

# Chronic pain is treatable

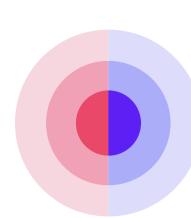
Each person we work with at Lin Health completes a comprehensive review of their pain history and symptoms.

Of course, we also track how people's experience with pain changes over time. Our data shows that in striking contrast to many other treatment options, our brain-first pain recovery approach can safely and effectively treat chronic primary pain.

Consistent with ICD-11's introduction of a top-level category for **Chronic Primary Pain**, our real-world data support the need to view persistent pain as a multi-system, multi-symptom, bio-psychosocial condition.

Whether you work with people coping with pain or are a pain warrior yourself, here are five must-know findings from our data.





## Finding #1: Multi-site pain presentations are the norm, not the exception

In our data, it is clear that chronic pain is a cross-system disorder.

85%

85% of Lin members report pain in more than one location.

92%

92% of people with migraines have another pain presentation as well.

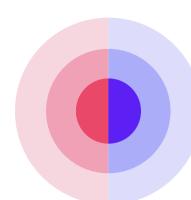
89%

89% of people with lower back pain have at least two other pain locations.

So ...

When a patient presents with a pain condition, it is essential to ask about other pain experiences in other locations.

And, if you are experiencing pain, know that it is quite normal to have pain experiences in multiple locations. Speak up about this when talking with your doctors. This information is critical for an accurate diagnosis.



## Finding #2: Pain is connected to stressful life events

The link between stressors, challenging emotions, and chronic pain emerges clearly in our data. Building awareness of the impact of challenging emotions on pain is a key part of the pain recovery process. Here's what our patients report when it comes to stress, emotions, and pain.









Lisa

Most important win:

I can smile again!

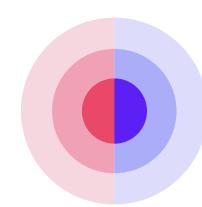
Even my hair used to hurt. Before Lin, I was scared to smile :(.



## Dan

Favorite change:

My life is so much richer now! It's my wife, my kids, my LIFE first. Pain's not in the center.



## Finding #3: Chronic primary pain is the norm, not the exception

ICD-11 introduced a new top level category of chronic primary pain (MG 30.0). Chronic primary pain is a pain experience that is bio-psycho-social in origin, with low contribution of structural trauma or disease processes.

All people working with Lin are assessed by trained medical staff to determine if their pain presentation meets criteria for chronic primary pain, appears to be a mixed presentation, or appears to be consistent and proportional to findings related to structural or disease origin.

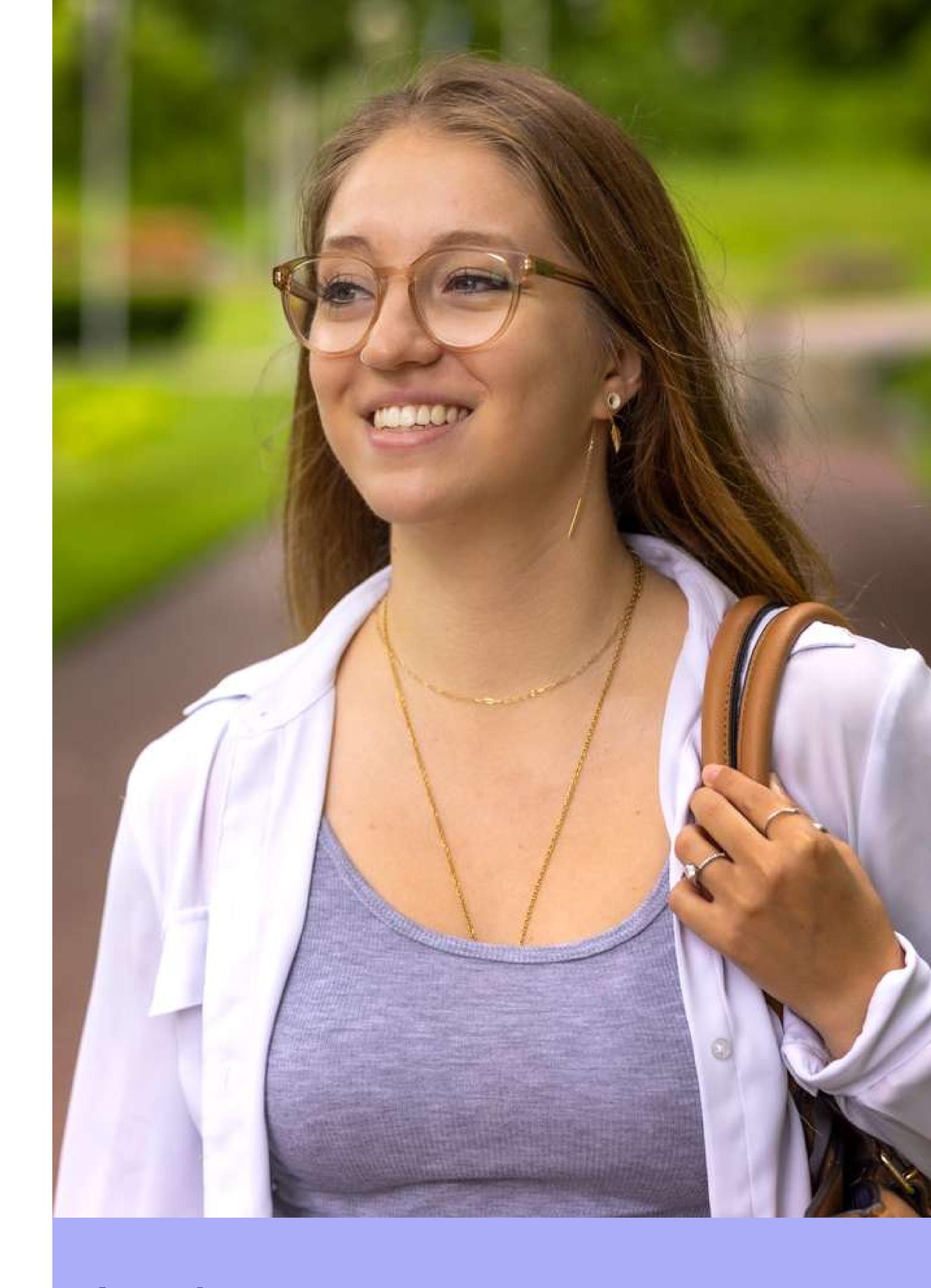
of people evaluated for primary pain by licensed medical providers diagnosed as having exclusively **primary pain**.

26%

of people had evidence of primary pain alongside some current structural concerns.

406

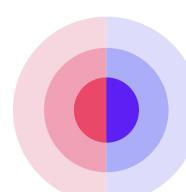
of people evaluated were rated as having pain that was consistent with and proportionate to a structural origin of the pain experience.



## Layah

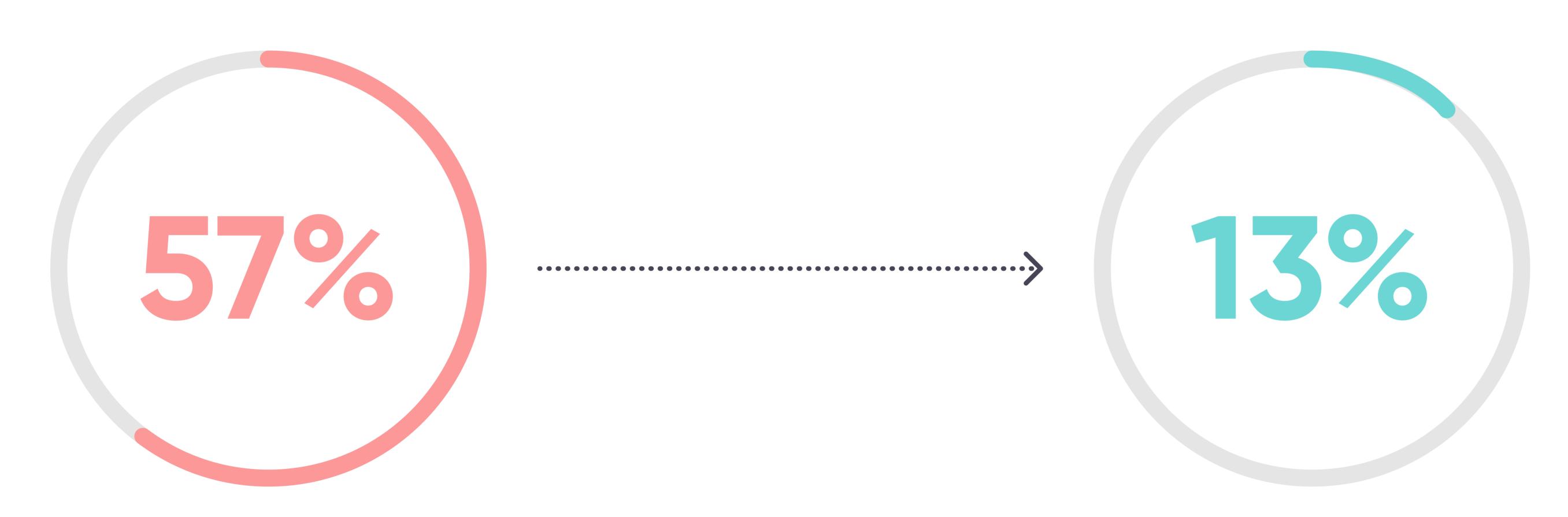
### Favorite pain science fact:

Chronic primary pain works on entirely different neural circuits than acute pain. And you can actually see that on a functional MRI. That blows my mind.



## Finding #4: Lin turns down the fear

75% of people come to Lin regularly worrying that their pain will get worse. Lin excels at turning down the fear factor. One specific fear Lin focuses on is fear of movement. We love seeing our patients reduce fear and return to moving and doing activities they love.



57% of patients report elevated fear of movement when they join Lin

By their last report, only 13% are still fearful of moving

## Why Fear?

The Tampa Scale of Kinesiophobia (TSK-11) is a standardized measure used to assess pain-related fear of movement. We use the TSK-11 to track changes in fear of movement.

Reduction in TSK-11 scores is a critical mediator governing the impact of the pain reprocessing approach we use at Lin.

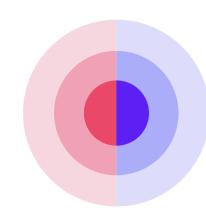
doi:10.1001/jamapsychiatry.2021.2669



### Bill

### Fear-busting thought:

When I looked at my body, I used to think, "Oh, my body is broken, and I have all these problems." Now I know that I'm not broken, and I'm even stronger than most people my age.



## Finding #5: Safe, effective and loved. Lin empowers people to turn off pain!

Ultimately, pain recovery means reducing pain intensity. The best care not only turns down pain, it also is adored by patients. With 72% of patients reporting that within 3–6 months they are doing better than before they started working with us, Lin Health's impact is clear. Safe, effective, and loved – Lin Health empowers people to recover from chronic primary pain!

45% reduction in pain intensity.

Lin's results are on par with the IMPACT study gold standard for pain recovery outcomes.

doi: 10.1097/j.pain.0000000000001952

#### **Technical Note:**

This report is based on data from 1,045 people who received care at Lin Health over the period from 6/1/2022 to 1/31/2023. Exact sample size varies for each metric, as data is provided by patients on a voluntary basis.

It's no wonder that people with chronic pain love Lin Health.

600 Net promoter score





### Jodi

Favorite pain science fact:

If my brain can learn pain it most certainly can unlearn this pain.