


OldPain2Go® Training PowerPoint Presentation Handout

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| <p>WELCOME TO</p>  <p>Designed to help people quickly free themselves from Chronic Pain Messages</p> <p>Created from Logic, Backed by Science</p> | <p>Slide 1. Introduction with carefully chosen brief descriptions. Your signed Ethical Agreement gives you access to using my material within the rules of that agreement. It has taken a lot of years to get it right, no need for you to re-invent the wheel.</p> |
| <p>WHO DO WE HELP?</p> <p>OldPain2Go® is for people in chronic pain, diagnosed by a medical professional who has indicated that the pain will persist, and that in their opinion pain medication and management are the only options.</p> | <p>Slide 2. Very Important that clients have sought medical attention. As we only talk to the client, and are not doing physical things to them, it is a safe procedure. I never ask permission of their doctor, but you may need to do so to comply with legislation or insurance rules where you live.</p> |
| <p>WHO CAN'T WE HELP?</p> <p>"We cannot help people who fear the consequences of being pain-free."</p> <p><small>Steven Blake 2023</small></p> | <p>Slide 3. We cannot help anyone who has a stronger reason to keep the pain than to get rid of it. Bear in mind that people who suddenly recover enough to no longer need disability support won't immediately be fit for work or be able to find it.</p> |
| <p>The Market</p> <p>Almost half of all UK adults may be living with chronic pain</p> <p>Around 43% = 28 million adults (UK Alone)</p> <p>Worldwide affecting 1.6 Billion people?</p> | <p>Slide 4. The World Market for chronic pain, is believed to be 1.6 Billion People. Statistics for each country vary widely. Some countries don't even record back pain as being an issue.</p> |
| <p>OldPain2Go® EFFECTIVENESS AVERAGE 94% REDUCTION</p> <p>77% Pain Free</p> <p>23% Pain Reduced</p> <p>100% reduction in pain</p> <p>76% reduction in pain</p> <p><small>Based on feedback of 216 people at end of 1 treatment*</small></p> | <p>Slide 5. 1,323 start units and 77 end pain units, an average reduction of 94%. Pain Free = 996 start units and 0 end units a reduction in pain of 100%. Pain remaining = 327 start units and 77 end units an average reduction in pain of 76.45%.</p> |

BrainBargaining - the Concept

Intended as Protection but is it Harmful?

Our client consciously wants to be free of the problem, but the unconscious sees it as necessary.

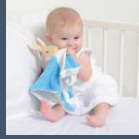
A baby's blanket provides comfort and a reassuring substitute for the mother's protection.

When deprived of the blanket, a baby may experience distress due to feelings of insecurity and vulnerability.

We cannot snatch, hide or remove the safety blanket by trickery.

We must, reassure them and wait for them to recognise the blanket, not as safety, but as a dirty, smelly cloth, full of germs, that could harm them. They will do this when mature enough to recognise it for what it truly is!

We must treat our clients with the same respect.



Slide 6. We should not only treat the client with respect and dignity we should also treat and trust their unconscious and our unconscious in the same way. Their conscious and unconscious have a differing opinion, it is our job to reconcile it.

PAIN DESCRIPTION

"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

The International Association for the Study of Pain (IASP)

"Pain is more than a physical sensation - it has psychological, emotional and biological components. These components influence the intensity with which individuals experience pain, how debilitating the pain is, and how effective treatment is likely to be."

International Organization for Migration

Slide 7. Pain is "An unpleasant sensory and emotional experience!"

The Purpose of Pain

Pain is a calculation made by the brain to be at the minimum level, that in the brain's calculated opinion, will achieve the appropriate perception for attention and be sufficiently unpleasant to cause

effective, protective action.

Slide 8. When looking for solutions it is always about what action was intended that they take, and can they take it?

The Purpose of OldPain2Go®

The purpose of OldPain2Go® is to help the client change their brain's opinion about there being a need for pain when **no effective action can be taken.**

Slide 9. The purpose of **OldPain2Go®** is to help the client change their brain's opinion about there being a need for pain when **no effective action can be taken.**

All Pain Is made in the BRAIN

Sensory neurons respond to damaging or potentially damaging stimuli by sending "possible threat" signals up the spinal cord and to the brain for analysis.

The brain creates the sensation of pain, sending it **back** to the body part, drawing attention to the area so effective action can be taken, and the threat can be mitigated.

The sensory neurons are called Nociceptors, and the process is Nociception
(From Latin nocere: "to harm or hurt")



Slide 10. Many doctors still do not understand this concept that is now known pain science.

MEDICATING PAIN

The signal is interfered with to lower the strength of the report **up** the spinal cord and to the brain for analysis.

-OR-

The signal is interfered with on the way **down** lowering the call for action.

-OR-

Opiates may reduce the annoyance of the pain message, regardless of reduction of the pain level or not.



Slide 11. We have nothing to do with acute pain or medicating it. Our help is after it becomes Chronic.

LOWERING/REMOVING THE PAIN FROM THE BRAIN'S PERSPECTIVE

About Medication: This is a carefully calculated level to be the **minimum** to take effective action, yet the medication lowers it. That means the appropriate action will not be taken, so I will dial it up at source until it is received as intended.

About Numbing the Area: I feel it is OK for temporary things, but for longer it means incoming threats will be missed, which is dangerous.

About Opioids: You do realise that making me not care about the pain also applies to my general attitude about life, and that if I thought opioids appropriate, I would have made them myself. If you keep taking the tablets, I can no longer produce the real thing.

About OldPain2Go®: Thank you for clarifying the messages between conscious and unconscious, and bringing them to an agreement about effective safe action. I am now clear in doing my part for a safer and better life, I will stop sending out the message, as it is no longer required.



Slide 12. It is important when sharing our message that we make it clear that this does not apply to acute pain and that we only help people remove their own chronic pain and **that it doesn't numb an area.**

Alternative Methods of Managing Pain

Meditation/Yoga etc.

OM_{mmm}



Slide 13. Whilst there are good alternatives to medicating oneself for life, a lot focus on distraction or clearing the mind. Techniques that many people in pain would struggle to do.

Alternative Methods of Managing Pain

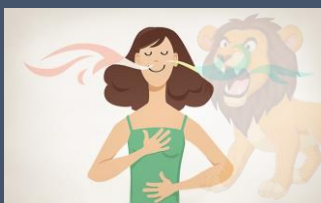
Journalling etc.



Slide 14. Dr. John Sarno brought this method forward to many people and for some it worked well enough to get better just from reading his books.

Alternative Methods of Managing Pain

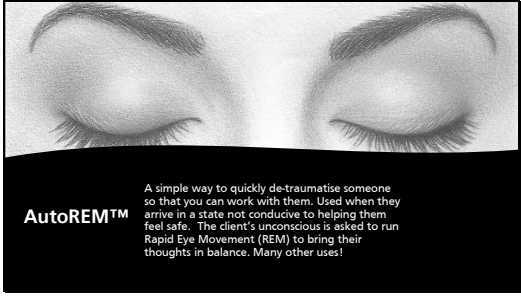
Breathing, 5-4-3-2-1 technique or other distractions



Slide 15. Steven's personal thoughts: Why make hard work of interfering with the pain level that is no longer a protective measure. Asking for it to review pain is so much easier, and far more effective.



Slide 16. AutoSafe, a brief and very effective technique for people to use whenever they feel an unwanted sudden change of mood or emotion coming on. Please teach it to others, but acknowledge that I created it.

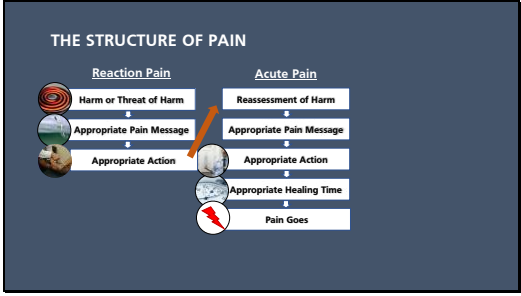


Slide 17. AutoREM an Eye accessing therapy method, that does not need a skilled therapist to get the movements right, the client's unconscious does all the work. Use if the client is distressed and you need them to be in a state conducive to work with them. You can also teach it to the client for self help.

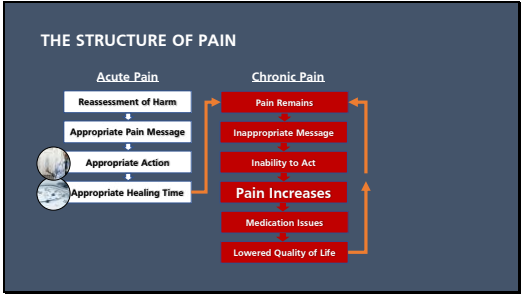
Pain is part of our Survival System
Acute Pain: A Warning Bell

- **Analogy:** A high level pain is comparable to a loud fire alarm in a public building, indicating immediate danger, possibly life threatening.
- **Awareness:** a loud and annoying message, designed to make you aware of the potential of serious harm from the threat.
- **Response:** Forces a swift, safe response, making you to move away from the danger.
- **Duration:** Temporary and serves as a protective function. Alarm is reset (bell silenced) when the danger has gone.
- **Difference:** Acute pain has differing levels for differing threat levels.

Slide 18. A good analogy to share with clients, to get a basic understanding of pain.



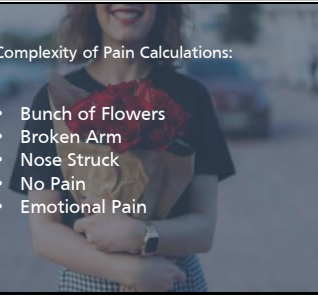
Slide 19. How pain works. The interaction of sensory data and the brain's decision making.



Slide 20. How different chronic pain is to acute pain – for your understanding. I wouldn't explain this to clients but knowing this enables you to be able to answer any questions they raise.

Complexity of Pain Calculations:

- Bunch of Flowers
- Broken Arm
- Nose Struck
- No Pain
- Emotional Pain



Slide 21. Steven explains several examples. Best to sit and watch, and only take any notes you feel are needed.

- Bunch of Flowers
- Broken Arm
- Nose being Struck
- No Pain
- Emotional Pain

CHRONIC PAIN: What is the Message?

Chronic Pain: Like an Alarm Bell constantly Ringing!

- **Analogy:** Resembles an alarm bell ringing long after the fire in the building has been extinguished.
- **Issue:** It continues ringing, causing ongoing apprehension and fear. Causing confusion of where or what the danger is, so no ability to move away from it.
- **Impact:** Hinders normal activities; the sense of danger shifts to apprehension if there is still danger, or not being alerted to a potential new threat.
- **Problem Identification:** Chronic pain is an unclear message about what the true issue is and how it can be resolved; it becomes the problem.
- Pain medication will work against the brain's opinion.
- We need to change the opinion not the symptom.
- The brain's plasticity (ability to change) works both ways.



Slide 22. A great explanation to use with clients, why Chronic pain is so different to acute pain, and therefore why it can go without it being detrimental.

CHRONIC Pain Definitions

- Chronic or persistent pain is pain that lasts longer than 12 weeks, or beyond the natural healing time.
from IASP website
- "Pain with no biological value, that persists past normal tissue healing".
The International Association for the Study of Pain
- "Old Pain, is any pain that no longer serves you."
Steven Strain

Slide 23. Medical terminology states it is about how long you have had the pain. Typically, 3 months, although some countries say up to 6 months. Personally, I prefer to call it "Old Pain" giving a distinction between new pain you need to check out, and old pain is when the pain message is no longer of any informative value and you can remember not to cause it again.

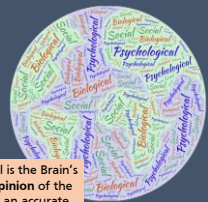
What the brain considers in the Pain calculation.

The Biopsychosocial Model

- ± **Biology** (Sensory Input)
- ± **Psychology** (Thoughts and Programs)
- ± **Social** (Support Network or lack of)

= Pain Calculation

Is pain needed and at what level?



The Pain Level is the Brain's calculated Opinion of the Danger, not an accurate representation of Damage

Slide 24. If you checkout the science of Pain this is the closest model to OldPain2Go®, Biopsychosocial. I wouldn't suggest using this term with clients unless they ask about the science.

Biopsychosocial Model

Biology (Sensory Input - temperature/pressure/chemicals)

- **Biological system for sensation:** Involves gathering information through stimuli detection. Basic senses: sight, smell, touch, taste, and hearing.
- **Sensation and Perception:** Sense organs collect stimuli for transduction. Perception is the brain interpreting sensory input. Fundamental to understanding/knowing, behavior, and thought.
- **Sensitization:** Regular pain increases the number of sensors and lowers normal sensation threshold. This is a reversible process.

Slide 25. It's important to know that all our "senses" are made sense of **only by the brain**, it applies to what we see and hear and touch and also to pain. This is for your information but may come in handy if needed to explain pain to sceptics.

Trauma Responses
Be aware that stress and traumas accumulate over a life-time

FIGHT
Sympathetic NS
- irritability
- anger
- aggression
- moving toward

FLIGHT
Sympathetic NS
- anxiety & fear
- panic
- avoiding
- chronic worry
- perfectionism

TRAUMA RESPONSES

Slide 26. We all have triggers that are protective predictions of what we may need to do next. When we get unwanted feelings and emotions that do not relate to current circumstances, that is when it is problematic.

Trauma Responses
Be aware that stress and traumas accumulate over a life-time

TRAUMA RESPONSES

FREEZE
Dorsal Vagal
- stuckness
- collapse
- immobilization
- spacing out
- dissociation
- depression
- shame

FAWN
- people-pleasing
- avoiding conflict
- prioritizing others needs over own
- difficulty saying "no"
- setting boundaries is hard

OR JUSTINE @HEYORJUSTINE

Slide 27. Although not talked about as frequently as the first two, MANY people who we will see as clients will fit into the FAWN (people pleaser) category. It is common for me to recommend assertiveness training being helpful to those clients. Learning to say NO is a really helpful skill. My belief is that depression is a learned freeze state and the "stuck" element makes it more difficult to shift compared with anxiety for example.

Biopsychosocial Model – Psychology (Thoughts and Programs)

THOUGHTS THAT GIVE REAL EFFECTS

Thoughts/Programs

Placebo Effect:
"The placebo effect is more than positive thinking – believing a treatment or procedure will work. It's about creating a stronger connection between the brain and body and how they work together."
"Placebos work on symptoms modulated by the brain, like the perception of pain."
Professor Ted Kaptchuk of Harvard-affiliated Beth Israel Deaconess Medical Center, whose research focuses on the placebo effect.

The Nocebo effect:
A phenomenon where a patient's negative expectations regarding the degree of harm cause the body to give an exaggerated response to the threat. The Nocebo Effect may lower or stop the effectiveness of a treatment.
It is the opposite of the placebo effect and can induce measurable changes in the body.
Stress is the equivalent of a placebo pill. The term Nocebo comes from the Latin "no harm".

SAFETY **DANGER**

Slide 28. Placebo gets a bad press. It is a very profound effect and anyone who can help a client tap into it will get results. Nocebo is rarely spoken of but is the effect of negative reinforcement of ideas, beliefs and ideology. The more exaggerated it is the more damage it does.

CONSCIOUS
Decision maker
Carries out what it thinks you asked for!
Takes over in life threatening situations

UNCONSCIOUS
May get spooked and take action beyond the control of the conscious
Prefers to be directed, doesn't want the responsibility of decision making

Working together in harmony. The decision maker and the "work horse."

Slide 29. You will notice I slip between calling it the unconscious and the subconscious. It is helpful to call it subconscious when explaining it as being under the command of the conscious, but in every other aspect it is far superior to the conscious. The conscious is the decision making aspect and the unconscious the automated fetcher of those decisions.

Biopsychosocial Model – Psychology (Programs)

Programs (Automated responses to triggers)

1. Born with Survival Skills & Parents
2. Pre-Six-Years-Old
3. Six Years Onwards
4. Emergency Programs
5. Creative Programs

The unconscious choice of program includes consideration of all the currently programs running, current circumstances and predictions.

Slide 30. Our personality, our Ego, is just a collection of all the programs we use. It's all up for change if we desire it enough.

What the brain considers in the Pain calculation.

The Biopsychosocial Model - SUMMARY

The client **will reveal** the relevant stories that expose what we need to help them change to lower the pain calculation and remove the need for pain.

Your awareness of these possible aspects is the key. The client will provide the emphasis as to what is important to them.

It is important to remember how much the conscious influences the unconscious processes.

We will be covering how we use these stories to convince the brain to lower the calculation.



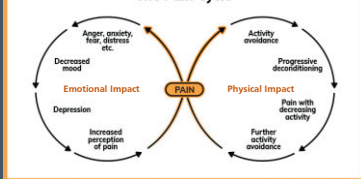
Slide 31. Summary: The client **will reveal** the relevant stories that expose what we need to help them change to lower the pain calculation and remove the need for pain. **Your** awareness of these possible aspects is the key. The client will provide the emphasis as to what is important to them. It is important to remember how much the conscious influences the unconscious processes. We will be covering how we use these stories to convince the brain to lower the calculation.

Overview – (details as we progress)

- All Pain is real, regardless of the cause being found or not.
- Pain is calculated in the Brain not the part that hurts. I call it a Pain Review System.
- The Brain takes into consideration all sensory data, plus emotions, feelings, visual clues, exaggerations, negative thoughts, memories, previously learned programs, and everything else it thinks appropriate.
- Neuroplasticity the ability of networks in the brain to change their connections quickly.
- Every Symptom always has a positive intention, although it may not be obvious.
- Pain cannot be measured - it is a personal **Perception**, made by you for you.
- Pain Medication is designed to trick the brain & body, not to cure the problem.
- Your Pain Level is the Brain's **Opinion** of the danger, not the damage.

Slide 32. Summary: All Pain is real, regardless of the cause being found or not. Pain is calculated in the Brain not the part that hurts. I call it a Pain Review System. The Brain takes into consideration all sensory data, plus emotions, feelings, visual clues, exaggerations, negative thoughts, memories, previously learned programs, and everything else it thinks appropriate. Neuroplasticity the ability of networks in the brain to change their connections quickly. Every Symptom always has a positive intention, although it may not be obvious. Pain cannot be measured - it is a personal **Perception**, made by you for you. Pain Medication is designed to trick the brain & body, not to cure the problem. Your Pain Level is the Brain's **Opinion** of the **danger**, not the **damage**.

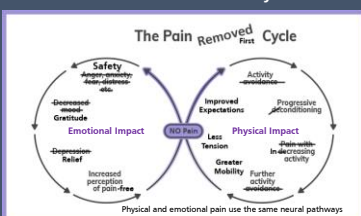
The Pain Cycle



Generic Example Found on Internet

Slide 33. Even the best of modern techniques that work focus on removing the problems first, hoping that will help with the pain. It's a slow way of getting results for a few.

The Pain Removed First Cycle



Why OldPain2Go® is so simple and effective

Slide 34. When we help a person free themselves of pain, they can then help themselves get back to whatever level of fitness they are willing to put in the effort to achieve. Whether we helped them with that next stage is a decision only you can make. Personally, my time is better getting people out of pain and then they can choose from thousands of others who help them tweak the last few bits!

PAIN REVIEW SESSION The "Happy Ending"

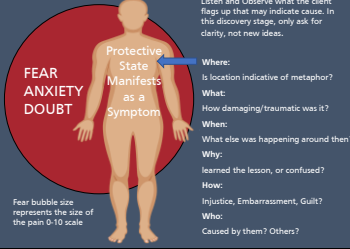
- Assess Suitability & Commitment
- Relax Client
- Explain why Chronic Pain can go
- Auto Somatics
- "Briefly" Conversation
- Alignment & Balance
- Enthuse Client
- Drain the PIT
- Check Readiness with Conscious
- Check Results
- Check with Unconscious (yeyes)
- Aftercare



Page 22/22

Slide 35. An Overview of the steps of the whole process. Details later.

WHY A PAIN MESSAGE?



Listen and Observe what the client flags up that may indicate cause. In this discovery stage, only ask for clarity, not new ideas.

- Where: Is location indicative of metaphor?
- What: How damaging/traumatic was it?
- When: What else was happening around then?
- Why: learned the lesson, or confused?
- How: Injustices, Embarrassment, Guilt?
- Who: Caused by them? Others?

Fear bubble size represents the size of the pain 0-10 scale

Slide 36. Pain is a message, is a key part of our understanding that we share with the client. The message with acute pain is clear but with chronic pain it is more of a hint!

WHY A PAIN MESSAGE?

Acting as a reminder to protect them from

Danger or Damage

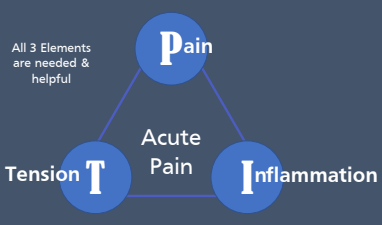
Through hoping they choose a Strategy of

Action or Avoidance

If no action can be taken or nothing avoided, then pain serves no purpose!

Slide 37. It all boils down to this – Action Taken. When no action can be taken then a pain message is unnecessary and can be stopped from being made.


THE 3 ELEMENTS OF ACUTE PAIN



All 3 Elements are needed & helpful

Slide 38. An important fact, that pain inflammation and tension all appear at the same time and stick around together until the pain finally goes.

CHRONIC Pain PITSS Formula



Slide 39. The added difference between acute and chronic pain, Chronic pain is supported to continue by the story or stories that the brain takes into consideration for the pain level calculation (it's opinion). Take away the protective stories and the support for having the pain collapses.

BOSS Clients (Burnout Overload Safety System)

Reason for Fibromyalgia C.F.S, M.E. and similar (Lupus?):

Driven personality (people pleasing type), that leads to overdoing things physically and mentally. They take little notice of Pain and Fatigue, so levels increase to force them to stop.

Needs additional steps:

- A promise from Conscious to Unconscious to listen to the Body.
- Pacing System - I have had enough of this for today! (food example).
- Discussion about assertiveness and learning to say no (nicely).

Slide 40. BOSS Clients have unique traits and some additional steps to take. It is irrelevant to us whether they have had a specific diagnosis of it or not. We get to see if they fit the driven criteria and discuss the possibility with them.

Trapped Nerves

• Protective tension, from expectation of harm or pain. To restrict going to the painful place, causes restricted movement ending with pain, equals further tension, less movement and more pain. A vicious cycle.

• **No expectation of pain equals no need to tense up**, so nerve not trapped, so easy movement, so feels safe, so use it more. A virtuous cycle

Slide 41. Protective tension, from expectation of harm or pain. To restrict going to the painful place, causes restricted movement ending with pain, equals further tension, less movement and more pain. A vicious cycle. **No expectation of pain equals no need to tense up**, so the nerve is not trapped, so easy movement, so feels safe, so use it more. A virtuous cycle

AutoSomatics

Having the body remove "stuck" tension in muscles, by tightening them first then releasing them (3 times).

(Adapted from the work of Thomas Hanna Ph.D.)



Slide 42. Part of the script, so you already have the wording to say. Steven explains how an initial damage causes tension and problems the length of the spine over many years. And of course, how we can remove that tension.

CLIENT TELLS THE STORY

"BRIEF" Case



Watch & Listen Carefully

Need notes? -scribe them



Slide 43. "Briefly... tell me the problem". The art of having the client's unconscious talk directly to you. It's a conversation, never an interrogation.

WE REALISE THEIR STORY



Slide 44. We deal with a variety of stories, different with each client but all following a predictable pattern we look for.

BrainBargaining = Logical Reasoning, backed by positive emotions

- Why Old Pain Message has lingered
- Why life would be a safer and higher quality without Old Pain
- Learning from the message avoids need for pain as a reminder
- Their desires, intent and free will must be taken into consideration
- Check OK with client consciously before moving to Yeses



Slide 45. BrainBargaining is a term Steven invented to explain a process that always happens in every form of therapy. The client consciously wants to let go but the unconscious believes the pain is needed and we have to gently persuade it.

Concluding the possible reason/s they are holding onto this pain.

"Can you see now that this reason no longer applies, or is relevant to you? You understand the message it was trying to tell you, so it no longer needs to keep supplying that message. Are you ready to let go of it now?"

-OR-

"Whilst the story isn't apparent, nor is any reason to keep this pain, are you ready to let go now?"

-OR-

You have XXXX issue that does also need resolving and I want your promise you will seek a resolution in the near future. I want you to agree that you are willing to let the physical pain go NOW so that will help you go forward. Are you willing to let go now?"



Slide 46. What to say to a client to have them let go: "Can you see **now** that this reason no longer applies, or is relevant to you? You understand the message it was trying to tell you, so it no longer needs to keep supplying that message. Are you ready to let go of it now?"

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Removing the Emotional Baggage



Stories No Longer Required



Slide 47. Keep unpacking the stories so the client can let go, until all the resistance is gone.

The art of using logic and emotion to update the Pain Review System



Slide 48. The conclusion before the yeses. This is where the client gets to realise they are in command. Their choice of outcome. The passion for their outcome is passed over to drive the unconscious to fulfil it.

Fear Anxiety Doubt

Once the person drops the Fear Anxiety & Doubt there is no need for pain, and it can go.

Safety

Fear bubble represents the size of the pain 0-10 scale

Slide 49. The main concept in a nutshell. It's all about from fear to safety.

PAIN REVIEW SESSION

The "Happy Ending."

Pages 22-23

- Assess Suitability & Commitment
- Explain why Chronic Pain can go
- "Briefly" Conversation
- Enthuse Client
- Check Readiness with Conscious
- Check with Unconscious (yeses)
- Relax Client
- Auto Somatics
- Alignment & Balance
- Drain the PIT
- Check Results
- Aftercare

Slide 50. From the yeses onward. This is the consolidation of the work done so far and intended to make it a long lasting effect, cementing the decision to remove the old pain message.

Conscious lean (the set-up)

THREE YESES (UNCONCIOUSLY)

1. Keep it simple, instruct - not asking for permission
2. Establish a Yes, must be convincing. Weird!
3. Are you Willing to Delete the Old Pain Message? When Deleted/Started give a Yes

Slide 51. The Yeses, a similar process can be done with a head nod. Check with the client that they will be OK to do whatever method is chosen. It must be convincing for the client.

Dial Down Technique

For use when "NO" is the answer to if it is willing to delete the Old Pain Message.
-OR-
Group work where everyone will use it after the question "Are you willing to turn the pain down or off."

Turning down pain by using the hand on an imaginary dial or lever as an ideomotor response. Check it has finished going as low as possible, before asking it to take it to a zero ASAP when it is safe to do so.

No Need for the third YES! Go straight to the seated Process.

Slide 52. Dial Down Technique, for when the brain won't agree to turn the pain fully off. Also can be used for group work when you feel confident enough (but always explain in advance the limitations of group work).

Shifting the last Bit!

Your Unconscious promised it would remove all your pain. Please sit back in the chair and close your eyes. I am going to ask your unconscious to complete the process and only when you are totally free of pain, it will open your eyes and bring you back into the room.

-OR-

"Off you go now"

Slide 53. Shifting the last bits, if it none of it has gone or if small amounts of pain or stiffness remain.

THE EXPERIENCE

Slide 54. A Group session with Steven. It's not the same as a fully focused one-on-one but wherever it gets you to can be added to by asking in the Facebook group where I am sure someone will help for the experience.

WHAT NEXT?
Just some of the
Ongoing Help & Support

Website & Map

Facebook Group

Steven & Trudy Contact

The slide features a dark blue background with white text and several images. At the top left, the text 'WHAT NEXT? Just some of the Ongoing Help & Support' is displayed. Below this, there are four distinct sections: 1) 'Website & Map' containing a QR code and a small map image; 2) 'Facebook Group' containing a screenshot of a Facebook page and a QR code; 3) 'Steven & Trudy Contact' containing a QR code and a photograph of an elderly couple; 4) A small screenshot of the OldPain2Go website in the bottom left corner.

Slide 55. Loads of support after the course. Please join the Facebook Group as the easiest way to access everything! You will be sent the after-course details and your certificate by email.

Thank you for training in OldPain2Go® and for the many people you will help become pain free. Please keep in touch and let us know if we can help you, in any way, to continue helping others to the best of your abilities.