



EUROPEAN PAIN FEDERATION

CORE CURRICULUM FOR THE EUROPEAN DIPLOMA IN PAIN PHYSIOTHERAPY

JULY 2017

Dedication

This curriculum is dedicated to the millions of people
throughout Europe who suffer pain,
and the scientists and physiotherapists
who seek the best ways to help them.

Foreword

The European Pain Federation (EFIC®) decided to develop its own core curricula and Diplomas in order to better provide up to date pain science knowledge, clinical reasoning and management, as well as to allow the sharing of best practice amongst medical and allied healthcare practitioners.

This 2017 Pain Physiotherapy curriculum articulates the learning outcomes to be achieved through physiotherapists' self-directed learning, clinical experience, educational experiences delivered during their training and professional lives. It should be read in conjunction with the current recommended reading list which can be found on the European Pain Federation EFIC® website. Knowledge of the curriculum, pain assessment and treatment skills will be evaluated by a two part examination – a multiple choice examination (MCQ) followed by a practical examination to test clinical skill performance and competence including communication, clinical examination, diagnosis, and clinical reasoning.

The Diploma is for all physiotherapists/physical therapists across Europe (and beyond, for those interested) whose national organisation is a member of the World Confederation of Physical Therapists (<http://www.wcpt.org/members>). Whilst some European countries have their own Diploma or Degree, many do not at this time. The Diploma aims to show that the Fellow has a firm grounding in the basic skills and knowledge needed to assess and manage the many patients whose pain requires attention in all types of clinical scenarios.

This curriculum is a dynamic instrument and will be reviewed and updated on a regular basis, sensitive to advances in physiotherapy research and education, along with feedback from examiners and Diplomates. We are forever grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to use their current curriculum as a basis for ours. It has been modified to suit the diversity in pre- and post-graduate training in both Pain Medicine and now Physiotherapy across Europe, and is in line with our desire to cover all factors of relevance to all physiotherapists involved in the assessment and treatment of those in pain. We also thank the reviewers (listed at the end) who contributed from their professional expertise and time to reviewing and adapting the curricula for use in Europe.

We are especially grateful to the steering committee (Catherine Blake, Harriet Wittink, Catherine Doody, An De Groef, Morten Høgh) under the Chairmanship of Brona Fullen.

Dr Chris Wells, President, European Pain Federation

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Introduction

Chronic, unrelieved pain is a major unsolved healthcare problem worldwide. It is universal, with no age, race, social class, national or geographic boundaries. It has enormous associated costs – financial, as well as being a tremendous burden in terms of degraded quality of life for the sufferer, his/her family and immediate society. Rough estimates place the cost of chronic pain, as a disease state, in the very substantial category of cardiovascular disease and cancer. The incidence of chronic pain tends to increase with age; with the success of curative and preventative medicine, and the consequent increase in average life spans, the problem of chronic pain is likely to increase for the foreseeable future.

Pain is the most common reason for patients to see their family doctors, and is a frequent reason for them seeing a specialist. Although clear guidelines exist for assessing and managing acute and cancer pain, these are not always applied, leading to unnecessary suffering. Treatment and management of chronic pain is a difficult task. Recent research suggests that the management of chronic pain using a biomedical model has significant limitations, and the biopsychosocial model is most appropriate for the optimum evidenced base management of chronic pain. Understanding and managing complex chronic pain presentations (assessment, treatment etc.) is challenging, and an in-depth understanding of the biopsychosocial model of assessment and treatment is essential.

In recent years “Pain Science” has emerged as a distinct academic discipline with delineated borders and aims. It focuses on management of complex pain problems, typically using a multidisciplinary approach. Healthcare authorities in several countries in Europe have begun to establish programmes for specialist training and certification in the field of Pain Medicine. The time has come to broaden the scope of pain specialisation to cover the whole of Europe using uniform, agreed-upon standards of training and certification for pain specialists.

Pan-European standards of training and certification, once in place, will ensure higher professional quality, uniformity and care. Such standards will also promote recognition among specialists and non-specialists alike, of the boundaries at which patients with complex chronic pain ought to be referred to a pain specialist for treatment. Finally, they will create a body of trained professionals, qualified to provide guidance and leadership in the areas of therapeutic modalities, resource allocation, research, ethical considerations and public policy concerning chronic pain and its management.

The European Pain Federation EFIC® is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the 37 Chapters of the International Association for the Study of Pain (IASP®), which are the IASP approved official national Pain Societies in each country. Established in 1993, EFIC®'s constituent Chapters represent Pain Societies from 37 European countries and close to 20,000 physicians, basic researchers, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who are involved in pain management and pain research.

Further information is on our website, <http://www.efic.org>.

As part of the process of establishing a framework for pan-European training and certification standards in Pain Physiotherapy, EFIC® has now developed a core curriculum and Diploma in relation to recognised professional certification in this field.

Scope of Practice

Physiotherapy is aimed to promote and maximise patients' health status and well-being using a person-centered perspective, within a biopsychosocial framework.

This incorporates the evaluation of the person in his/her whole and the understanding of all those aspects that can limit a patient's well-being. Pain is arguably the most frequent and distressing experience patients report, and every health professional should have a comprehensive understanding of biological mechanisms as well as of the pain experience, to allow an adequate treatment.

In addition physiotherapists must utilise a broad base of skills including, but not limited to, effective communication styles, education, and reflective practice when treating and managing patients using best practice recommendations.

Clinically this incorporates the evaluation, and management of persons with pain. The field of Pain Physiotherapy spans three major clinical areas:

1. Acute pain
 - post-operative
 - post-trauma
 - acute episodes of pain in medical conditions.
2. Cancer-related pain
 - pain due to tumour invasion or compression;
 - pain related to diagnostic or therapeutic procedures;
 - pain due to cancer treatment.
3. Chronic non-cancer pain – including more than 200 conditions described in the IASP Taxonomy.

Pain Physiotherapy Curriculum

The purpose of this curriculum is to define the required learning, and assessment which constitute the European Diploma in Pain Physiotherapy training programme for physiotherapists across Europe.

It comprises four sections. Each section describes the required competencies for the Physiotherapist, and in combination with the learning objectives provides an overview of the knowledge base underlying the European Diploma in Pain Physiotherapy.

Curriculum Aims

1. To articulate the scope of practice required by a Physiotherapist including that is necessary for quality patient-centered care.
2. To outline the breadth and depth of knowledge, range of skills and professional behaviours required to ensure effective patient-centered pain management.
3. To provide consistency of standards and outcomes across different countries in Europe, through the establishment of a benchmark of standard competency.

European Diploma in Pain Physiotherapy

The Education Committee of EFIC® has developed an examination based upon this curriculum.

Physiotherapists/Physical Therapists whose national organisation is a member of the World Confederation of Physical Therapists (<http://www.wcpt.org/members>), and who wish to achieve this qualification will be assessed by this examination.

Further details, and a recommended reading list to support knowledge of the curriculum are available on the European Pain Federation EFIC® website <http://www.efic.org>, under Education.

Learning Objectives

Upon completion of this pain curriculum, the Physiotherapist should be able to:-

Section One: Pain Science and Knowledge

- Demonstrate a knowledge and understanding of the underlying physiology and biology of acute and chronic pain.
- Discuss the International Association for the Study of Pain (IASP)'s definition of pain and neuroscience-related phenomena.
- Discuss the complex and multidimensional nature of pain.

Section Two: Principles of Assessment and Measurement

- Demonstrate knowledge and understanding of the biopsychosocial assessment of pain.
- Assess patient preferences to determine pain related goals and priorities for treatment.
- Apply the World Health Organisation (WHO) International Classification of Functioning, Disability and Health (ICF) in the context of a biopsychosocial assessment of pain.
- Understand the effects of cultural, societal, economic and institutional influences on the assessment of pain.
- Describe patient and healthcare provider factors that may influence the assessment of pain.
- Demonstrate an understanding of the specialist assessment by other healthcare professionals.
- Apply knowledge, diagnostic skills and clinical reasoning to holistic patient assessment.

Section Three: Principles of Treatment

- Develop and implement an individually tailored evidence based pain treatment and management plan in collaboration with the patient.
- Consult and collaborate with colleagues and other healthcare professionals to optimise patient wellbeing and enhance patient outcomes.
- Critically discuss indications, efficacy, complications, management and patient follow-up for treatment modalities related pain Physiotherapy.
- Monitor the effects of treatment and recognise and respond to the uncertainty inherent in the practice of pain Physiotherapy.

Section Four: Pain Subgroups / Special Patient Populations

- Describe the pathophysiology, aetiology and clinical features associated with specific pain conditions, across the life span including pain in infants/children and in older adults.
- Discuss pain assessment and management strategies for specific populations including but not limited to; acute pain, chronic pain, central pain, neuropathic pain, nociceptive pain, inflammatory pain, cancer pain, musculoskeletal pain, fibromyalgia syndrome and chronic widespread pain, orofacial pain, headache, neck and back pain.
- Apply knowledge, skills and clinical reasoning to construct age appropriate assessment and treatment plans for patients presenting with a range of pain conditions.

Section One:- Pain Science and Knowledge

1.1 Pain Mechanisms

1.1.1	Outline the mechanisms of acute pain, inflammation and neuropathic pain and functional pain syndromes
1.1.2	Demonstrate a knowledge and understanding of the underlying physiology and biology of acute and chronic pain
1.1.3	Discuss the distinction between nociception and pain
1.1.4	Current theories of pain <ul style="list-style-type: none"> • Revised Gate-control Theory • Neuromatrix theory (of body-self) • Fear-avoidance and endurance Model • Onion-skin models of pain • Mature-organism Model • Mechanism-based approach
1.1.5	Describe <ul style="list-style-type: none"> • Mechanisms of transduction, transmission and modulation in nociceptive pathways • The anatomy and physiology of ascending and descending pathways of nociceptive modulation in the central nervous system • The relationship between peripheral/central sensitization and primary/secondary hyperalgesia • Neurobiology <ul style="list-style-type: none"> o Spinal system (including descending inhibition and facilitation) o Somatic and visceral peripheral nerves o Processing pathways in the brain:- <ul style="list-style-type: none"> » Opioidergic and GABAergic (including PAG-RVM pathway) » Adrenergic (including LC-pathway) » Cortical 'top-down' pathways (including cortical-subcortical brainstem pathways) » The somatosensory system » The autonomic nervous system • Neuronal and non-neuronal cell interactions in relation to pain

1.2 The International Association for the Study of Pain (IASP)'s definition of pain and neuroscience-related phenomena (<http://www.iasp-pain.org/Taxonomy>)

1.2.1	Describe key elements of medical history and pain science, including <ul style="list-style-type: none"> • Cartesian Dualism • Germ-theory, Pasteur and Koch • Cell-theory, Virchow • Line-labelling/specificity theory vs Gate Control Theory • Sensitization-theory
1.2.2	Define common pain and neuroscience-related phenomena according to the International Association for the Study of Pain (IASP) taxonomy
1.2.3	Define common terminology and definitions used in Pain Medicine e.g. acute, chronic, neuropathic, spontaneous, breakthrough
1.2.4	Define terms used in pain oriented sensory testing (POST) including, but not limited to: Sensory threshold/perception threshold, Pain threshold, Pain tolerance, Punctate mechanical allodynia, Dynamic and static mechanical allodynia, Cold allodynia, Warmth allodynia
1.2.5	Discuss sensory testing related to phenotypic changes in peripheral neurons (heat/cold/mechanical hyperalgesia)

1.3 The Complex and Multidimensional Nature of Pain

1.3.1	Discuss the evolution of different conceptual models in pain and health science, including the biopsychosocial model <ul style="list-style-type: none"> • Changes that occur in the brain during chronic pain and their possible impact on therapy and brain-related functions (including cognition, memory and mood) • Behavioral and cognitive pain explanations, including fear-avoidance, catastrophising, operant and classical conditioning • Neurophysiological overlap between chronic pain and common co-morbidities, including stress, sleep, mood and anxiety • Mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning • Genetic aspects and epigenetic mechanisms related to pain
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Section Two:- Principles of Assessment and Measurement

Critically discuss the concept of assessment and measurement of patients with acute and chronic pain across the life span (infants, children, adolescents, older adults, patients from linguistically or culturally diverse backgrounds, patients who are cognitively impaired, patients with behavioural issues).

2.1 Assessment

2.1.1	Demonstrate ability to undertake a comprehensive biopsychosocial assessment of the patient across the life span
2.1.2	Demonstrate an understanding of the rationale behind basic biopsychosocial assessments
2.1.3	Demonstrate an understanding of the role of cultural, societal, economic and institutional influences on the assessment of pain
2.1.4	Demonstrate an ability to identify patient and healthcare provider factors that may influence treatment (patients and healthcare providers' attitudes and beliefs, health literacy levels, patient and their family's response to the experience of pain and illness including affective, cognitive and behavioural response)
2.1.5	Demonstrate ability to utilise a person-centred approach and achieve a deep understanding of how pain affects the life of the patient (biologically, functionally, psychologically as well as work and social relations)
2.1.6	Demonstrate an understanding of the rationale behind basic investigations in relation to serious pathology, neuropathies and musculoskeletal complaints
2.1.7	Demonstrate an understanding of the specialist assessment by other specialist medical and allied health professionals and when to refer appropriately

2.2 Outcome Measures

2.2.1	Demonstrate critical selection of appropriate valid and reliable physical and psychological assessment and outcome measures across International Classification of Functioning, Disability and Health (ICF) domains
2.2.2	Demonstrate ability to undertake a physical assessment including levels of physical activity, function in daily life (functional tests and capacity evaluations) and sleep
2.2.3	Demonstrate ability to choose appropriate and validated tools to assess and monitor treatment and modify as necessary across the life span and in specific populations (infants, children, adolescents, older adults, patients from linguistically or culturally diverse backgrounds, patients who are cognitively impaired, patients with behavioural issues)

Section Three:- Principles of Treatment

3.1 Communication

3.1.1	Develop, justify and negotiate with the patient an individualised management plan and options, based on evidence and clinical reasoning and within the context in which the patient's experience of pain occurs
3.1.2	Demonstrate ability to differentiate those patients who require a multimodal approach from one practitioner, multidisciplinary approach from a team, and/or referral to medical specialists and/or allied healthcare professionals
3.1.3	Demonstrate the process of shared decision making and negotiating a therapeutic alliance with the patient towards implementation of the management plan, taking into account the patient's level of health literacy

3.2 Education

3.2.1	Demonstrate ability to teach patients about their specific condition in terms of pain neurophysiology
3.2.2	Demonstrate awareness of range of service delivery modes e.g. on-line, group education, face-to-face
3.2.3	Discuss and apply educational and communication strategies to promote active patient self-management, motivation and coaching
3.2.4	Discuss key variables that may impact on patients knowledge of their condition e.g. health literacy, self-efficacy, beliefs, culture, co-morbidities
3.2.5	Discuss the impact of health care providers' attitudes and beliefs on patient management

3.3 Behavioural Therapies

3.3.1	<p>Demonstrate an understanding of evidenced based behavioural therapies including but not limited to</p> <ul style="list-style-type: none"> • Cognitive and behavioural therapies • Mindfulness-based cognitive behaviour therapy; acceptance and commitment therapy; mindfulness-based stress reduction • Systemic (couple and family) therapy • Hypnosis/guided imagery • Biofeedback, relaxation techniques such as progressive muscle relaxation and • Autogenic training • Graded exposure to feared movement and/or activities
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3.4 Exercise

3.4.1	Demonstrate and apply knowledge of evidence based physical activity and exercise prescription in the management of chronic pain
3.4.2	Demonstrate ability to modify as necessary based on factors including pain state, age, co-morbidities, psychosocial factors, pregnancy, across the age span, those with dementia, mental health disorders, cognitive or neurodevelopmental impairment, and psychiatric conditions
3.4.3	Recognise the importance of identifying and addressing psychosocial factors regarding ability to comply with individualised exercise prescription and physical activity/activities of daily living (ADLs) e.g. fear avoidance, catastrophizing
3.4.4	Demonstrate ability to incorporate patient education in exercise prescription regarding goal setting, coping, pacing, motivation, graded activity, graded exposure

3.5 Referral to Multidisciplinary Medical and Allied Health Professional Colleagues

3.5.1	Understand the importance of consulting and collaborating with colleagues and other multidisciplinary teams (across health and social care) in the implementation of a pain management plan to optimise patient wellbeing and enhance patient outcomes including return to work
3.5.2	Have a basic understanding of the indications, efficacy, complications, management for procedural treatment modalities related to pain medicine
3.5.3	Demonstrate an understanding of the categories of pharmacological options available for the management of neuropathic and nociceptive pain e.g. NSAIDS, opioids, antidepressants, anticonvulsants, capsaicin, cannabinoids, corticosteroids
3.5.4	Demonstrate an understanding of the limitations of medication and the importance of combining them with other multidisciplinary strategies that include active self-management strategies

3.6 Work

3.6.1	Demonstrate an understanding of the role of work, occupational factors, career, finances, housing, recreational and leisure activities in relation to the patients' pain
3.6.2	Demonstrate knowledge of factors associated with work loss and facilitate where possible return to work strategies in collaboration with pain team and employers
3.6.3	Demonstrate knowledge and application of work adaptation and removal of barriers that will facilitate return to work

3.7 Treatment Modalities

3.7.1	Critically discuss indications, efficacy, complications, management and patient follow-up for treatment modalities related to pain Physiotherapy
3.7.2	Demonstrate knowledge of factors associated with work loss and facilitate where possible return to work strategies in collaboration with pain team and employers
3.7.3	Understand the principles and application of placebo and nocebo theory in patients with pain
3.7.4	Discuss appropriate follow up and proper outcome measurement for patients and how these can be implemented

3.8 Treatment Effects

3.8.1	Recognise and respond to the uncertainty inherent in the practice of pain Physiotherapy, including but not limited to accommodating unpredictability, managing risk in complex patient care situations and varying practice according to contextual and cultural influences
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3.9 Allied and Associated Therapies

3.9.1	Critically discuss the use, evidence, efficacy and potential interactions and adverse effects of complementary medicine (CAM) used in the community for the treatment of pain
3.9.2	Critically discuss the evidence, use and efficacy of current complementary treatments

Section Four:-
Pain Subgroups / Special Patient Populations

4.1 Specific Pain Conditions

4.1.1	Describe the pathophysiology, aetiology and clinical features associated with specific pain conditions
4.1.2	Recognise and understand clinical presentations, diagnostic criteria and classification systems for different pain subtypes and across the lifespan
4.1.3	Demonstrate the ability to identify pain subgroups based on multidimensional assessment and clinical reasoning; including acute and chronic pain, nociceptive and neuropathic pain; widespread pain, pain related to cancer; visceral pain and complex pain presentations
4.1.4	Understand the pathology, mechanisms and clinical course of different pain subtypes

4.2 Pain Assessment and Management Strategies for Specific Populations

4.2.1	Demonstrate ability to develop, implement and progress tailored multidimensional assessment for different pain subgroups in the physiotherapy setting
4.2.2	Demonstrate clinical reasoning in developing a tailored treatment plan from the patient presentation
4.2.3	Demonstrate understanding of clinical guidelines and evidence base for pharmacological, surgical/interventional and non-pharmacological management of different pain subgroups
4.2.4	Critically discuss the non-pharmacological approaches in the physiotherapy treatment of different pain presentations
4.2.5	Discuss issues related to the ongoing management of different pain presentations
4.2.6	Recognise the essential role of close collaborations between the various teams involved in the care of patients with differing pain presentations: medical specialists, nurses, psychologists, social workers, workplace, and family
4.2.7	Evaluate efficacy of physiotherapy pain treatment and management interventions through evaluation of key clinical and patient reported outcomes

4.3 Additional Considerations

4.3.1	Discuss the risk factors and mechanisms involved in the transition of acute to chronic pain, and critically evaluate the evidence for measures including rehabilitation that may reduce (mitigate) that transition and promote recovery. This will include management of post-surgical pain
4.3.2	Describe the differing presentations of pain and clinical findings in patients with primary central and peripheral neurological diseases e.g. Stroke, Multiple Sclerosis, Parkinson's Disease, Trigeminal neuralgia, CRPS I and II, Peripheral neuropathies e.g. diabetic, HIV-associated, toxic (alcohol, chemotherapy), Acute herpes zoster infection and post-herpetic neuralgia, Phantom limb pain and Guillain Barre Syndrome
4.3.3	Recognize the problems faced by cancer survivors who have persistent pain and have awareness of clinical practice guidelines addressing the rehabilitation/training of patients with cancer during and after treatment, in the palliative phase as well as management of pain in end of life care
4.3.4	Demonstrate knowledge of varying approaches to management of musculoskeletal pain; including acute trauma, acute and chronic neck and back pain, fibromyalgia, tendinopathies and arthritis/inflammatory arthropathies
4.3.5	Understand accepted definitions of headache disorders (including cervicogenic, migraine, cluster and medication rebound) and orofacial pain conditions (including dental pain, trigeminal neuralgia, temporomandibular pain)
4.3.6	Recognize evidence-based treatment paradigms for the management of headache and orofacial pain
4.3.7	Discuss the management of pelvic pain
4.3.8	Demonstrate ability to adapt assessment strategies, treatment plans and evaluation to the specific needs of patient groups, including but not limited to pregnant women, older adults (including those with dementia), infants, children and adolescents, patients with mental health disorders, with active or past substance abuse problems, patients with intellectual and/or physical disabilities and patients from linguistically and culturally diverse backgrounds

4.4 Older Adults

4.4.1	Consider alterations in pathophysiological processes including physical, sensory and cognitive, medical and cognitive co-morbidities associated with ageing and how these impact upon the presentation and normal physiological response to pain and its treatment
4.4.2	Demonstrate an understanding of the impact of beliefs held by health professionals, care givers and family on the identification, recognition, interventions and management of pain in older people
4.4.3	Describe some of the common conditions/diseases in older people and presenting with specific pain, including: bone pain (secondary to metastasis or osteoporotic fractures), chronic neuralgic pain (from nerve compression or radiculopathy), chronic visceral pain syndrome (e.g. bladder pain and gastrointestinal pain)
4.4.4	Describe the age adapted principles in pain assessment in older persons including specific psychometric tools regardless of aetiology and communication ability
4.4.5	Demonstrate knowledge of the ability to assess physical abilities and capacity, preferences for physical activity/exercise, and perceived barriers
4.4.6	Assess mood changes and signs of cognitive impairment
4.4.7	Have an understanding of differences in recommendations for medication (analgesics) for the older population (renal insufficiency etc.)
4.4.8	Discuss the considerations that must be made when using complementary therapies with older adults in terms of contraindications, efficacy and side effects

4.5 Pain in Infants, Children and Adolescents

4.5.1	Show understanding of the long-term neurophysiological consequences of pain in infancy and early childhood
4.5.2	Discuss developmental, cognitive, contextual psychosocial and practical considerations in acute, and chronic pain assessment and management in infants, children and adolescents
4.5.3	Understand the relationship of mood disorders and early adverse life events, including prolonged time in the neonatal intensive care unit or child abuse and pain
4.5.4	Describe the assessment of acute and chronic pain in infants, children and adolescents using validated pain measurement tools and diaries, including the ability to apply to children who are cognitively impaired or from linguistically and culturally diverse backgrounds
4.5.5	Demonstrate understanding of the principles of multidisciplinary team management of pain in these groups including but not limited to diagnosing mood disorders
4.5.6	Discuss biopsychosocial aspects of pain management including the role of the family (or carer) and society and influence of diverse socio-economic, ethnic and cultural backgrounds in children of different ages, abilities and educational needs

4.5.7	Critically discuss the role of psychological therapies in procedural and chronic pain, including <ul style="list-style-type: none"> • Cognitive behavioural and narrative techniques • Distraction, guided imagery • Biofeedback and mindfulness
4.5.8	Discuss the role of Returning To School (RTS) and Staying In School (SIS)

Acknowledgements

The European Pain Federation EFIC® is grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to originally use their 2014 curriculum as a basis for our Pain Medicine curriculum. This has now been adapted for our Pain Physiotherapy curriculum.

We thank the teams who worked on both European Pain Federation Curricula for their time and professional expertise.

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