



Lifestyle medicine and ACT

Pain Part-3

Key takeaways

No pain receptors, pain pathways and pain center in the brain

Pain is not a readout of tissue state. “Your body is not broken”


Pain is ALWAYS Real- “I believe you”

Not causes but contributors to pain- Pain is very complex

All pain can change due to neuroplasticity

Top 3 ways to reduce pain is –learning about pain, active strategies, self-management skills.(Lorimer)

Intensive radiology can harm more than help.

A stethoscope with a black tube and silver chest piece is positioned diagonally across the frame. Below it, a spiral-bound notebook and a medical form are partially visible. The background is a solid light pink color.

What other factors influence pain

- Determinants of health.
- Trauma
- Health Literacy
- Self-care



TITANIC

M O D E L



COMMUNITY
WIN-WIN
SOCIETY
COMPASSION



SERVICE,
SAFE, HELPING OTHERS,
SOCIAL ENGAGEMENT, EMPATHY

SELFCARE,
SURVIVING, SELF KINDNESS, SELF
COMPASSION, SELF AWARENESS



“ACTIVE RESPONSE
TO THREAT”

SCARED, ANGRY, CONFLICT,
COMPETITION, FIGHT, FLIGHT

“PASSIVE RESPONSE
TO THREAT”

VICTIM, APATHY, HELPLESSNESS, HOPELESSNESS,
SHAME, TRAPPED, DEPRESSED, DISSOCIATION,
LETHARGY, FATIGUE, FREEZE, FOLD





Service = Overflow of Self-Care

Service

Work

Parenting



Helping
Others

Art
Flow State
Pets
Nature
Laughter
Physical
Activity
Grounding
Music
Sleep
Hug
Meditation

Joy
Gratitude
Phone
Fasting
Play
Mindfulness
Massage
Social
Connection
Nutrition
Acts of
Kindness

Dr. Sharna Prasad PT, DPT, DipACLM

TWELVE

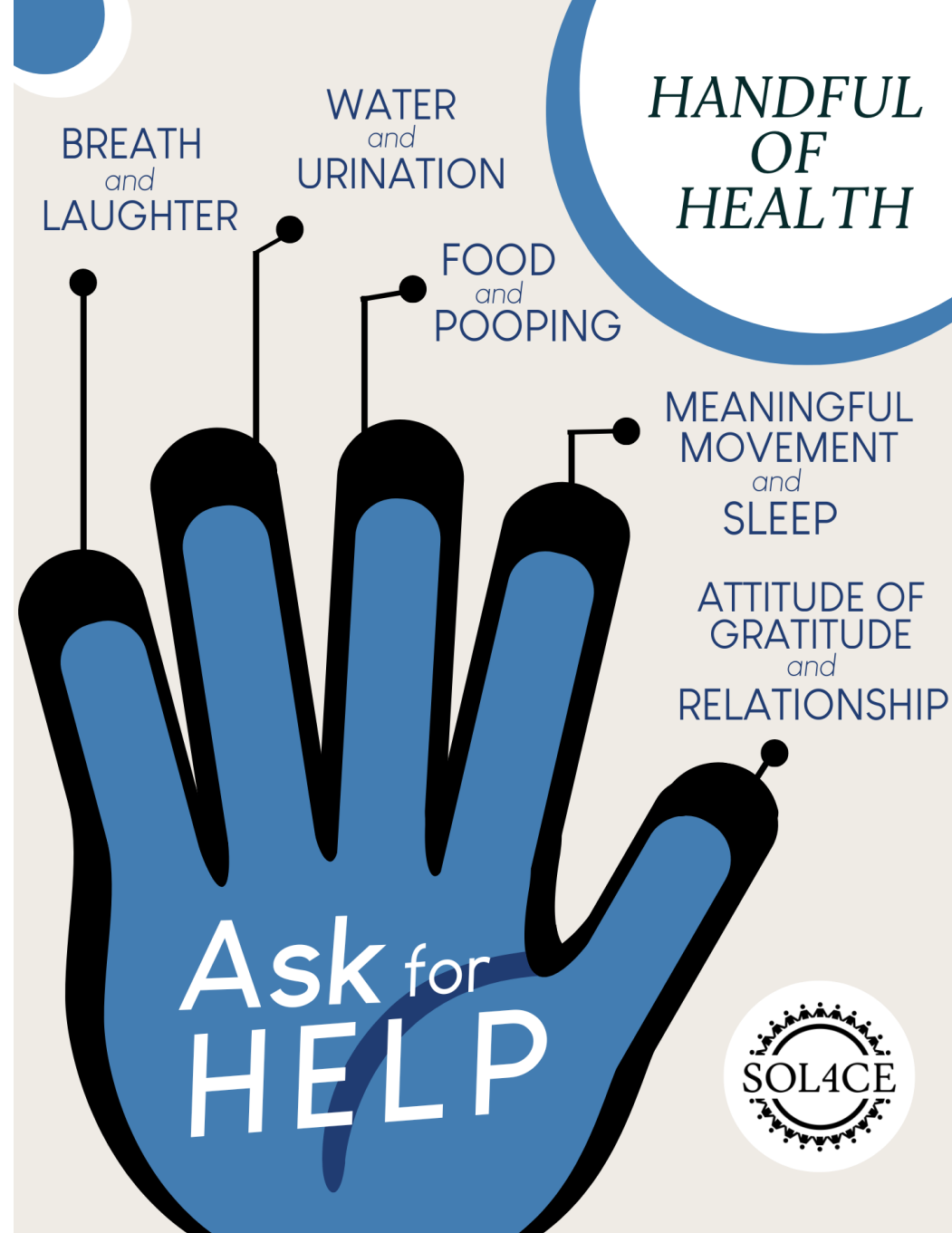
ways of

SELF-CARE

1. Don't be a perfectionist
2. Don't be a people pleaser
3. Be kind to yourself before others (compassion)
4. Don't ever speak bad about yourself
5. Trust your gut instincts.
6. Say what you mean, mean what you say but don't say it mean.
7. Replace "I am stupid" with "I did something stupid"
8. Don't be afraid to say "Yes"
9. Don't be afraid to say "No"
10. Let go of what you can't control
11. Stay away from drama and negativity
12. Ask for help

SHARNA PRASAD PT, DPT





HANDFUL OF HEALTH

Sharna Prasad PT, DPT & Peter Smith PT

The 6 Pillars of Lifestyle Medicine for Emotional and Physical Health



Most overconsumed foods



**Most
overconsumed
foods**

Saturated fats (AHA-5-6%)

Added sugars (10%-5%)

Sodium (1500mg/day-2300mg/day)

Most under consumed food groups



Most under consumed food groups

Fiber

Vit D

Potassium

Calcium

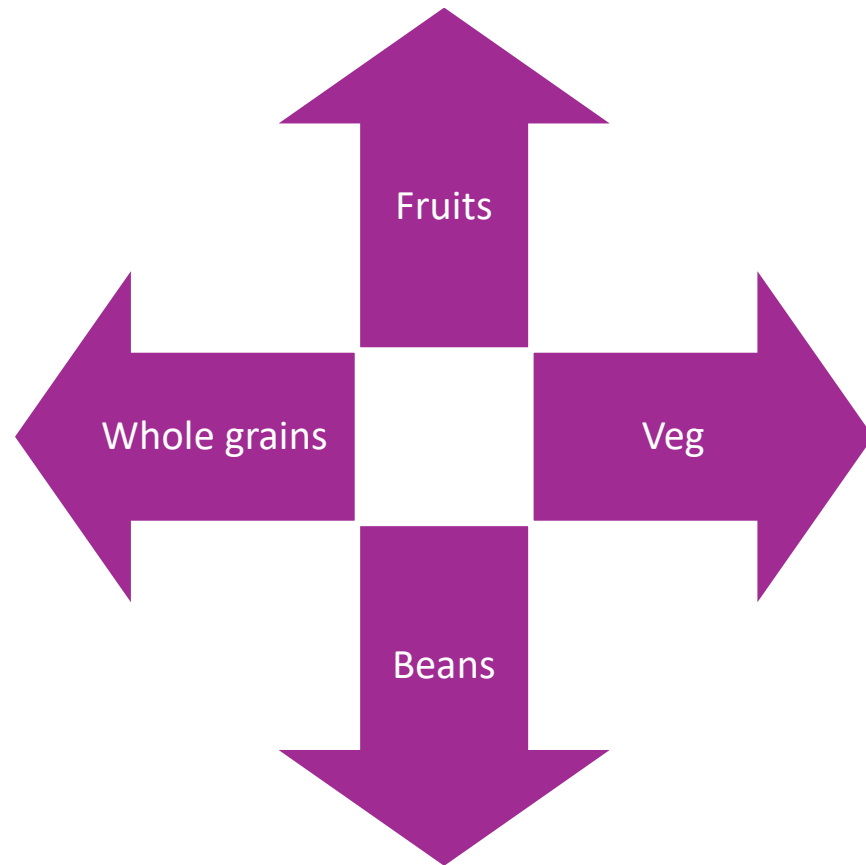
Vit A, C, E, K

Magnesium

Choline



Full plate living



Fullplateliving.org



Serving Size 2 cups (228g)
Servings per Container about 2

Amount Per Serving

Calories 150 Calories from Fat 5

% Daily Value*

Total Fat 0.5g	3%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 180mg	7%
Total Carbohydrate 34g	11%
Dietary Fiber 1g	3%
Sugars 2g	
Protein 3g	
Vitamin A 10% • Vitamin C 20%	
Calcium 2% • Iron 4%	

*Percent Daily Values are based on a diet of other people's secrets.

-
- 5% saturated fat
 - Sodium=calories
 - Dietary fiber: Total carb ratio 1:10 or less
 - Added sugars 10% or less

Nutrition Facts

4 servings per container

Serving size 1 1/2 cup (208g)

Amount per serving

Calories 240

% Daily Value*

Total Fat 4g **5%**

Saturated Fat 1.5g **8%**

Trans Fat 0g

Cholesterol 5mg **2%**

Sodium 430mg **19%**

Total Carbohydrate 46g **17%**

Dietary Fiber 7g **25%**

Total Sugars 4g

Includes 2g Added Sugars **4%**

Protein 11g

Vitamin D 2mcg 10%

Calcium 260mg 20%

Iron 6mg 35%

Potassium 240mg 6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Physical Activity

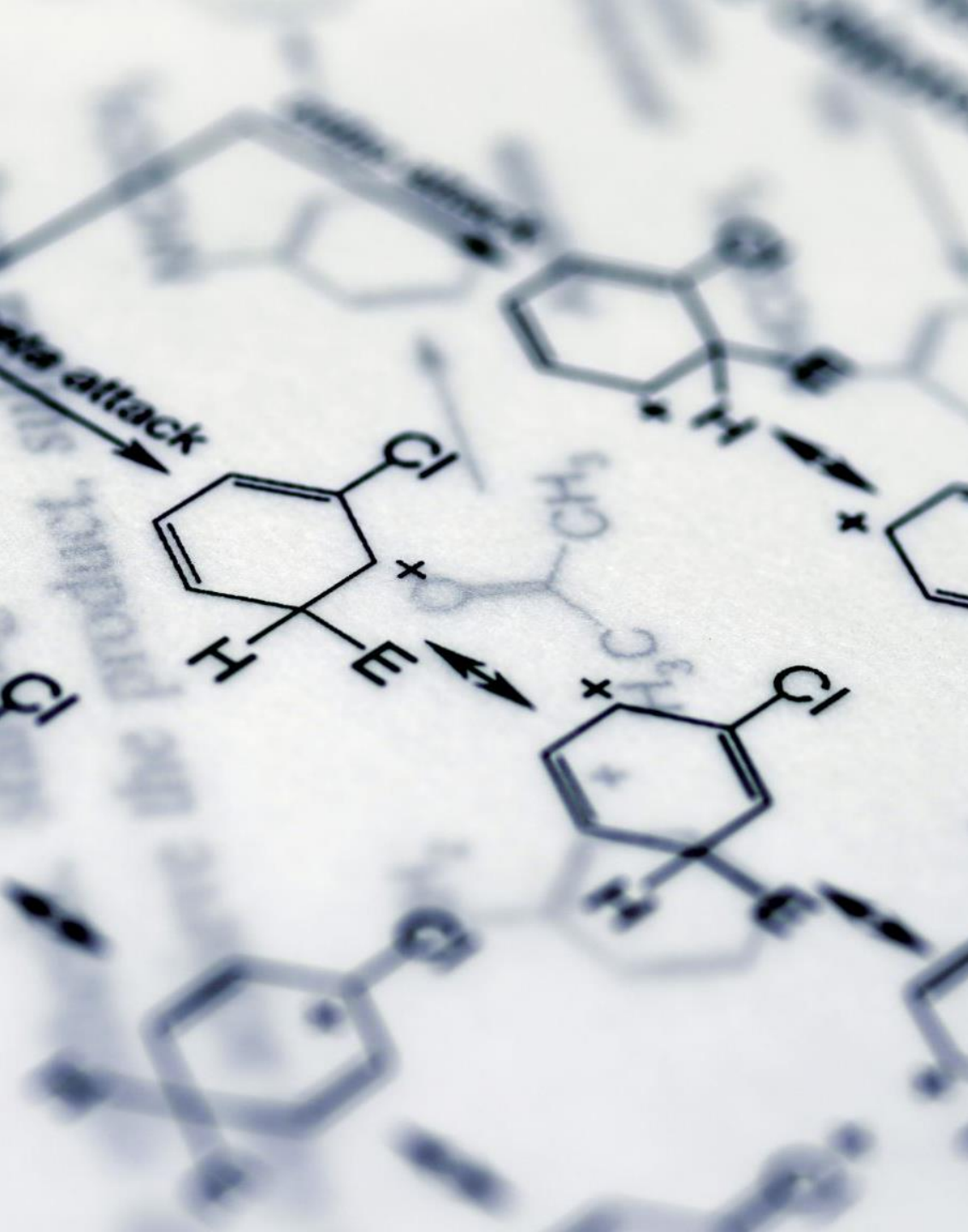


Medicine cabinet in the body



Medicine cabinet in the body

- Open 24/7
- NO prescription
- NO co-pay
- NO side effects



Make the DOSE meaningful

- Dopamine
- Oxytocin
- Serotonin
- Endorphins

5 Things to Know About Creating an Effective Resistance Training Plan



Key takeaways from the 2026 ACSM position stand on Resistance Training Prescription for Muscle Function, Hypertrophy, and Physical Performance in Healthy Adults.

- 1 Consistency Beats Perfection**


Doing something is the biggest win.
The biggest jump in results happens when you go from no resistance training to any resistance training. Keep it simple and focus on showing up regularly.
- 2 Match Your Training to Your Goal**


Same tools. Different settings.
You can fine-tune your workouts depending on what you want most:
 - **Strength:** Lift heavier loads (80% of your one-repetition maximum (1RM)) for 2-3 sets per exercise
 - **Muscle growth (hypertrophy):** Aim for higher weekly volume (~10 sets per muscle group)
 - **Power:** Use moderate loads (30-70% 1RM) and move as quickly as possible during the concentric (lifting) phase
- 3 Make It Personal**


The best plan is the one you'll stick with.
Choose a routine that fits your schedule, comfort level, and goals—because consistency is what drives long-term results.

Complicated ≠ Better
- 4 You Don't Need a Gym**


Budget-friendly and free options can be just as effective.
You can build strength and improve function without fancy equipment. Evidence supports elastic bands, bodyweight exercise, and home-based training as effective options.
- 5 Most "Advanced" Techniques Are Optional**


You don't need extreme methods to get results.
Research has found that things like:
 - training to momentary muscle failure
 - using specific types of equipment (machine vs. free weights)
 - complex periodization...did **not** consistently change results for the average healthy adult.

The Bottom Line: The best resistance training program is the one you will actually do.
Start here: Train all major muscle groups at least 2 days per week and build gradually over time.

"American College of Sports Medicine position stand. Resistance training prescription for muscle function, hypertrophy, and physical performance in healthy adults: An overview of reviews." *Medicine & Science in Sports & Exercise*, 2026.

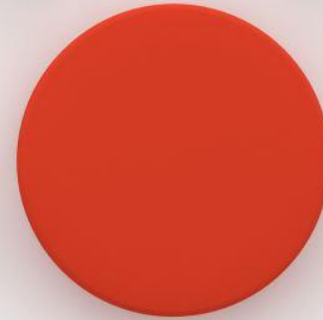
150-300 min of Mod intensity aerobic exs/week
OR 75-150 min of vigorous intensity exercise/week or a combination of the two.

For every 50 min of sitting at least 5 min of activity

Consistency over Intensity



Low hanging fruit





Stress Management



Core Yearnings

Sense of Belonging





Core Yearnings



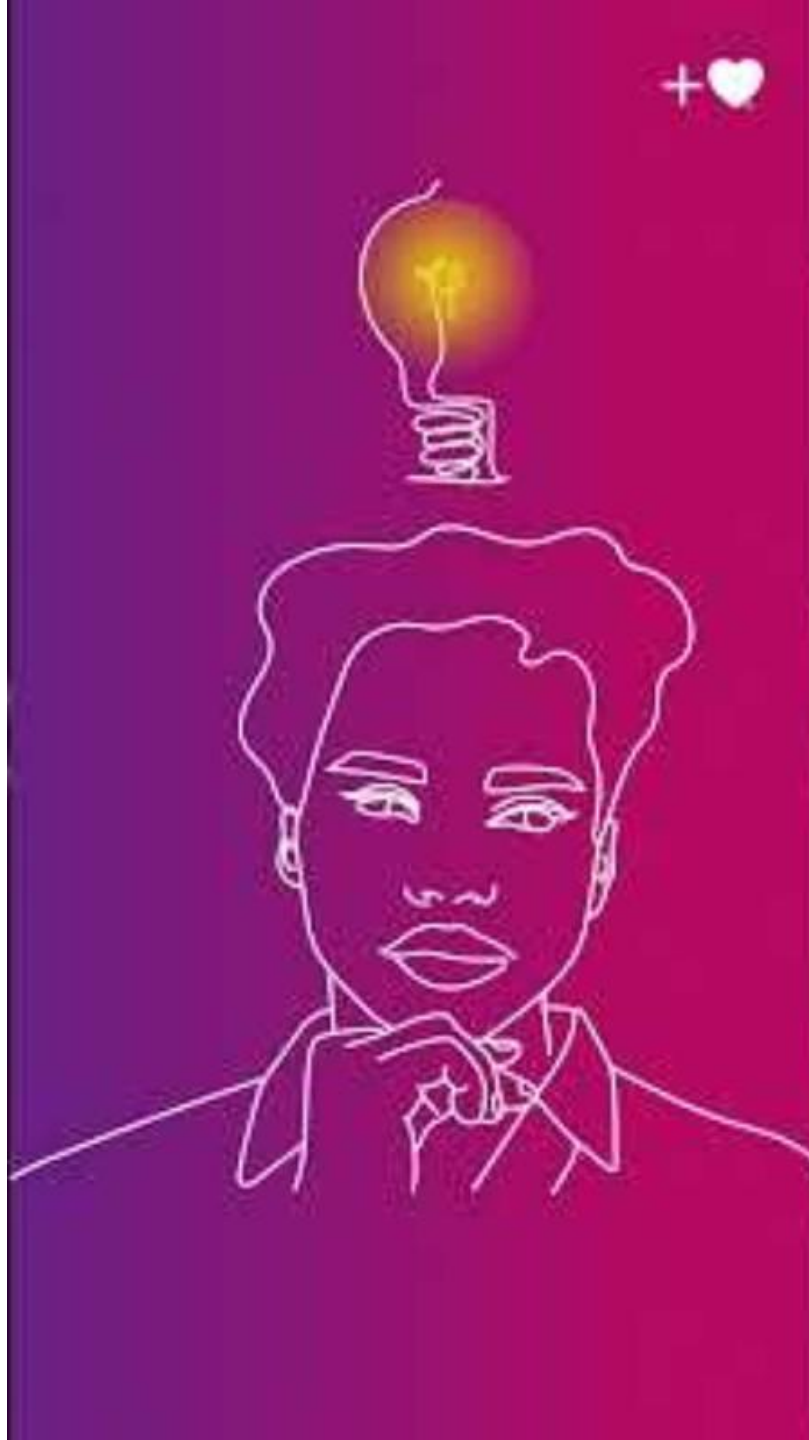
All feelings
are OK



Core Yearnings

Coherence

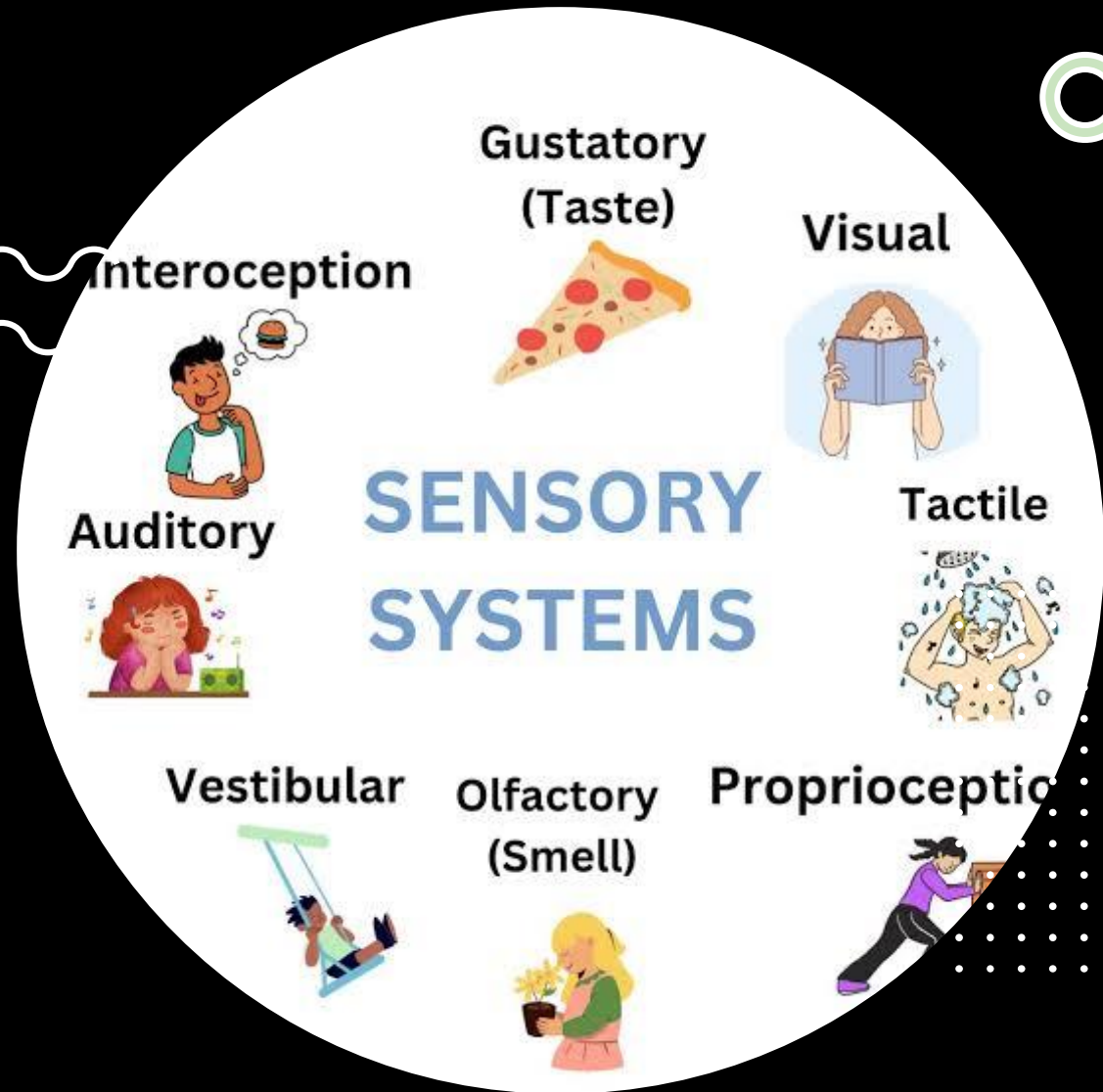
Making sense





Core Yearnings

Sensory Orientation



2 basic needs and beliefs

Needs

- 1. Safety
- 2. Connection

Beliefs

- I BELIEVE YOU
- You belong

@Honest_Physio

PAIN MANAGEMENT GUIDEBOOK



Helping people to live well with persistent pain by
developing strategies to manage the associated effects and
distress

Expert on soft
skills and lean on
hard science

1st visit after reading the booklet

What I learned from this 55 page manual on pain.

Pain is complex

I hadn't considered I have the power to get the maximum results with using every ounce of my being to make the most out of my condition and life itself !

I also learned "The pain management guidebook was written by the English in England because they used Father Christmas 🤨 instead of Santa clause..... 😊

Agree

Disagree

- 7
- 10
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 30
- 31
- 32
- 33
- 38
- 39
- 40
- 41
- 42
- 43
- 44-48
- 50
- 51
- 52

Learned something:

page #6, 10, 14, 17, 18, 22-24, 28-30, 38, 52

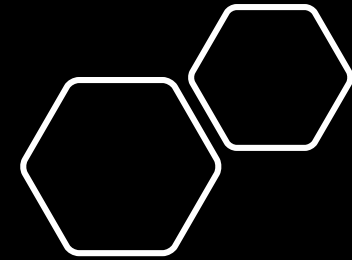


Shared Medical Appointments

Best Bagel out there



The Quintuple Aim For health care improvement



Skills Review

4 sec inhale 8
sec exhale

Pendulation

Aunt Ramona

Thoughts are
not your
reality-repeat

Meaningful
movement
snacks

Nutrition
hacks

I will not rescue you, for you are not
powerless.

I will not fix you, for you are not broken.

I will not heal you, for I see you in your
wholeness.

I will walk with you through the
darkness, as you remember your light".

Sheree Bliss Tilsley.

Resources

- Lorimer Moseley
- Peter O'Sullivan
- Pain Mastery for Clinicians in October

ACT- Russ Harris Online courses
ACLM-American College of Lifestyle medicine



Reach out if you are
ready to serve fresh
bagels

Drsharnaprasad@gmail.com

Website: Sol4ce.com

Facebook: [DrSharnaPrasad](https://www.facebook.com/DrSharnaPrasad)

Youtube: [DrSharnaPrasad](https://www.youtube.com/DrSharnaPrasad)

Instagram: [@DrSharnaPrasad](https://www.instagram.com/DrSharnaPrasad)

Bibliography

- Nahin RL. Estimates of pain prevalence and severity in adults: United States, 2016. *J Pain*. 2018;19(7): 769-780.
- The Lancet Low Back Pain Series Working Group. Low back pain: a call to action. *Lancet*. 2021; 398(10202): 1022-1036.
- Goldberg DS, McGee SJ. Pain as a global public health priority. *BMC Public Health*. 2011;11:770.
- Dahlhamer J, Lucas J, Zelaya C, et al. Prevalence of chronic pain and high-impact chronic pain among adults—United States, 2016. *MMWR Morb Mortal Wkly Rep*. 2018;67(36):1001–1006. doi:10.15585/mmwr.mm6736a2
- Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1–95. doi:10.15585/mmwr.rr7103a1
- Roth I, Tiedt M, Brintz C, Thompson-Lastad A, Ferguson G, Agha E, Holcomb J, Gardiner P, Leeman J. Determinants of implementation for group medical visits for patients with chronic pain: a systematic review. *Implement Sci Commun*. 2024 May 23;5(1):59. doi: 10.1186/s43058-024-00595-8. PMID: 38783388; PMCID: PMC11112917.
- Anderson R, Adams J, Plaut R, et al. Shared medical appointments for chronic noncancer pain: A retrospective cohort analysis. *Pain Med*. 2021;22(1):181-190.
- Scott W, McCracken LM. Patients' impression of change following ACT-based treatment for chronic pain in primary care. *BMC Prim Care*. 2022;23:90.
- Slater H, Davies SJ, Parsons R, et al. A systematic review of pain science education for clinicians. *Phys Ther*. 2022;102(3):pzab302.
- Licciardone JC, Gatchel RJ, Aryal S. Osteopathic vs allopathic care for chronic low back pain: comparative effectiveness outcomes. *J Osteopath Med*. 2024;124(1):24-35.

Bibliography

- Prasad S, Coskey O, Wong M, Jones JD. The Movement, Mindfulness, and Pain Science (MMaPS) class improves well-being and physical function in patients with chronic pain. *Musculoskelet Care*. 2025;23(1):e70076.
- Eldridge SM, Lancaster GA, Campbell MJ, et al. Defining feasibility and pilot studies in preparation for randomized controlled trials. *Pilot Feasibility Stud*. 2016;2:27.
- Hertzog MA. Considerations in determining sample size for pilot studies. *Res Nurs Health*. 2008;31(2):180-191.
- Billingham SA, Whitehead AL, Julious SA. An audit of sample sizes for pilot and feasibility trials. *BMC Med Res Methodol*. 2013;13:104.
- Ehde DM, Dillworth TM, Turner JA. Cognitive-behavioral therapy for individuals with chronic pain: efficacy, innovations, and directions for research. *Am Psychol*. 2014;69(2):153–166. doi:10.1037/a0035747
- Allen KD, Oddone EZ, Coffman CJ, et al. Telephone-based self-management of osteoarthritis: a randomized trial. *Ann Intern Med*. 2010;153(9):570–579. (Representative multidisciplinary group care evidence)
- Vowles KE, McCracken LM, O’Brien JZ. Acceptance and values-based action in chronic pain: a study of treatment effectiveness and process. *J Consult Clin Psychol*. 2011;79(4):538–546. doi:10.1037/a0023352
- Nicholas MK, Linton SJ, Watson PJ, Main CJ; “Decade of the Flags” Working Group. Early identification and management of psychological risk factors (“yellow flags”) in patients with low back pain: a reappraisal. *Phys Ther*. 2011;91(5):737–753.