



FREE PAIN MANAGEMENT STARTER GUIDE

Practical steps to understand pain, explore non-opioid options,
and prepare for better conversations with your healthcare team.

A simple place to start

Pain management is rarely one-size-fits-all. This guide introduces practical, evidence-informed strategies that can be combined into a personalized plan with your healthcare team.

How to use this guide

- Choose one or two strategies that feel realistic for you.
- Track what you try and how it affects pain, sleep, mood, and daily function.
- Focus on meaningful activities - such as walking, working, sleeping, or caring for family - not only the pain number.
- Bring your notes and medication list to your next healthcare visit.

When pain needs urgent attention

Seek urgent medical evaluation for new or severe pain accompanied by warning signs such as:

- Chest pain, severe shortness of breath, fainting, or signs of stroke.
- Sudden severe headache, major trauma, or rapidly worsening symptoms.
- New loss of bowel or bladder control, numbness around the groin/saddle area, or new significant weakness.
- Fever with severe pain, a hot/swollen joint, or concern for a serious infection.

Important

This guide is for general education only. It does not diagnose a condition or replace care from a licensed healthcare professional. Treatment choices depend on your health history and individual circumstances.

Educational sources used throughout: CDC, FDA, NIH/NCCIH, American College of Physicians, and American College of Rheumatology/Arthritis Foundation.

1 Understanding Pain

Pain is an unpleasant sensory and emotional experience. It is real, personal, and influenced by many factors. Understanding the type and pattern of pain can help you and your healthcare team choose safer, more useful strategies.

Acute pain

Usually begins suddenly and is related to an injury, surgery, illness, or other short-term problem. It often improves as the underlying problem heals.

Chronic pain

Persists or recurs for longer periods, often beyond expected healing. Care may focus on function, sleep, activity, coping, quality of life, and pain reduction.

Think beyond the 0-10 pain score

A pain number can be useful, but it does not tell the whole story. Ask: What is pain preventing me from doing? What would meaningful improvement look like?

- Walk for 10 minutes with fewer rest breaks.
- Sleep for a longer uninterrupted period.
- Prepare a meal, shower, or dress more independently.
- Return to a hobby, work task, exercise, or social activity.
- Use fewer rescue strategies because the overall plan is working better.

Set a functional goal

Activity I want to improve

My realistic goal this week

How I will measure progress

A multimodal approach

Pain care often works best when several appropriate strategies are combined - for example, movement, pacing, sleep support, relaxation skills, physical therapy, and medications when appropriate.

Sources: International Association for the Study of Pain (IASP) definition of pain; CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022).

2 Build Your Non-Drug Pain Relief Toolkit

Non-drug strategies can be used alone or alongside appropriate medical treatment. Not every option is right for every condition, so start gradually and stop an activity that causes concerning or sharply worsening symptoms.

Move gently and regularly	Appropriate movement can help maintain strength, mobility, confidence, and function. Walking, stretching, strengthening, aquatic exercise, yoga, or condition-specific exercise may be options.
Use pacing	Break larger activities into smaller steps and alternate activity with planned rest. Avoid the cycle of doing too much on a better day and then needing prolonged recovery.
Try heat or cold	Heat may feel soothing for stiffness or muscle discomfort. Cold may help some acute injuries or swelling. Protect the skin and avoid extreme temperatures.
Practice relaxation	Slow breathing, mindfulness, meditation, progressive muscle relaxation, and guided imagery may reduce stress and help some people cope with pain.
Support better sleep	Keep a regular sleep/wake schedule, create a wind-down routine, limit late caffeine, and discuss persistent sleep problems with a healthcare professional.
Use music intentionally	Calming or personally meaningful music can be part of relaxation, distraction, sleep preparation, or recovery routines.
Ask about rehabilitation	Physical and occupational therapy can address movement, strength, body mechanics, adaptive techniques, and participation in daily activities.
Start small Pick ONE strategy to practice consistently for the next 7 days. Small, repeatable changes are often easier to evaluate than changing everything at once.	

Sources: NIH National Center for Complementary and Integrative Health (NCCIH); American College of Physicians guidance on noninvasive treatments for low back pain.

3 Pain Medication Basics & Safety

Medicines can be one part of pain management. The safest choice depends on the cause of pain and your medical history. Ask a pharmacist or prescribing clinician before starting, stopping, combining, or changing medicines.

Medication type	What to know
Acetaminophen	Used for pain and fever. Check labels because it can appear in combination products. Too much can cause serious liver injury. Ask your clinician what daily limit is appropriate for you.
NSAIDs	Examples include ibuprofen and naproxen. They can help some inflammatory or musculoskeletal pain but may increase stomach, kidney, blood pressure, heart, or bleeding risks.
Topical options	Topical lidocaine or capsaicin may help selected localized pain conditions. Follow product directions and avoid damaged skin unless specifically instructed.
Prescription non-opioid medicines	Depending on the condition, clinicians may consider medicines such as duloxetine, gabapentin, or pregabalin. These require individualized assessment and can have important side effects and interactions.

Medication safety checklist

- Keep an up-to-date list of prescriptions, OTC medicines, vitamins, and supplements.
- Use one pharmacy when practical so interactions and duplicate therapies are easier to identify.
- Do not share prescription medication.
- Ask before combining medicines that can cause drowsiness or affect breathing.
- Store medicines securely and use authorized take-back or FDA-recommended disposal options.
- If opioids are prescribed, ask about overdose risk, naloxone, safe storage, and treatment goals for pain and function.

Before taking an OTC pain medicine

Check the active ingredient, label dose, warnings, and whether the same ingredient is already in another product you take. When unsure, ask a pharmacist.

Sources: U.S. Food and Drug Administration (FDA) consumer medication safety information; CDC opioid prescribing guideline (2022).

4 My Pain Management Action Plan

Use this page for one week, then bring it to your healthcare appointment. Look for patterns rather than expecting every day to be the same.

My goal

Activity/function I want to improve

One strategy I will try this week

7-day quick tracker

Day	Pain 0-10	Function/activity	What I tried	What I noticed
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Prepare for your next appointment

- Bring your medication/supplement list and allergies.
- Describe where the pain is, when it started, what it feels like, and what makes it better or worse.
- Share how pain affects walking, sleep, work, self-care, mood, and activities that matter to you.
- List treatments you have tried and whether they helped or caused side effects.
- Ask: What is the likely cause of my pain? What options fit my condition? What should I avoid? When should I follow up?
- Choose one realistic functional goal to work on before the next visit.

Keep learning

Explore more free pain education, assessment tools, appointment resources, and non-opioid pain relief information at [LeanPainRelief.com](#).

Understand Pain. Explore Options. Improve Function.

Free educational resource from Lean Pain Relief Initiative. Not a substitute for individualized medical evaluation, diagnosis, or treatment.