Mobility Class (30 min)			Manual Therapy Session
Physiotherapy Follow-up (30 min)	Seated Mobility Class (30 min)			Sleep Medicine Follow-up (30 min)

#### **Criteria for Successful Completion:**

- Demonstrates ability to manage pain and maintain function independently.
- Shows sustained improvement in functional and psychosocial measures.
- Identifies long-term strategies for continued success.





## **Weeks 44-52: Transition to Community Resources**

- Facilitate transition to YMCA 12-week Live Well Program (See attached for details)
- Facilitate introduction to the People in Pain Network or similar social support network (See attached for details)
- Continued support as needed based on individual progress.

## **2. Length of the Program**

- The full Veteran's Chronic Pain Rehabilitation Program runs up to 52 weeks (12 months). This can be condensed if veterans are responding well to the treatment plan and outcome measures support early transition to community resources.
- As outlined above the program is divided into three structured phases:
  - **Phase 1 (Weeks 1-12):** Understanding Pain and Pain Control.
  - **Phase 2 (Weeks 13-24):** Skill Building and Functional Restoration
  - **Phase 3 (Weeks 25-52):** Transition and Long-Term Maintenance

## **3. Open or Closed Cohort for Group Sessions**

- Veterans may enter the entire program at any time.
- The Pain Self-Management Program is a closed cohort as Week 1: Pain Foundations, is an essential starting point for better understanding pain and their lived experiences with it. The intent is to have this start every 2 weeks with a minimum of 4 participants.
- Seated Mobility Classes are open cohort, and participants can join at any time after assessments have taken place and have completed the pain self-management program.

## **4. Assessment Tools Used**

Veterans undergo comprehensive assessments across multiple disciplines:

- **Nurse Practitioner Assessment:** Comprehensive medical and pain history, medication review, functional status.
- **Physiotherapy Assessment:** Movement analysis, range of motion (ROM), strength and endurance testing.
- **Psychology Assessment:** Cognitive Behavioral Therapy intake, screening for PTSD, depression, and anxiety.





- **Sleep Psychiatry Assessment:** Sleep disorder evaluation, impact of pain on sleep patterns.
- **Manual Therapy Assessment:** Physical mobility and pain sensitivity testing.

## 5. Outcome Measures Used

As noted above combination of the following validated clinical outcome measures may be used to track progress and phase transitions:

- **Pain Catastrophizing Scale (PCS):** Reduction in pain-related catastrophic thinking.
- **Pain Self-Efficacy Questionnaire (PSEQ):** Improvement in confidence managing pain.
- **Tampa Scale for Kinesiophobia (TSK-11):** Decrease in movement-related fear.
- **Numeric Pain Rating Scale (NPRS):** Subjective change in pain perception
- **Patient-Specific Functional Scale (PSFS):** Improvement in self-selected functional activities.
- **Roland-Morris Disability Questionnaire (RMDQ):** Reduction in disability levels.
- **Fear-Avoidance Beliefs Questionnaire (FABQ):** Decrease in avoidance behaviors related to movement.
- **Insomnia Severity Index (ISI):** Improvement in sleep-related issues.
- **Brief Pain Inventory (BPI):** Stable or improved pain interference with daily life.
- **Global Rating of Change (GROC):** Patient-reported overall progress.
- **Work and Social Adjustment Scale (WSAS):** Improved participation in daily and social activities.

Other Validated Outcome Measures that may be used:

- **Functional Disability:** Pain Disability Index (PDI), Oswestry Disability Index (ODI), Lower Extremity Functional Score (LEFS), Disabilities of the Arm, Shoulder and Hand (DASH) Questionnaire
- **Mental Health:** Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), PTSD Checklist (PCL-5)
- **Sleep Quality:** Pittsburgh Sleep Quality Index (PSQI)
- **Quality of Life:** Veterans RAND 12-Item Health Survey (VR-12), WHO Quality of Life (WHOQOL-BREF),



## 6. Inclusion and Exclusion Criteria

### Inclusion Criteria:

Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) veterans experiencing **chronic pain ( $\geq 3$  months)**. Veterans are eligible for this interdisciplinary chronic pain management program if they are living with non-cancer related, chronic nociplastic, neuropathic, and nociceptive pain as defined by the International Association for the study of Pain and described in *Table 1: Distinguishing features of neuropathic, nociceptive and nociplastic pain* in the Cohen et al. (2021) article attached.

Key features include:

- Pain that is significantly impacting daily function, sleep, mobility, relationships, or mental health.
- Willing and able to participate in an interdisciplinary program.
- Medically stable to engage in physical rehabilitation and psychological therapies.

### Exclusion Criteria:

- Active substance dependence or conditions that may **prevent engagement in the program**
- Unmanaged severe psychiatric conditions (e.g., active psychosis, high suicide risk).
- Conditions requiring urgent surgical intervention before rehabilitation.
- Currently participating in another chronic pain management program (public or private)

*\* Our Nurse Practitioner(s) may assess and determine specific parts of this program are not appropriate for a referred veteran.*

*\*\* We can support Veteran's living with cancer related pain, however for the purpose of this specific program we are unable to include them in our inclusion criteria.*



### **2025 Price list per service**

#### **Nurse Practitioner (In-person and virtual)**

- 1-hr Assessment: \$140
- 30-minute Follow-ups: \$90
- Reports: \$140/hr

#### **Sleep Medicine (Psychiatrist- In-person and virtual)**

- 1 hr Assessment: \$750
- 30-minute follow-ups: \$375
- Reports: \$750/hr

#### **Physiotherapy (In-person and virtual)**

- 1hr Assessment: \$120
- 1hr Follow-up: \$168.75
- 30-minute Follow-up: \$94.25
- Reports: \$168.75/hour

#### **Psychology (Virtual)**

- 50-minute assessment and follow-up: \$225
- Reports: \$225/hour

#### **Massage Therapy (In-person)**

- 1 hr assessment and follow-ups: \$120.75 (tax included)

#### **Osteopathy (In-person)**

- 1 hour assessment: \$145 (tax included)
- 1 hour follow-up: \$140 (tax included)

#### **Programs (Physiotherapist led)**

- 4- Week Pain Self-Management Program: \$240 (\$60 per class) (In-Person with option to run virtually)
- Seated Mobility Class: \$40/class (In-Person)



# People In Pain Network

CONNECTING LEARNING THRIVING

## About People In Pain Network (Society)

People in Pain Network (PIPn) is a national non-profit society that puts 100% of their focus on pain self-management education and support. Our peer-led Pain Self-Management Education Support (PSMES) groups offer free, ongoing monthly meetings where people living with pain, their families and support people can learn and practice pain self-management skills with the support of others who understand.

**Vision:** An enhanced quality of life for people and their families living with persistent pain through self-management programs and peer support.

**Mission:** People In Pain Network promotes well-being for people living in persistent pain and those who care about them, by strengthening programs, access to resources, and community support.

We support our vision and mission by:

- Developing community-based peer-led PSMES groups for people living with persistent pain.
- Providing peer leaders/ facilitators training and support.
- Developing partnerships and working collaboratively with healthcare and community partners to share resources, expertise, and knowledge.

PSMES monthly meetings are 1.5 to 2 hours in length. Education topics are chosen by group members to meet their needs with their recovery and pain journey. Material is presented on topics, blending education and discussions with the group's members.

**Note:** Peer support complements healthcare provider's therapies and treatments, it does not replace them.

PIPn board members and peer leaders are providing valuable community service, for people with pain and their families, by filling a gap that exists for those living with pain and want to stay connected and learn.

If you have any questions please contact [info@pipain.com](mailto:info@pipain.com)

**Register for a meeting through the website [www.pipain.com](http://www.pipain.com)**



# YMCA LIVEWELL PROGRAM

## YMCA LIVEWELL PROGRAM

The LiveWell program is community-delivered physical activity and exercise programming designed to ensure those managing chronic health conditions can comfortably and confidently lead active lifestyles.

The YMCA's fundamental purpose is to ignite the potential in people in order to help strengthen our evolving communities. With our partners in healthcare and academia, we can foster long-term behaviour changes to positively impact the quality of life.



[livewell@halifax.ymca.ca](mailto:livewell@halifax.ymca.ca)  
902-222-5889

## CLINIC TO COMMUNITY

### Kinesiologist Oversight

Our LiveWell programs are overseen by a Kinesiologist. Individuals in this profession have extensive knowledge and experience to manage exercise for individuals living with medical conditions, functional limitations, or disabilities, and aging conditions.

Our program has been identified as being essential to developing trust with health care providers to create a bridge from health care to community active living for those managing and/or at risk of developing chronic disease.

All referrals are reviewed, managed, and then assessed by a Kinesiologist to ensure all referred individuals are provided with the appropriate exercise support based on current abilities.





## LIVEWELL GOAL

The goal of all LiveWell is to assist individuals to progressively improve their physical and mental health through closely monitored exercise and social connection. Our programs are designed to improve strength, balance, and general fitness. Frequently participants are graduates from cardiac, cancer, diabetes, arthritis, or rehab programs etc. LiveWell can be seen as a stepping-stone for improved physical activity and exercise confidence. LiveWell offers an ongoing recruitment program.

### YMCA LiveWell Programs



#### Assessment by LiveWell staff

Meet with our qualified staff for a detailed assessment where we get to know you, your abilities and limitations to make sure you are exercising safely while progressing over time.



#### Individualized group exercise instruction

Begin your YMCA journey with our group exercise classes instructed by a qualified exercise professional who will give you individualized modifications.



#### Transition to YMCA Fitness Classes

Let us guide you in a transition to other group fitness classes the YMCA has to offer to keep you committed on your physical activity and exercise journey!

### MOVE WELL

With a focus on mobility and intentional movement, this program mixes in resistance and cardiovascular training for a well-rounded hour of exercise and use of our facility. This is geared towards older adults and individuals managing chronic conditions.

### ACTIVE FOR LIFE

On-going group exercise program for any chronic or age-related health condition.

### FOREVER FIT 55+

Forever Fit is a physical fitness and health education program for participants over 55 years. The class is offered 2-3 times per week in 8 locations in community centres across Halifax and Dartmouth.

### SMALL STEPS BIG CHANGES

Small Steps for Big Changes is a free program to help you lower your risk of developing type 2 diabetes.

### ABILITIES IN MOTION (AIM)

This is a fully accessible program designed to assist individuals in their pursuit of health and fitness. AIM welcomes individuals with mobility concerns and works closely with participants on their long term fitness and recovery goals.

### CHAIR FIT

On-going group exercise program for any chronic or age-related health condition. Designed for individuals with limited mobility or stability and decreased functional fitness.

*\*Classes include a functional capacity assessment and individual modifications based on participants' abilities and limitations.  
\*Partners and/or caregivers can join the classes to assist participants as needed.*



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