LIVING STRONG WITH CHRONIC PAIN

A GUIDE FOR VETERANS

U.S. PAIN FOUNDATION

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Understanding Chronic Pain: A Tactical Overview

Pain is your body's warning signal that something's wrong. But in the military, pain is common during training, combat, and recovery—and you're taught to just push through. This may make you think differently about pain.

When pain lasts **more than three months,** it becomes **chronic pain**. At that point, it's no longer simply a symptom to be endured. It's a condition that affects your daily life—**your nervous system, brain, and functionality**.

Many veterans develop chronic pain from combat or training injuries, repetitive motion strain, head injuries, or post-surgical complications. The pain may be constant, or it may come and go. It can appear anywhere in the body—even without a visible cause.

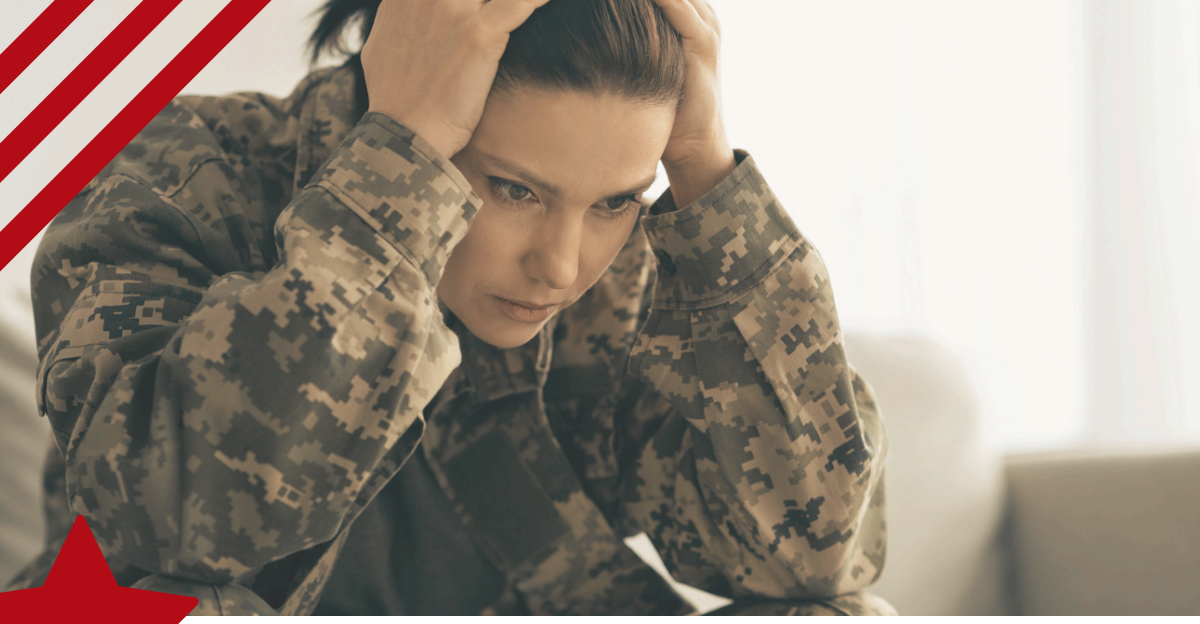
Some feel their pain as:

- Sharp, stabbing jolts
- Burning
- Aching
- Numbness or tingling
- Pain in missing limbs (phantom limb pain)
- And more

Military service doesn't just tax your body—it rewires your nervous system. Prolonged stress, trauma, and repeated injuries can shift your brain's pain processing into high gear. Your body might start **sending pain signals even when there's no new injury**, like an alarm system stuck in the "on" position.

This is called central sensitization, and it's especially common in veterans with:

- Post traumatic stress disorder (PTSD)
- Traumatic brain injuries (TBIs)
- Multiple deployments
- Sleep disruptions
- Depression, anxiety, or chronic stress



This does not mean your pain is “all in your head.” It means your nervous system adapted to survive extreme conditions, and has gotten stuck there.

Many veterans live with pain that **is not visibly apparent** or **doesn’t show on scans**. This could include neuropathic pain, headache disorders, internal injuries, or nerve damage. You may hear, “But you look fine!” **You can be in pain while still appearing “fine.”**

Pain without obvious external signs is **real**, often measurable, and treatable. **Whether visible or not, your pain is valid. You’ve earned the right to have it taken seriously.**

Chronic pain doesn’t just affect your body. It can:

- Disrupt sleep and energy
- Impact your mood and memory
- Limit movement and independence
- Lead to isolation from family, work, and community
- Affect intimacy, relationships, and sexual health
- Worsen mental health conditions and/or neurodivergence traits

It is important to recognize that mental and physical pain are connected. The experiences of the veteran community can add significant emotional weight to their physical pain. Pain and mental distress can worsen each other, and when they start to affect your daily functioning, that further deepens the cycle. Addressing emotional health isn’t weakness—it’s crucial to getting you back to tactical readiness.

Chronic pain may be your new reality, but it's one you can learn to navigate with the right tools and support. Your strategy just looks different now. You'll need:

- **A team:** This may include TRICARE, Veterans Affairs (VA) care, mental health services, peer support.
- **Tactical tools:** Such as meds, physical or occupational therapy, mindfulness, nutrition.
- **A long-range mindset:** Setbacks happen, but so does progress—it just takes time.

Most of all, asking for help isn't weakness—it's strategy. Pain, and its emotional impacts, isn't a failure; it's a wound that deserves care, just like any other.

Whether your service involved deployment, support roles, or stateside duty, pain doesn't discriminate. All veterans—people of any gender, LGBTQ+ individuals, the BIPOC community, and those from every branch and background—deserve affirming care and the tools to manage pain.

You're not broken. You're adapting. You didn't make it through service by giving up when things got tough. You made it through by working hard, leaning on your team, and pushing forward. It takes true strength to recognize a problem and ask for the help you need to be your best.

Living with chronic pain takes that same mindset. And you don't have to do it alone. Help exists. And it's designed for you.

Chronic Pain in America

- More than 60 million American adults (24.3% of the population) live with chronic pain.
- 8.5% of American adults live with high-impact chronic pain, or pain that frequently limits life or work activities.
- Chronic pain is the leading cause of long-term disability.
- Pain in America costs as much as $635 billion yearly in direct healthcare costs, lost productivity, and disability payments.
- People with chronic pain have at least twice the risk of suicide compared to those without chronic pain.

Chronic Pain in Veterans

- Veterans report chronic pain more frequently and more intensely than civilians—nearly 1 in 3 live with it daily.
- Veterans are 40% more likely to experience severe, or high-impact, pain.
- Migraine and headache diseases, and musculoskeletal conditions such as arthritis, are leading causes of pain for veterans—who face them at higher rates than non-veterans.
- Chronic pain is a significant risk factor for suicide among U.S. veterans.

More Data on Pain

U.S. Pain regularly conducts surveys on critical topics in chronic pain.
Check out the results at **uspainfoundation.org/surveyreports**

Causes, Risk Factors, & Diagnosis

Causes & Risk Factors

Chronic pain doesn't always come from one source. While it sometimes develops from a clear injury, it can also build over time—from wear, trauma, or stress your body has carried for years.

Many factors can increase your risk of chronic pain. For veterans, these can be **service-related or environmental**, such as:

- **Injuries**, including those sustained in combat or deployment, or during basic training, ROTC programs, Advanced Individual Training (AIT), or specialized military schools
- **Repetitive stress** from rucking, lifting, weapons handling, or long marches
- **Nerve damage** from head injuries, including TBIs, or spinal injuries
- **Sleep disruption or fatigue** from deployments, pain, or PTSD
- **Mental health conditions** like PTSD, anxiety, or depression
- **Past trauma**, both physical and emotional
- **Surgical recovery**, scar tissue formation, or amputations

Additional risk factors for chronic pain include:

- Genetics
- Age
- Being assigned female at birth
- Being an ethnic or racial minority
- Having undergone multiple surgeries
- Being overweight or obese
- History of mood disorders

The most common issues include **back and neck pain**; **joint degeneration** in the knees, hips, or shoulders; **nerve-related pain** (neuropathic pain); and **migraine or post-concussive headaches**. Some veterans may also experience **phantom limb pain**, while others manage conditions like **arthritis**, **fibromyalgia**, or **complex regional pain syndrome (CRPS)**. More broadly, there are **hundreds of conditions** that can cause long-term pain.

If you're hurting, it doesn't matter when or how the pain started. What matters is getting the right care now.

Diagnosis

Unfortunately, there's no blood test or scan that can "see" pain directly. That's why getting a diagnosis requires a **team approach**—using medical tests, symptom history, and your insights and input.

Depending on your symptoms and pain type, your VA doctor, TRICARE provider, or other specialist may recommend:

- Bloodwork
- Imaging, such as MRIs, X-rays, CT scans, or ultrasounds
- Diagnostic injections
- Electromyography (assesses muscle health and function)
- Nerve conduction testing (evaluates nerve health and function)
- Neurological assessments (especially if you've had a TBI)
- Sleep assessments
- Mobility and strength assessments
- Genetic testing

Track Your Pain

Your provider may ask:

- Where your pain is
- How it feels (burning, stabbing, pulsing, etc.)
- How long it's been going on, and what you've tried to help manage it
- What makes it better or worse
- How it affects your sleep, work, or mobility

Be specific. Think of your pain history like a mission report. The more details you provide, the more on-target the plan can be. Mutual respect and trust with your care team is key—but keep in mind that many providers are civilians who may not fully understand the physical demands and cumulative strain of military service.

In the past, you may have been told to "tough it out." Now is the time to speak up and advocate for yourself. Don't minimize your symptoms. Be honest about how pain affects your sleep, mobility, work, and daily life so your care team has the full picture.

An Introduction to Pain Management

When it comes to pain, there's no universal fix. What works for one person might not work for another. Since pain impacts each person differently—physically, mentally, and socially—the best treatment plan must be custom-fit to address each of those factors. Pain management is often a journey of **trial-and-error, adjustment, and strategy shifts**—especially for veterans, who may have unique medical histories or service-connected injuries.

It's easy to feel discouraged when a treatment doesn't work. But giving up is not the objective. Regroup. Reassess. Try the next approach.

Military culture often emphasizes toughness. But part of tactical adaptability is knowing when backup is needed. Managing chronic pain takes that same strategic mindset.

Support from others who've been through it too—especially fellow veterans—can be a game-changer. If you're struggling, connecting with a peer support group can help you stay on course. Ask your VA care team about **Vet-to-Vet pain groups**.

The **U.S. Pain Foundation also offers a free, virtual peer support group geared toward veterans** living with chronic pain. Led by trained veteran facilitators, it's a safe, judgment-free space to connect and support each other. Visit **painconnection.org** to learn more.

Once you've been living with pain for more than three months—or have a chronic pain diagnosis—and have exhausted non-invasive treatments, it's often a good time to bring in a pain management specialist as part of your care team. Your primary care provider can help, but managing long-term pain is more effective with a coordinated, team-based strategy.

The VA's "Stepped Care Model for Pain Management" involves several phases that lead up to a pain management referral:

- **Foundational Step:** Nutrition, weight management, self-management, stress reduction, pain education
- **Step 1:** Primary care, physical or occupational therapy, medications, complementary and integrative treatments, mental health integration, peer support
- **Step 2:** Pain management teams, specialty care, and targeted rehabilitation, medications, injections, or interventions
- **Step 3:** Advanced pain care and interventions, interdisciplinary rehabilitation programs, surgery

Your care team may suggest approaches like:

- Self-management strategies
- Medications
- Physical or occupational therapy
- Complementary treatments
- Behavioral health or stress-reduction techniques
- Injections or interventional procedures

The goal isn't to rely on just one tool—it's to layer effective methods together for better results.

Look for clinics or VA programs that offer:

- **TelePain:** Virtual consults with pain specialists
- **Integrated Pain Teams (IPTs):** Coordinated care from multiple providers
- **Polytrauma Centers:** For complex injury cases
- **Headache Centers of Excellence (HCoE):** Advanced diagnosis and treatment at specialized VA centers
- **Mental health and sleep** support
- **Rehabilitation** specialists
- **Nutrition, movement, and mindfulness** resources

Many VA medical centers also offer Whole Health programs, which combine movement, mindfulness, nutrition, and other strategies—geared toward your lifestyle and goals—to support pain management and overall well-being.

Tactical Tips for Pain Management

- **Start small.** Begin with low-risk, noninvasive options like physical therapy or mind-body approaches before progressing to strong meds or surgeries. And if surgery is on the table, get a second opinion.
- **Keep moving**. Chronic pain often impacts your daily function, and seeing your capabilities change can be discouraging or frightening. Continue doing what you can—maintaining some movement and range of motion, even if it looks different now, can make treatments more effective and may reduce flare-ups.
- **Know your options.** Do your own research using reliable sources—VA.gov, the National Institutes of Health (NIH), and trusted patient organizations. This is especially helpful for less common conditions your doctor may not specialize in.
- **Get the most out of your appointments.** Prepare questions, write down your goals, and bring someone along to offer support or take notes. Don't be afraid to speak up for your needs.
- **Stay organized.** Track your symptoms, therapies, appointments, and test results. Use a binder or a digital folder. Ask for copies of your records—you have that right.
- **Protect your mental health.** Chronic pain impacts more than your body. Talk to your provider about counseling, stress-reduction techniques, or joining a veteran peer group. If PTSD or depression are part of your story, addressing those conditions can help reduce pain, too.
- **Be persistent.** Insurance denied your treatment? Don't let that be the end. Ask your provider to help file an appeal—or contact a veteran patient advocate through your VA system.
- **Explore specialized programs.** Some VA centers and major hospitals offer intensive outpatient or inpatient pain programs that bring together all aspects of care. These can reset your routine and help establish momentum.
- **Consider clinical trials.** If other options haven't worked, you can ask about clinical trials. Explore VA trials at **research.va.gov** or national registries like **clinicaltrials.gov**. You may gain access to innovative treatments, but make sure to discuss risks and benefits with your care team before enrolling.

Pain management isn't about finding "the fix." It's about stacking strategies that improve your daily life, functionality, and morale. This mission may take time, but progress is always possible.

Stay the course. Adjust the plan. Recommit when needed. You've got this—and you're not alone.

Treatment Options

Bring this list to your provider and work together to find options that match your needs, goals, and lifestyle. While many of these therapies are available through **VA care, Whole Health programs,** or **community care referrals,** some may have limited availability or coverage through VA or TRICARE. Talk with your care team about which options may be appropriate and accessible for you.

As much as possible, start with **low-risk, noninvasive treatments**, and think about combining multiple strategies.

Self-management techniques

- Activity pacing or modification
- Assistive devices or technologies
- Diet and nutrition
- Meditation and mindfulness
- Physical activity or therapeutic movement
- Sleep hygiene (building habits that promote healthy, consistent sleep)
- Stress-management and relaxation techniques

Restorative therapies

- Bodywork (such as chiropractic care or trigger point therapy)
- Dry needling
- Exercise programs
- Flotation therapy
- Heat and cold therapy
- Kinesiology taping
- Massage therapy
- Occupational therapy
- Osteopathic medicine
- Physical therapy
- Pool or aquatic therapy
- Postural training
- Traction therapy

Treatment Options

Complementary and integrative health options

- Acupressure
- Acupuncture (offered at many VA facilities as part of Whole Health pain care)
- Aromatherapy
- Art, music, dance, and equine therapy
- Ayurvedic medicine
- Craniosacral therapy
- Cupping
- Herbal and vitamin products
- Hypnosis
- Reflexology
- Reiki
- Tai chi, qigong, or yoga (commonly offered through VA Whole Health programs for pain and mobility)
- Traditional Chinese medicine

Mind-body therapies and behavioral pain management

A note about mind-body approaches: Addressing the psychological and emotional impact of pain doesn't mean your pain isn't real. But stress can **amplify** pain, and pain can **intensify** stress. Interrupting that cycle can improve daily functioning.

- Acceptance and commitment therapy
- Biofeedback or neurofeedback
- Cognitive behavioral therapy for chronic pain, or CBT-CP (used in VA programs to manage pain and improve function)
- Counseling and therapy
- Meditation and mindfulness
- Psychiatric care
- Spirituality
- Stress-reduction techniques
- Support groups
- Virtual reality programs and technologies

Medications

This category includes general pain-relief meds. Some conditions may also benefit from disease-specific medications. Medications may be delivered in various ways—for example, orally, intravenously, or topically. They might be prescribed or available over the counter. Your provider will help tailor the safest and most effective options.

- Acetaminophen
- Antidepressants
- Antiepileptics
- Corticosteroids
- Local anesthetics and topicals
- Medical foods
- Muscle relaxants
- N-methyl-D-aspartate receptor antagonists
- N-type calcium channel blockers
- Nonsteroidal anti-inflammatory drugs (NSAIDS), such as ibuprofen or naproxen
- Opioid agonists and antagonists
- Opioid analgesics

External neuromodulation and stimulation devices

- Deep oscillation therapy
- H-Wave electrical stimulation
- High-frequency impulse therapy
- Infrared light therapy
- Interferential current stimulation
- Laser therapy
- Neuromuscular electrical stimulation
- Percutaneous electrical nerve stimulation
- Pulsed electromagnetic field therapy
- Scrambler therapy
- Transcutaneous electrical nerve stimulation
- Ultrasound therapy
- Vagus nerve stimulation

Treatment Options

Cannabinoids

These products may include **cannabidiol (CBD)** or **tetrahydrocannabinol (THC)**, also called medical cannabis. Less-common compounds like **CBN**, **CBG**, **Delta-8**, or **Delta-9 THC** are still being studied for pain.

- Concentrates/extracts
- Edibles and pills
- "Flower" or raw buds (eaten, smoked, or vaporized)
- Oils
- Smoking and vaporizing
- Sublingual sprays
- Tinctures
- Topicals and patches

Important for veterans: VA providers can discuss your cannabis use but **cannot prescribe or recommend** cannabis-based products, even in states where they are legal. Cannabis laws vary widely by state, so do your homework and talk with your doctor. For those covered by **TRICARE or currently serving on active duty**, cannabis use—including many **hemp-derived products such as CBD—may be prohibited under military policy**, even where state laws allow it. If you are currently serving, be sure to review military regulations and speak with your care team before using these products.

Create a pain plan

There's no one-size-fits-all fix for chronic pain. But there **are** a wide range of strategies that may reduce its intensity and impact on your life. For a full list of these treatment options, and to build a customized, printable pain plan to keep on hand or share with your provider, use this tool: **uspainfoundation.org/mypainplan**

Interventional Procedures

Injections, blocks, and infusions

- Epidural injections
- Facet blocks
- Hyaluronic acid injections
- Joint injections
- Ketamine, lidocaine, and other infusions (availability varies and may require specialty clinics or community care referrals)
- Medial branch blocks
- OnabotulinumtoxinA injections
- Peripheral nerve blocks
- Platelet-rich plasma injections (coverage may be limited through VA or TRICARE)
- Stem cell therapy (generally considered investigational for pain, and not typically covered by VA or TRICARE except in certain research settings or for limited, specific conditions)
- Sympathetic nerve blocks
- Trigger point injections

Neurolysis procedures

- Chemical neurolysis
- Cryoneurolysis or cryoablation
- Radiofrequency ablation or lesioning

Implanted devices

- Dorsal root ganglion stimulation
- Intrathecal pain pump
- Peripheral nerve and field stimulation
- Spinal cord stimulation

Surgeries and procedures

- If other treatments haven't helped, surgery may be an option to consider. Always discuss risks, benefits, and recovery timelines, especially if you've had previous surgeries or service-related injuries.

Self-Management Strategies

Self-management strategies are your **boots-on-the-ground tools**. Used alongside clinical care, they can reduce daily pain levels and help protect your **function, independence, and quality of life**. Don't underestimate your ability to improve your health outcomes through simple, consistent actions you can tackle yourself.

Activity restriction, modification, or pacing

Adapting your movements or adjusting activities is not always easy, especially when you're used to pushing through pain. It can take time to understand your body's current capacities and your specific triggers for pain. Be patient with yourself as you explore your body's limits—and its capabilities.

This doesn't mean backing down. It means adapting with precision. You're adjusting your loadout for a new mission.

You might need to:

- Lie down for 10 minutes every two hours
- Walk for 30 minutes—followed by an equal period of rest

What items or processes can you deploy in your routine? For instance, some individuals benefit from incorporating heat or ice during the workday to help manage pain and prevent flares.

Consider assistive devices, mobility aids, or dictation software if traditional work tools cause discomfort. Occupational therapists can help you stay active, functional, and working with fewer flares. You may find a standing desk, ergonomic chair, or adaptive keyboard helpful. If you're employed, ask about an ergonomics assessment—and know that you have the legal right to reasonable accommodations in your workplace.

For more information on requesting accommodations, visit:
bit.ly/dol-veteran-accommodations

Exercise
Movement is medicine. As hard as it can be to get going, even light movement can make a difference.

Here's why it matters:

- **Strength, flexibility, and stamina.** Chronic pain can negatively impact all three, which in turn increases pain.
- **Joint and organ protection.** Excess body weight puts strain on your joints, muscles, and organs.
- **Cardiovascular health.** Inactivity can lead to conditions ranging from orthostatic intolerance to heart disease.
- **Endorphins.** Aerobic activity that increases your heart rate releases "feel-good" brain chemicals, decreasing stress and helping you manage pain.

Start small, and increase intensity only as your body allows. Any movement is better than none—try yoga, tai chi, aquatic exercise, walking, or recumbent biking. Avoid movements that spike your pain or cause new symptoms. Focus on building steadiness, not just breaking a sweat.

Check with your provider before beginning a new program, especially if you've had prior injuries or surgeries.

Sleep hygiene
About **80–90% of individuals with chronic pain struggle with sleep**. Poor sleep worsens pain, stress, and brain fog. And better sleep means stronger recovery, improved mood, and sharper thinking.

Sleep disorders—including sleep apnea, insomnia, and sleep disruption related to PTSD or chronic pain—are common among veterans. If you snore loudly, wake up gasping for air, feel excessively tired during the day, or struggle with persistent sleep problems, talk with your provider about whether a **sleep evaluation or sleep study** might be appropriate.

Tips to help:

- **Stick to a schedule.** Sleep and wake at the same time daily.
- **Wind down intentionally.** Read, stretch, or meditate before bed.
- **Use light strategically.** Regulate rhythms by getting sunlight or using daylight bulbs or light therapy during the day—and limit exposure to light at night.
- **Make your room a calm zone.** Try white noise, earplugs, comfortable bedding, cool temps, and no electronic devices 30 minutes before sleep.
- **Watch stimulants.** Avoid caffeine, nicotine, and sugar four to six hours before bed. Alcohol reduces sleep quality, too.
- **Limit naps.** If you can, keep them under 30 minutes, and at least four hours from bedtime.
- **Keep your bed a sleep zone.** Try not to eat, watch TV, or hang out in your bed during the day, so your body associates it only with sleep.

Still struggling? Talk to your provider or ask for a referral to a sleep specialist.

Stress reduction

Pain increases stress. Stress increases pain. And you can break that cycle. Stress makes it harder to cope, gain pain relief, and connect with others. But you can take steps to proactively reduce stress as much as possible.

Effective tools:

- Breathing exercises or progressive muscle relaxation
- Guided or visual imagery
- Meditation or mindfulness
- Journaling
- Music, art, or dance therapy
- Exercise or movement
- Support groups
- Spirituality or prayer
- Counseling

You may also need to:

- Pace yourself and rest intentionally
- Set boundaries to protect your time and energy
- Focus on what *is* possible—not what isn't
- Talk honestly with loved ones about your pain
- Let go of guilt or shame around your limitations

Need support? Ask for a referral to a **therapist, psychologist, or pain-informed support group**.

Diet and nutrition

A balanced diet can help reduce inflammation, stabilize energy levels, and improve overall well-being. Many veterans experience digestive issues related to long-term medication use, chronic stress, or environmental exposures during service—all of which can affect how your body processes food.

General tips:

- Eat vegetables and fruits regularly
- Reduce processed or sugary foods
- Avoid saturated and trans fats
- Choose healthy fats (fish, avocado, nuts, olive oil)
- Stay hydrated

For some, adjusting to a GI-friendly, anti-inflammatory, or other specialized dietary approach can ease pain and discomfort. Talk with your provider or a registered dietitian about whether a personalized nutrition plan might support your health goals, pain levels, or digestive concerns.

Registered dietitians and nutritionists are often two different types of providers—ask your doctor about finding the right fit for you. If you receive care through the VA, ask if you're eligible for a nutrition referral to connect with a specialist who understands veteran health needs.

Social connection

Chronic pain often leads to isolation—and that isolation can make pain worse. Even small, meaningful connections can protect your mental health and improve your ability to cope. Just one hour of connection per week can make a difference.

Consider:

- Telling loved ones what kind of support you need
- Joining a local or online hobby-based group—from music to gaming to crafts
- Exploring local faith communities or volunteer roles that resonate with you

For veterans, **peer support hits differently**. Talking with others who've served—and who live with chronic pain—offers a unique kind of understanding and strength. The U.S. Pain Foundation offers free, virtual peer support groups, including one led by trained veteran facilitators who've been there. Learn more or sign up at: **painconnection.org**

Online spaces can also help you connect with others facing similar conditions. You don't have to go it alone.

Emotional Well-Being

For many veterans, the emotional and psychological impact of chronic pain can be just as challenging as the physical symptoms—and sometimes even harder to manage. Pain doesn't only affect the body; it can affect mood, sleep, relationships, work, and a sense of identity after military service. Living with ongoing pain can further compound the emotional toll of navigating past trauma, service-related injuries, or the transition to civilian life.

Veterans living with chronic pain often also experience:

- Depression
- Anxiety
- PTSD
- Sleep disturbances
- Isolation
- Thoughts of hopelessness

Many delay seeking support, often because they're used to pushing through. But experiencing emotional distress isn't weakness, oversensitivity, or failure. It's a normal and human response to living with prolonged pain and disruption—and it's real, valid, and treatable.

Feeling Overwhelmed? You're Not Alone.

Some veterans living with chronic pain experience thoughts of suicide. If that's you, know this: You are not alone here. There is help available, and reaching out is strength.

Veterans Crisis Line

- Call 988, then press 1
- Text 988, or text 838255 to quickly access veteran-specific support
- Chat: veteranscrisisline.net
- These resources are available 24/7—answered by responders trained to support veterans

VA Support

- Vet Centers (free counseling, no diagnosis required)
- VA Whole Health teams
- TeleMental Health options
- Integrative Mental Health services

Mental Health Strategies and Treatments

Find what works for you—in some cases, combining multiple approaches can make a real difference.

Talk therapy (psychotherapy). Speaking with a qualified mental health provider—a clinical psychologist, psychiatrist, therapist, counselor, or social worker—can help you work through pain-related emotions, trauma, and stress. Look for a licensed clinician who understands chronic illness or has worked with military and veteran populations. Consider asking about:

- **Cognitive behavioral therapy (CBT):** Helps identify unhelpful thought patterns and build practical coping skills.
- **Acceptance and commitment therapy (ACT):** Focuses on building flexibility and living according to your values, even in the presence of pain.
- **Eye movement desensitization and reprocessing (EMDR):** A trauma-focused therapy often used to treat PTSD. By helping the brain process traumatic memories, EMDR may reduce the emotional stress that can worsen chronic pain.
- **Psychoanalytic or psychodynamic therapy**: Explores unconscious feelings and how past experiences shape current emotional responses.

Biofeedback therapy. Using sensors to track your body's responses to stress (like heart rate, breathing, or muscle tension), biofeedback teaches you how to regulate those functions to help with pain, anxiety, and PTSD symptoms. It's offered by some mental health therapists, occupational therapists, or physical therapists.

Psychiatric care. Some mental health conditions respond well to medication or other medical interventions—especially when paired with talk therapy. Certain antidepressants can even reduce nerve and chronic pain symptoms. Psychiatrists and psychiatric nurse practitioners can diagnose mental health conditions and prescribe medications, and some offer psychotherapy as well.

Peer support. Sometimes the most powerful words you can hear are: "Me too." Many veterans living with chronic pain feel isolated or misunderstood, especially by those who haven't served. But that isolation often eases in the company of people who've walked a similar path. Connecting with fellow veterans can provide validation, practical advice, and a renewed sense of belonging. You can join a veteran-led peer support group through the U.S. Pain Foundation, talk to your VA care team about Vet-to-Vet programs or Whole Health coaching, or explore online forums and groups for veterans managing pain and illness.

Meditation and mindfulness. Meditation and mindfulness can help calm the nervous system, reduce anxiety, and make pain feel more manageable. These practices don't require silence, incense, or hours of sitting—just focused attention. Veterans often find benefit in techniques like breathwork, body scans, progressive relaxation, visualization, or gratitude journaling. Even a few minutes a day can create a noticeable shift over time.

Stress-reduction techniques. Managing stress is a mission worth taking seriously. Outlets you may find effective include creative expression, spiritual practices, writing or journaling, light movement, or time in nature. Even small routines that help you reset—like stretching, aromatherapy, or music—can build resilience. There's no single tactic that works for everyone, so try what fits and adapt as needed. *(These are also discussed in the self-management section.)*

Resources for Veterans

TRICARE Chronic Lower Back Pain:
tricare.mil/About/Regions/East-Region/Wellness/Conditions/ChronicLowerBackPain

Learn How TRICARE Can Help You Manage Chronic Health Conditions:
bit.ly/how-tricare-can-help-you-manage-chronic-health-conditions

VA Pain Management:
va.gov/painmanagement

VA Whole Health:
va.gov/wholehealth

VA TelePain:
hsrd.research.va.gov/impacts/telepain.cfm

VA Telehealth Services:
telehealth.va.gov

Vet Centers:
vetcenter.va.gov

Veterans Crisis Line:
Call 988, press 1 | Text 988 or 838255 | Visit veteranscrisisline.net

Veterans Benefits Administration (disability benefits):
va.gov/disability

Disabled American Veterans (DAV):
dav.org

About U.S. Pain Foundation

The U.S. Pain Foundation is a national 501(c)(3) nonprofit organization. Our mission is to empower, educate, connect, and advocate for all individuals who live with a chronic illness or serious injury that causes pain, as well as their caregivers or care partners and clinicians.

We are deeply invested in helping individuals through our programs and services, which are all free to patients, their families, and their providers. These include:

- ***INvisible Project*** - A free print and online magazine sharing the personal stories of people living with chronic pain.
- **State and Federal Advocacy** - We push for change at the state and federal levels, advocating for direct and affordable access to individualized, multidisciplinary pain care.
- **Pain Connection** - A national network of free online peer support groups. Trained volunteer peer leaders host state, national, daily, and specialized and affinity population meetings.
- **Pediatric Pain Warrior Program** - Serves children and their families through a family summer camp, in-depth retreats, programming featuring expert speakers, and more.
- **Building Your Toolbox** - A monthly virtual educational series teaching individuals a pain management strategy or skill.
- **MyPainPlan.org** - An interactive site allowing individuals to explore 85+ types of treatments, creating a personalized list to discuss with medical providers.
- **Storybank** - A tool to share your story with us.
- **Volunteer Network** - Shifting public perception of chronic pain through local outreach, education, and advocacy.
- **Awareness Months** - Promoting greater understanding of specific pain-related topics through activities, events, and initiatives during Pain Awareness Month in September and KNOWvember in November.

Learn more at uspainfoundation.org.

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