

How Curiosity Plays a Key Role in Pain Recovery

Thank you for attending this Advanced presentation at SYTAR 2026 with Amber Kyliuk, R.Kin!

Below you will find links to research discussed, books used for reference, articles & podcasts, and a sample of somatic tracking for persistent pain.

Objectives:

- Learn the basics of the current pain science with a focus on the old view vs. new view of pain & fear/pain cycle.
- Looking at Somatic Tracking and how it is used to open the door to curiosity & a calm nervous system.
- Person centred treatment communication styles.

Old beliefs: There are many! From a weak core to poor posture... This language matters. It takes us from the old view of pain (see below) to a more hopeful recovery path forward.

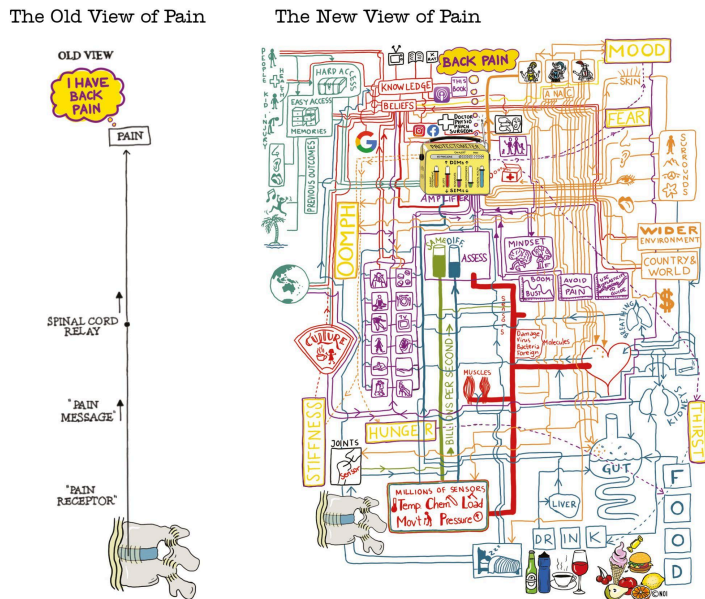
Imagine being told there is nothing that can be done about your back pain except fusing the spine with surgery. That sounds like hitting a brick wall. But imagine using what you are about to learn and that client, who's only option given was surgery, is now deadlifting 80lbs easy and back to all of their cherished life activities? Sounds like this is worth learning!

Reference: [Wilson D, Williams M, Butler D. Language and the pain experience. Physiother Res Int. 2009 Mar;14\(1\):56-65. doi: 10.1002/pri.424. PMID: 19009532.](#)

We talked about Gerry. You can find the article [here](#).

Old vs. New view of pain:

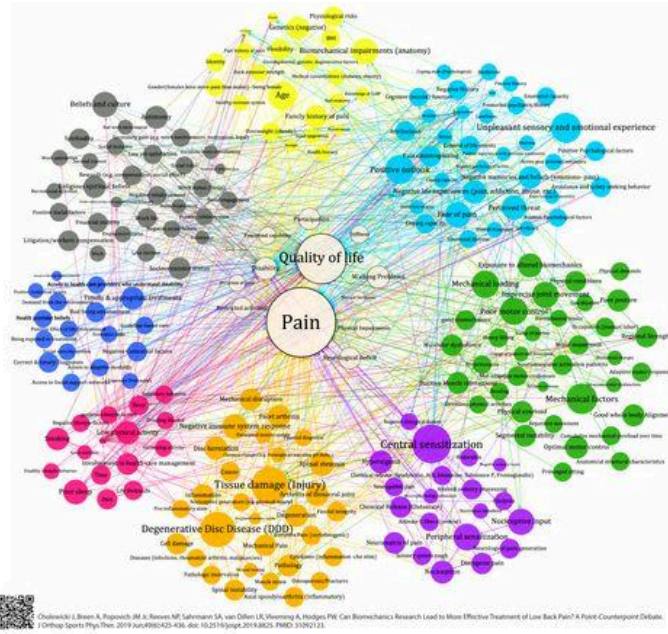
See more detail and discussion in the [Resolve Back Pain Handbook](#), [NOI Group](#)



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Factors that influence pain are not just structural! Yes it ranges fully from the biopsychosocial aspect as well as the ecosystem of the body including but not only with levels of inflammation, stress, diet, movement, and more:

<https://espace.library.uq.edu.au/view/UQ:463f3b6>



Now, as much as you can likely see how this picture is being painted, please, please do not go and regurgitate it to clients. That phrase: 'pain is in your brain' is very dehumanizing to people who are struggling while living with pain. Yes, it is true, if you didn't have a brain, you wouldn't have pain.

But we need to build a path forward, build trust, and work together so that the path forward has meaning all along the way. This starts with your curiosity about their experiences and beliefs. Asking questions helps to open up their curiosity about what their path to recovery looks like. Remember, the path to recovery looks different to everyone. It isn't just the idea of 'getting rid of pain' but getting back to the life they want, whether that is family related, work related, travel, activities, and more.

If you were to show a client the two above diagrams they would likely get overwhelmed and adding in that 'chaos' doesn't help the mental load of pain.

We need to listen and validate their lived experience. If we can do that, as well as provide some reassurance that we can help them move forward, this is what gives a client the feeling of safety, that the ground under their feet is no longer crumbling.

While working with clients, the question often arises: how much of my pain is structural and how much is neuroplastic? This is a big question as we really have no way of knowing (unless they have had numerous tests & scans already and NOTHING has been found). I look at it as a ratio. If your pain has been around for over 3 months, there is a strong likelihood that there is a neuroplastic aspect to their pain experience. If it is 50% neuroplastic and 50% structural, would they not like to work on reducing 50% of their pain? With a reduction like that, it then opens the door to having more confidence to work on building mobility and strength to help the 50% structural part.

Live in the question, start building a path that can be grey, it doesn't have to be 'black & white'.

[Podcast](#) about the mental load of pain.

[Research](#) about how frequently patients are interrupted.

[Amazing paper](#) about communication with patients, beliefs & asking questions:

[Caneiro JP, Bunzli S, O'Sullivan P. Beliefs about the body and pain: the critical role in musculoskeletal pain management. Brazilian Journal of Physical Therapy. 2021 Jan-Feb;25\(1\):17-29.](#)

So how can we find a starting point after listening? This is just one example that I use, but it all depends where the person is.

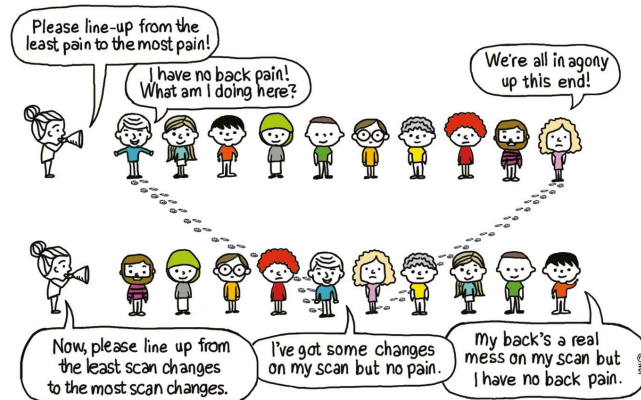
Take the next few resources and after listening to someone talk and answer a few good questions, you'll have an idea where to start. Remember, start slow. Allow them to experience a connection to feeling grounded and connected.

[Somatic Tracking for Persistent Pain](#), a 20 minute guided practice.

Interoception with [Kelly Mahler](#)

[Brinjikji, Waleed et al. "Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations." American Journal of Neuroradiology 36 \(2015\): 811 - 816.](#)

Why scans can help and hinder



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Resolve Back Pain Handbook (2024) Moseley GL, Butler DS, Leake HB, Wand BM, McAuley JH

Recovery is not a straight line. Everyone is different and recovery looks different to everyone as well. For many, their first idea of recovery means getting rid of all pain. If we can shift that concept to recovering their cherished life activities, that can make it more meaningful. Often when there is some structural aspect as well, doing this work doesn't fully get rid of pain, but builds a better awareness and the person can recognize things that may affect their pain levels. Here is where teaching (and getting them to practice) tools to actively manage what is happening in their life helps.

Thank you for taking the time to learn more about persistent pain! It is so incredibly helpful to everyone who is living with pain, cranky body parts, nagging injuries, and more!

If you have questions please don't hesitate to reach out.