

Live Well with Pain news

for people with pain and those who support them

ISSUE 22 | JANUARY 2026 | For resources to help you live well with pain, visit: livewellwithpain.co.uk

Happy New Year!

In this first issue of 2026 we've got a real coup: our Q&A puts the spotlight on probably the world's leading (certainly most famous) pain scientist, Professor Lorimer Moseley.

If you haven't come across him before, just have a look at some of his videos on YouTube. They testify to his lifelong passion for pain education, as well as his skill as an entertainer. But what did he want to be when growing up? What is top of his 'to-be-read' pile at the moment? And what's his guilty secret? [Read our Q&A with Prof. Moseley](#) to find out!

Also in this New Year edition we've got a fascinating article from [Laura Rathbone, founder of Pain Geeks](#), an online forum supporting further understanding of pain care, plus a [review of a tech gadget](#) designed to help with perhaps the hardest of the Ten Footsteps – pacing.

And not forgetting perhaps the most important news of all for Live Well with Pain: LWWP's co-founder, and the driving force behind everything that Live Well with Pain has achieved – Dr Frances Cole – is retiring. Frances has had a massive impact, not only on everyone involved in Live Well with Pain itself, but far beyond – nationally and internationally. [Frances' farewell message](#) to us all is on page 2.

News from around the pain community

Thursday 29 January, 6-7.30pm BPS Education Committee -

How can health professionals effectively navigate initial conversations with individuals transitioning to non-medical/non-cure-seeking chronic pain support?

With Kate Thomson (chair), Mahindra Chincholkar, Lisa Blanchard and Jen Ford

[Register for the event here](#)

Friday 27 March Second Live Well with Pain annual conference

Oculus Centre, Warwick University. For all the details and registration, go to: www.footsteps2change.co.uk

Thursday 26 February Neuropathic Pain Education Day

Royal College of Physicians, London

[Find out more and register here](#)

21-23 April British Pain Society's Annual Scientific Meeting (ASM)

This year taking place in Harrogate, with speakers including Professor Karen Davis who will deliver the Patrick Wall Lecture and Professor Kris Vissers who will deliver the British Pain Society Lecture.

Registration is already open and details can be found on the [conference website](#).

Retirement message

Frances Cole writes . . .

I am leaving Live Well with Pain at the end of March 2026, to discover more of the world outside our web resource and training programmes at Live Well with Pain. We achieved far more than I ever imagined when Emma Davies and I brought LWWP into being in late 2017.

Our original aim was to tackle the challenge of unhelpful and unnecessary prescribing of strong opioids, and the harms this causes for people living with chronic pain. It seems this has reduced nationally by around 40%, they tell me, in 2024. A real wow factor!

Yet so much more happened along the way, and some highlights for me have been . . .

Collaborating with so many enthusiastic and generous people, all wanting to make a difference for families – this Christmas 2025 and many other times too.

Emma Davies has been a most gifted and steady partner in what was often a “tricky venture”, always willing to take risks – luckily for me.

Louise Trewern, who enthused us all so much in the early days, and Ann Livingstone, who taught me a great deal about “sleep and pain”!

The lived-experience team at Live Well with Pain – Tim, Mark, Sue, Su, Darrell and Grace – a remarkably wise and supportive group who regularly reined in my thinking about what was “possible”. We did achieve the “impossible”... with their help, and proudly on a very real shoestring.

Colleagues within the Live Well with Pain team – Diarmuid Denney, Rachel Stovell and Laura Hissey and also Chris Penlington and Graham Dunthorne – such enlightening



‘Pain is hard. Yet it is easier to travel with in life when supported by oneself, by others, and by skilled practitioners’

and truly good people to work with over these last few years.

Our website manager and creative media designer David Andrassy, who weathered the many ups and downs of a long collaborative journey and generously shared his skills throughout.

Probably the best administrative support colleague anyone could wish for – Claire Packwood – who ensures LWWP is what it is today. I am always grateful for the time and work we shared.

Working alongside kind and inspiring colleagues such as Professor Paul Chazot, of the Wolfson Research Unit at Durham University, who brought enthusiasm at every step of this journey, often in very practical ways – so much gratitude.

Jim Huddy and Sean Jennings, whose ideas around Pain Cafés synchronised so beautifully and timely with our own work. Now there are over 100 across the UK and further afield – wow!

A seemingly endless and fruitful garden of collaborators – from Gill Gookey and her team at East Midlands Health Innovation (100 people trained, over 20 Pain Cafés), to Derby City Football Club Charitable Foundation now running Live Well with Pain groups across the city. This led to gaining some external validation for the work through two awards: the Bright Ideas Award

Retirement message

from Health Innovation North East in 2020, and the Health Service Journal Patient Safety Award in 2025, Team and Partnership working.

Sebastian, a mental health worker in Cornwall focusing on trauma-informed approaches with amazing patient outcomes; Katrina Hughes; and the lovely St George’s team shaping Live Well with Pain services in South London.

Georgia Spence, who took on ideas around Nutrition and Pain and from which a popular cookbook emerged . . . which has since been downloaded loads!

And many more besides!

Pain is hard. Yet it is easier to travel with in life when supported by oneself, by others, and by skilled practitioners. It has been enormously rewarding to contribute to making a difference in so many places. This was only possible through the commitment of a great team, often working in their own

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time, and enabling access to free resources and tools for both practitioners and people living with pain.

From an economic perspective it may seem an unlikely approach – yet it has been deeply humanitarian and humbling. And it made real differences to many.

So please support the team led by Emma Davies, Laura Hissey, Rachel Stovell and Diarmuid Denneny in 2026. Watch this space as, over the next twelve months, they share plans for Live Well with Pain.

Continue to contact us, feedback to us, and come and create with us.

And come to our [Footsteps to Change conference](#) in March, where I will be running the book stall again – for the last time – along with some delicious Wensleydale cake and cheese.

Hasta luego – buen camino

Frances

Dr Frances Cole at Live Well with Pain’s first ever national conference, in 2025



Health and Wellbeing Check Tool

The Health and Wellbeing Check tool – an update

We reported in the last newsletter on the successful launch of Live Well with Pain’s Health and Wellbeing Check tool. This is one of the most detailed – and most interactive – of LWWP’s self-assessment resources to be developed so far for people with pain. We’re delighted to say that in its first few months it is also proving to be among the most popular.

Since launching online in September 2025 the Health and Wellbeing Check has been completed by over 1,200 people. One of the key features of the tool which we believe contributes to its acceptability, is its anonymity: LWWP does not save or collect any identifiable data from users.

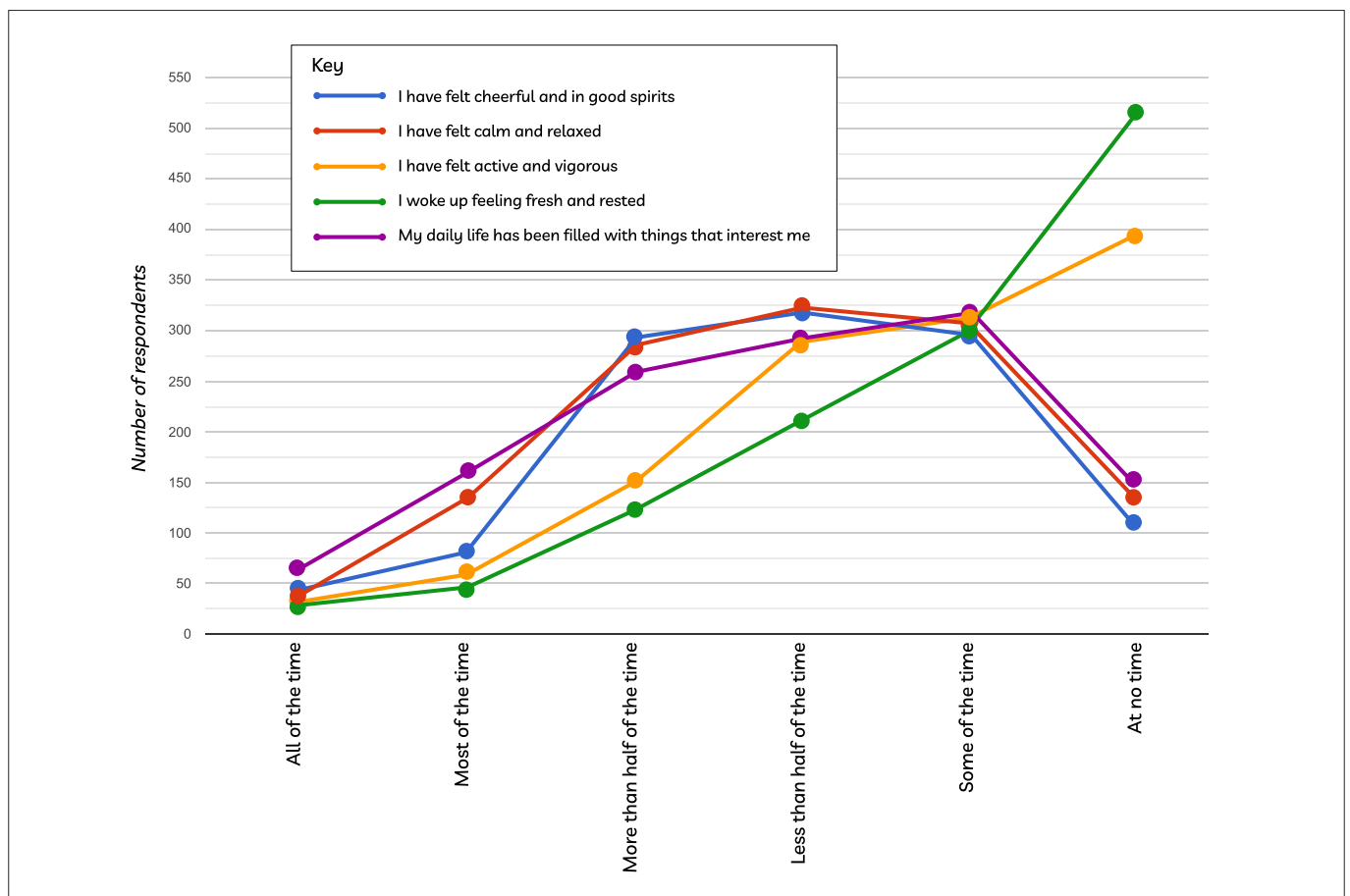
Anonymised, aggregated data is collected however, as one of LWWP’s aims is to be able to identify trends that can inform pain self management policy and practice.

And we are already seeing interesting patterns emerging. For example, in the question about emotional wellbeing, two areas stand out (see fig. 1, below). Unlike ‘feeling cheerful’, ‘relaxed’ or ‘interested in life’ which most respondents had felt at least some of the time, large numbers of respondents had not felt ‘active and vigorous’, or had ‘woken up feeling refreshed’ *at any time at all* in the past fortnight.

This is reflected in responses to the question about other issues that are affecting people, apart from the pain itself (see fig. 2 overleaf), where the two most frequently cited issues are “disturbed sleep, tiredness or lack of energy” and “walking or moving about, lack of fitness and stamina.”

Live Well with Pain has long argued that, among the many areas of life that people with pain want to prioritise as they develop their self-confidence, sleep and activity levels are among the most pressing. Now, thanks to data from the Health and Wellbeing Check

Fig. 1: Number of respondents at each frequency level, across five emotional areas



Health and Wellbeing Check Tool

tool we are beginning to see some hard evidence to back this up.

User experience

We also ask everyone who completes the Health and Wellbeing Check if they are willing to answer a short questionnaire on their experience of using the tool.

We are very grateful that many have done so, and we are really pleased that the verdict so far has been an overwhelming thumbs up.

Almost 97% of respondents found the Health and Wellbeing Check tool to be ‘very easy’, ‘quite easy’ or ‘reasonably easy’ to complete.

Over half (55%) found it helped them ‘reflect on how they have been feeling recently’.

Nearly a third of respondents (32%) were helped to ‘think about my confidence to manage the pain’ as a result of completing the tool.

And 60% felt it helped them ‘prioritise the areas I want to work on.’

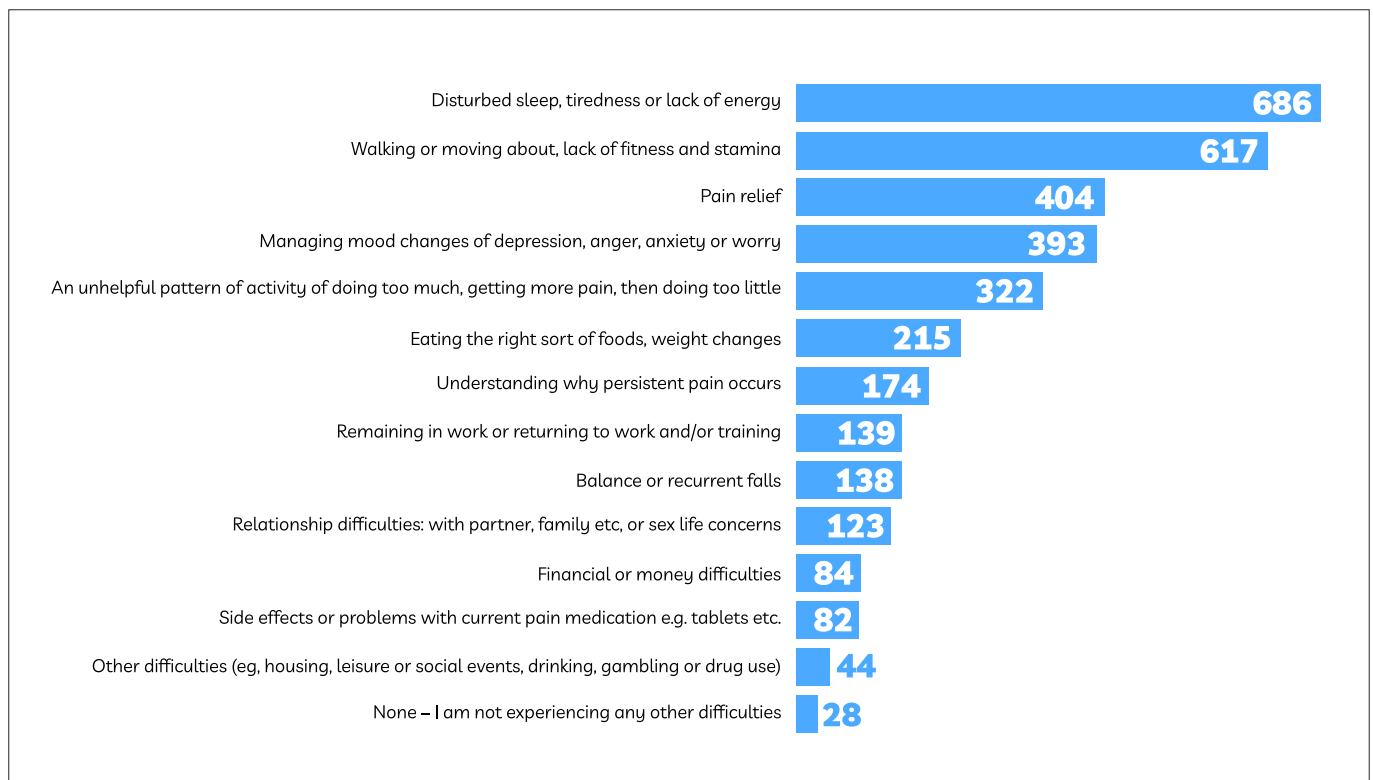
If you haven’t tried using the Health and Wellbeing Check yet, you can find it on the website here:

[My Health and Wellbeing](#)

And if you are a practitioner working with people on their pain self management skills, why not explore using it with them, as a starting point for developing shared priorities and ‘buy in’ to the idea of self management as a way forward.

To everyone who has used the Health and Wellbeing Check so far – and everyone who has given their feedback on it – thank you for helping!

Fig. 2: Frequency with which ‘other difficulties’ were reported



Here at newsletter HQ we’re always keen to hear your suggestions. So why not drop us a line, let us know what you think and share your ideas? It couldn’t be simpler – just email info@livewellwithpain.co.uk
 Got a story for us? Our next issue is out in April. Deadline for submissions is 31 March.

Conference news



Live Well with Pain Conference 2026

One day conference for professionals

Footsteps to Change brings together leading experts, health professionals, workplace wellbeing innovators, and people with lived experience of pain. Together, we'll explore why a prevention agenda is needed for primary care. Also how pain management, health trainers and wellbeing programmes can shape a future where people feel supported, empowered, and in control of their lives.

Friday 27th March

THE OCULUS WARWICK UNIVERSITY

£105

CONFIRMED SPEAKERS



Prof. Roger Knaggs
British Pain Society



Dr Tim Williams
Peak Health Coaching



Prof. Tamar Pincus
Southampton University



Dr Asim Suleman
Bradford and Airedale
NHS



Prof. Cormac Ryan
Teesside University



Dr Nicole Tang
Warwick University



Dr Benjamin Ellis
Imperial Healthcare Trust



Richmond Stace
The Pain Coach

Book now
www.footsteps2change.co.uk

Philosophy of Pain

Filling the gap: building your own Philosophy of Pain

Laura Rathbone is the founder of [Pain Geeks](#), an online reading community where clinicians ‘explore complexity, share ideas, and grow together.’ She is a clinician, coach, and educator dedicated to sharing the science and philosophy of pain with anyone willing to dive in, from clinicians, patients, and curious minds alike. In this article she explains how developing a philosophy of pain can help bridge the gap between patient and practitioner. Laura writes . . .

Traditionally, people living with pain have looked to the medical model to explain why they have persistent pain and what can be done to fix it. However, the medical model leaves us with many gaps and this can leave many people living with pain finding their questions unanswered and feeling let down.

Typically, the medical model spends a lot of time exploring what is observable in the body (by current technology) and yet fails to explain ‘how’ or ‘why’ a person continues to have pain and is left grasping for metaphors around protection or simply saying ‘somehow.’ For example, clinicians and therapists might explain that the nervous system changes to be more reactive or sensitive and that somehow means a person now has daily pain. Or, they might say that a person’s past experience of trauma ‘somehow’ means you now have a life with pain. Or, if we are very creative, a combination of the two and let’s throw in some social vulnerability to add to the picture. These all ‘somehow’ combine, to mean you now have to live a life with pain.

As a clinician, I can hear my own struggles in these words, all from a place of doing my best, but was I really doing the best for the person in front of me? Was I giving them the space to explore and enquire about pain, or was I just hoping they didn’t ask me hard questions?

The ‘somehow’ gap is not just a clinical or scientific problem, it’s a philosophical one. And here’s the crucial insight: as the clinician in the relationship, I cannot fill that gap for the person in front of me. So much of the



Laura Rathbone at a meeting of PAIN Alliantie (formerly the Dutch Pain Society) in 2026

information and experience needed to bridge it is unique and private to them: their fears, their losses, their hopes, the meaning they give to their suffering.

Yet by defaulting to reductionism, reducing pain to a single mechanism in the body or blaming a single tissue, I risk offering a dangerously incomplete story. If pain is “just” a sensitised nerve or “just” an inflamed joint, then the logical solution becomes clear: remove that tissue, fix the mechanism. I squeeze what is an all-encompassing and life-shattering experience into the tiny container of ‘just the knee’ or a receptor, or a molecule.

Philosophy of Pain

But as humans (not only as clinicians and patients), we know that pain has no such boundaries.

Pain penetrates everything. It affects our ability to work, care for our children, meet friends, or simply move through our world without fear. The question isn't just what's happening in our tissues or nervous system, it's what's happening in our life when we live with pain, our sense of self, our future. Medical models can tell us about nociceptors and neural pathways, but they struggle to explain why a person would wake up each morning feeling like an unwanted guest in their own body (as one person I was working with so beautifully put it).

This is where philosophy becomes healing. Not the abstract philosophy of morality or truth for all humans, but one's own living philosophy of 'my pain', my morality and my truth. When medicine says "somehow," people, we need a framework that makes sense of the whole experience: the body-situated perceptions like tightness, or burning etc, yes, but also the emotions, the social isolation, the loss of identity and the struggle to imagine a future.

Finding and nurturing your own philosophy means asking different questions. Not just "what's wrong with my body?" but "how can I live well despite this pain?" Not "when will it end?" but "what does this pain mean right now in the context of my life, and how do I want to respond to it?"

Your philosophy might integrate what medicine tells you about your biology with what you know about

your life circumstances, your values, and what matters most to you. It might help you see that you are not just a body with painful parts, but a person navigating a complex experience. You can view your pain as something happening in your physical body without letting it completely define your lived reality.

Moving from the very understandable position of 'needing' medicine to relieve the burden of pain by giving meaning to it and a solution, to becoming an active participant in making meaning of your pain, can feel daunting, even frightening. It asks something of all of us that experience pain that we may not have expected to give. But it can also be profoundly transformative. It doesn't make the pain disappear, and I want to be clear about that.

I hope that, by working with people on their own philosophy and meaning of pain in their life, we open up space for someone to feel more empowered to live with their pain. No longer solely at pain's mercy, defined only by what hurts. Instead, to allow their full self to include this experience of pain, so they can live creatively and meaningfully alongside it, discovering what's still possible even when pain remains.

Nurturing and holding your philosophy on your experience of pain, whether it is persistently the same every day, or dynamically moving and changing as many people's pain does, can help you see the path forward to living well with pain.

To find out more, go to www.paingeeks.community

Live Well with Pain's
second annual
one-day conference
will be at the Oculus

Centre, Warwick University on Friday 27 March 2026

Find out more at footsteps2change.co.uk



Interview

Q&A with Professor Lorimer Moseley

Professor Lorimer Moseley is a clinical scientist investigating pain in humans. After posts at The University of Oxford, UK, and the University of Sydney, Lorimer was appointed Professor of Clinical Neuroscience and Chair in Physiotherapy at the University of South Australia. He is also Senior Principal Research Fellow at NeuRA and an NHMRC Principal Research Fellow. He has published over 300 papers, six books and numerous book chapters. He has provided professional education in pain sciences to over 25,000 medical and health practitioners and public lectures to as many again. His research group's videos and articles have been viewed over 4.5 million times.

To begin, perhaps you'd like to introduce yourself and say how you first became involved in the world of pain management?

I am Lorimer. I'm a neuroscientist, which means I am interested in how our entire nervous system behaves and how our understanding of that can improve our physical, psychological or social wellbeing. In particular, I am interested in how and why we feel things - pain most obviously, but other feelings too such as fear, fatigue, anxiety, sadness, horror.

I have always been very interested in how we can use scientific discovery to change the way people understand their world, particularly in ways that might improve their lives. The most recognisable manifestation of this work has been the 'Explain Pain' journey, from the late 1990s to now. That is really exciting work and reflects my answer to your question - how'd I first get involved in the world of pain. I get asked this question a lot and as my understanding of myself



and 'how things work' have changed, so has my answer to the question. It's perhaps best summarised like this: take someone like me, throw a major injury and seven years of back pain into it, divert me towards working in a pain management programme, then a survivors of torture and trauma service, and then offer me a PhD in neuroscience. It's a *fait accompli*, a done deal!

You founded Pain Revolution in Australia in 2017 with the aim of sharing the most recent discoveries in pain science with everyone. Why is it important to share that knowledge with patients?

In general, I think the value of research is its ability to improve things. I think that understanding how pain works can improve lives of people challenged by pain, as well

Interview

as people not challenged by it. The problem – well one of several problems – is that it is difficult to learn this stuff and can be difficult to teach it. Evidence shows that chronic pain, and other chronic disabling conditions, are associated with biological changes that make some kinds of learning difficult and other kinds of learning easy. Learning about how pain works, about what factors can bring safety, is difficult. The influence of social media voices can be harmful too – naive commentators offering false hope, informed voices arguing that all that evidence is wrong. I suspect some of these voices are motivated by ‘Very Good Things’, but the evidence on the damage they do out there is pretty chilling. It’s a very tricky space to be honest.

In Australia, and most places, the support to provide evidence based care to people in chronic pain lags way behind other troubling conditions, such as diabetes, mental ill health etc. In 2017, I thought ‘well someone has to do this’, so Pain Revolution was started. The sheer weight of the burden of chronic pain in rural and regional areas, and the apparently powerful impact of improved understanding, led us to partner with dozens of community and government agencies to build health care capacity in ‘the bush’.

Our aim is to increase health system’s ability to bring modern understanding to people, and support those health professionals who want to do that according to the modern evidence base - it’s a lonely road sometimes and Pain Revolution trains, supports and advocates for them.



Collectively, we deliver about 200 free pain education events every year, in scout halls, surf clubs, retirement villages, churches, synagogues, community centres, men’s sheds . . .

You’ve been at the vanguard of new and exciting approaches to pain management for over 25 years. Although now increasingly accepted as best practice, it must have been hard at first turning the pharmaceutical supertanker round. What challenges did you and your colleagues face back then and what work remains to be done?

Ha! I am not sure that supertanker has completed its 180 degree turn yet, and I can see neurostimulation tankers building up steam too! But you are right – we are moving towards best practice care actually being accessible and delivered. There are thousands of people contributing to that – policy makers, researchers, programme developers, and of course clinicians. I am one tiny hand on the ship’s wheel. There is MUCH more work to be done. Our research group is particularly focused on public messaging around chronic pain and on understanding

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how we can better serve people from disadvantaged groups.

During your academic career you've authored an astonishing number of papers and conducted ground-breaking experiments. Is there one achievement that, looking back, you consider to be the most influential or most satisfying?

Not really – I have loved, and still do love, so much of my work that I can't split particular things that stand out as most satisfying. Most influential is probably the work around pain education - *Explain Pain*, coauthored with David 'The Truly Extraordinary' Butler has been astonishingly successful, without having an established publisher or distribution list to power it. It sells as many copies now as it did when it was first published in 2003. What stamina! This field of Explaining Pain - or Pain

Neuroscience Education and now Pain Science Education – that David and I set off, has grown to a large field of endeavour. Several people have made their research careers on it, so I guess that would be the most 'conventionally' influential.

And now for some 'fun' questions! What was your burning ambition as a child?

Well, full transparency, my burning ambition was a big problem. That was it – my ambition was to burn stuff. Highly problematic!

What is top of your to-be-read pile at the moment?

Orbital by Samantha Harper.

What piece of music is currently your ear-worm?

Well, I am sitting at the dining room table in our new house, listening to

Nigel Kennedy and the Australian Chamber Orchestra do Vivaldi. It's amazing and a great follow-up to Full Cream's 'Suitcase'.

Guilty secret?

Working as a truck (lorry in the UK?) driver, I accidentally packed a live baby (sleeping, concealed in a bassinet that I did think, at the time, was rather heavy for a bassinet) into a removals truck to travel the width of the Great South Land – four days behind a train. Fortunately we discovered the mistake and I rescued it, but that was a very close call.

Guilty pleasure?

Fizzy water. It's just the best.

To find out more about Lorimer Moseley's work, go to:
www.painrevolution.org

“Full transparency, my burning ambition was a big problem. That was it – my ambition was to burn stuff. Highly problematic!”



Tech review

Visible Band wearable activity tracker

Reviewed by **Tim Atkinson**

We know that pacing is among the most difficult of the Footsteps to master. Part of the problem, personally, has been knowing precisely which activities to pace. In other words, what – of the many things I have to balance on a daily basis – is most responsible for that unmistakable drop in energy, or (worse) the dreaded crash the day after. All of which is why being sent a Visible Band 2.0 wearable activity tracker to try out has proved to be quite an eye-opener.

Never having tried any kind of tech before, I was unclear about the difference between, say, the Visible 2.0 and other activity trackers like, say, an Apple Watch or FitBit. Well, as the manufacturers say, Visible is the first device designed specifically for the purpose of energy management, rather than overall fitness. The goal isn't necessarily to do more, go further, or faster but to manage your spoons. When paired with the app, the Visible Band tracks second-by-second heart-rate data, using it to calculate PacePoints (an overall exertion score designed to make energy budgeting easier). It also measures what's referred to as Morning Stability (which helps to estimate how much energy you have each day, based on things like the length and quality of sleep).

First and foremost, I found the band easy and comfortable to wear. It was quick to pair with the associated app and from the outset gave some interesting insights into things that were crashing my personal energy budget. We all know, for example, of the [many health benefits of singing](#). It's also

a regular and important part of my weekly round of activities. But I had no idea how much it cost in terms of pace points – far more than walking, washing and cycling, in my case. It has already led to some important lifestyle adjustments!

The manufacturers boast that the device is comfortable for all-day wear (I agree), has a 5-day battery

life (true) and a waterproof body (I took mine off before going in the shower, so. . .) Although easy to pair with my iPhone, I found the device did, unaccountably, lose connection on a couple of occasions, leading to some pretty dramatic gaps in the biometric readings. There is plenty on online help at hand to get things back (literally) on track, though.

What the Visible Band does well is give you a daily energy budget (based on your activities and energy levels) and – crucially – warn you when you're close to exceeding it. As you can see from the picture (below) I'd sailed pretty close to the wind on October 22nd, after a day of doing very little (getting up, a walk to school and some washing) until (untagged on my screen shot) the huge mountain range of Wednesday evening choir practice. But now I know what to expect, I try to make Wednesday as quiet a day as possible before the serious business of singing.

The entire set-up isn't cheap. A band like the one I wore is currently selling at just under £65. In addition you need to pay £14.99 per month



Tech review

to gain access to the integral phone app, which is pretty fundamental if wearing the band itself is going to mean anything at all.

As for technical requirements, you'll need an iPhone 7 or newer (not an iPad) running iOS15 or newer. If you have an Android phone your device will need to be running Android 9 or newer. At present Motorola, Huawei or Oppo phones are not supported for technical reasons.

All in all, I'd say the device has proved useful in giving me accurate information that's enabled me to pace more effectively.

Whether that's worth the rather hefty price tag is another matter.

You can find out more about Visible Band at makevisible.com

And don't forget there are many (free) resources to help you [master the art of pacing](#) on our website!



Live Well with Pain does not receive any payments or benefits in kind from reviewing products or services.

Ten Footsteps training for practitioners – just a few places left!

Ten Footsteps is Live Well with Pain's flagship training programme for practitioners. Accredited by the Personalised Care Institute, it is based on the core self-management themes embedded in Live Well with Pain's approach, which is increasingly being adopted by practitioners across the UK.



The 12 hour course is delivered online via Zoom and runs across three half-day sessions, spread over a period of weeks so that participants can practice their skills in everyday work situations between sessions. **The total cost for the three sessions is £220.**

We have a just few places left for our next course beginning 29 January.

Groups of three or more – get in touch to find out about our group discounts.

At the end of the course, participants will have the key resources and tools they need to be able to confidently guide people on their journey to becoming effective self managers of their pain.

[To book your place visit our Eventbrite page.](#)

Or [contact Claire](#) at Live Well with Pain for further information.

ALSO this month:

Supporting People with Persistent Pain: Nutrition in Practice, 26 January, 10am–1pm, online.

Only £45. [Book here for the nutrition workshop.](#)