

- The role for rehabilitation professionals to address chronic pain involves strategies such as functional restoration, pacing and goal setting, and self-management.
- Vader and colleagues established a new model of care established integrating a blend of self-management and rehabilitation interventions including 12 sessions with a rehabilitation professional, a 1-month follow up and a 3-month follow up at the Kingston Health Sciences Centre-Hotel Dieu Hospital.
- The goal of this model of care is to gain an understanding of pain neuroscience, improve emotional coping, promote participation in activities consistent with personal values, and increase confidence to engage in non-pharmacological pain self-management strategies.
- Feedback on the intervention program thus far has been positive, however, challenges to the program include screening patients for readiness and selecting ideal outcome measures.
- Next steps will include a more formal program evaluation with multiple stakeholders (participants, providers, management and community groups).

Cuisle Forde, Assistant Professor in the Discipline of Physiotherapy at Trinity College Dublin presented on **Laboratory Based Research into Exercise and Physical Activity among those Living with HIV.**

- Physical activity is safe for PLWH and can lead to benefits metabolic health; however, few studies have objectively measured physical activity and metabolic health with exercise in PLWH.
- Forde et al. 2017⁴⁸ assessed physical activity and metabolic syndrome in 20 HIV+ men and 20 HIV- men, and found a relationship between increased moderate physical activity and metabolic syndrome symptoms of reduced insulin resistance and triglycerides among HIV+ men only ($r=0.484$, $p=0.042$).
- Results of this study highlighted the burden of multimorbidities such as metabolic syndrome and cardiovascular disease in PLWH and raises the question of whether there is a need for targeted interventions for PLWH encouraging physical activity or providing additional support to PLWH to achieve physical activity goals.
- McDermott et al. 2016⁴⁹ investigated the effect of a 16-week aerobic exercise program in PLWH compared to a control group. Baseline physical activity and fitness correlated with higher cognitive test scores, however, there was no significant effect of the aerobic exercise intervention on cognitive function after 16 weeks when compared to a control group.
- Daytime dysfunction however, was improved in the group who participated in the 16-week aerobic exercise intervention, when compared to the control group.
- Reasons for a lack of effect demonstrated with the 16-week aerobic exercise intervention may be due to the low exercise intensity or short duration of the intervention, as well as participants not having significant enough cognitive dysfunction to see a beneficial effect.
- Results from these two studies demonstrate the benefits of exercise in PLWH, particularly in those with certain co-morbidities such as metabolic syndrome and cardiovascular disease and those in the aging population.
- Health providers should ensure that exercise interventions include an adequate intensity and duration in order to facilitate benefits to health outcomes.