

SUMMER 2026



Chronicle

STRATEGIES FOR LIVING WELL

Your Guide to a Comfortable Summer

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Mission. The Chronicle is our voice to help facilitate peer support, education, and hope for individuals living with pain conditions. We strive to raise awareness about issues of living with physical and emotional pain.

Vision. To motivate those with pain conditions to seek quality care, to optimize healthcare office visits, and to prevent chronic disease.

Goal. To provide those with pain conditions the resources needed to make educated and shared decisions with their healthcare provider.



VISIT OUR WEBSITE!
www.theACPA.org

Practical Approaches for Living Well This Summer

By: Scott Farmer, MBA

Summer offers opportunities to enjoy the outdoors, connect with others, and embrace activities that support well-being. By planning, pacing yourself, and focusing on what matters most, you can create meaningful experiences while managing the challenges of chronic pain.

Tools, Tips, and Resources for Everyday Life

Living with chronic pain often requires a toolbox of practical strategies. From assistive devices and self-management techniques to community resources and support programs, small tools can help make daily activities more manageable and enjoyable.

Movement, Wellness, and Connection

Gentle movement, healthy habits, and meaningful relationships all contribute to overall wellness. Explore ways to stay active, nurture your physical and emotional health, and strengthen connections with the people that support you.

Navigating with Confidence and Purpose

Whether you're traveling, attending family gatherings, or simply enjoying longer days, preparation can help you participate with greater confidence. Learn ways to balance activity and rest while pursuing the experiences that bring you fulfillment.

Real-Life Solutions for Managing Pain

Every person's pain journey is unique, but practical solutions can make a difference.

Discover everyday strategies that help people manage symptoms, conserve energy, and maintain independence while continuing to engage in activities they enjoy.

Finding Comfort, Connection, and Joy

Comfort can come from many sources—supportive relationships, enjoyable hobbies, or moments of quiet reflection. This summer, focus on finding the people, places, and activities that bring a sense of connection and happiness to your life.

Small Changes That Make a Big Difference

Sometimes the most effective strategies are the simplest. Small adjustments to routines, environments, and habits can improve comfort, reduce stress, and help you make the most of each day.

Your Guide to a Healthier, Happier Summer

A healthy summer looks different for everyone. This guide offers practical ideas to support physical, emotional, and social well-being while helping you create a season filled with meaningful experiences and personal success.

Building Resilience One Day at a Time

Resilience is not about overcoming every challenge—it's about adapting and moving forward despite them. By focusing on manageable goals and celebrating small victories, you can strengthen your ability to navigate life's ups and downs.

Practical Approaches for Living Well This Summer

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Empower Your Journey Through Summer

Knowledge, support, and self-advocacy can help you take an active role in managing your health. Explore ways to build confidence, make informed choices, and create a summer experience that reflects your personal goals and priorities.

Wellness, Independence, and Hope

Living well with pain often involves balancing physical health, emotional well-being, and daily responsibilities. Practical strategies can help you maintain independence, foster optimism, and can enable you to continue pursuing the activities that matter most.

Making the Most of the Season Ahead

Summer brings unique opportunities for relaxation, recreation, and connection. With thoughtful planning and realistic expectations, you can enjoy the season while honoring your body's needs and limitations.

Well-Being Through the Summer Months

Warmer weather and changing routines can affect how you feel physically and emotionally. Learn ways to maintain balance, stay comfortable, and support your overall well-being throughout the summer season.

Living Fully, One Strategy at a Time

There is no single solution for managing pain. Instead, lasting progress often comes

from combining small, sustainable strategies that support your goals and help you participate more fully in daily life.

Practical Wisdom for Everyday Challenges

Experience can be a powerful teacher. Drawing on insights from individuals living with pain, this section shares practical ideas and real-world approaches for navigating common challenges with confidence and resilience.

Activities to Consider* During the Summer

Enjoy Nature at Your Own Pace

- Take a short morning or evening walk when temperatures are cooler.
- Sit by a lake, river, or garden and enjoy the sights and sounds of nature.
- Visit a botanical garden using mobility-friendly pathways.
- Birdwatch from your porch, patio, or local park.
- Enjoy a scenic drive with planned rest stops.

Stay Active with Gentle Movement

- Practice chair yoga outside in the shade.
- Participate in water exercise or aquatic therapy classes.
- Stretch on the patio or somewhere cool.
- Try tai chi in a park.
- Use a stationary bike outside.
- Take short neighborhood bike rides if comfortable.

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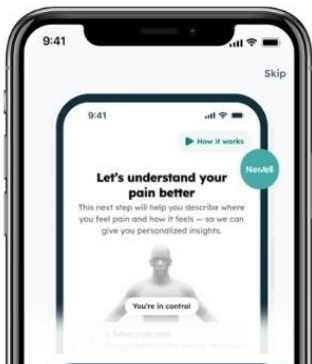
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*Fit Minded Inc. feasibility study, 2025.

Nerveli



American Chronic Pain Association

Practical Approaches for Living Well This Summer

By: Scott Farmer, MBA

Connect with Peers, Family and Friends

- Attend or host a backyard picnic.
- Schedule outdoor coffee dates.
- Attend community concerts or events.
- Organize a game night.
- Participate in an online support group.

Explore Creative Hobbies

- Paint, sketch, or photograph summer landscapes.
- Create a scrapbook of favorite summer memories.
- Try gardening in raised beds or container gardens.
- Learn a new craft such as knitting, quilting, or jewelry making.
- Start a summer journal focused on gratitude and accomplishments.

Stay Cool and Comfortable

- Visit museums, libraries, or shopping centers during hot afternoons.
- Enjoy a movie matinee in an air-conditioned theater.
- Create a relaxing indoor reading nook.
- Experiment with healthy frozen treats and refreshing recipes.
- Use cooling towels, fans, or shaded outdoor spaces when spending time outside.
- Visit a creek, river, lake, ocean, or pool.

Practice Self-Care

- Schedule regular rest breaks throughout the day.

- Practice mindfulness, meditation, or deep breathing exercises.
- Listen to music, podcasts, or audiobooks.
- Treat yourself to a relaxing spa-at-home day.
- Maintain a consistent sleep routine despite summer schedule changes.

Even on difficult days, offering kindness to someone else can bring a sense of purpose, connection, and joy to us both.

Travel and Adventure, Simplified

- Take a day trip close to home.
- Explore accessible parks and nature centers.
- Visit local farmers markets during cooler morning hours.
- Plan "mini vacations" with flexible schedules and built-in rest periods.
- Research accessibility options before attending events or attractions.

Engage Your Mind

- Join a summer book club.
- Take an online class in a topic that interests you.
- Work on puzzles, crosswords, or brain games.
- Learn basic photography or bird identification.
- Volunteer remotely for a cause you care about.

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Enjoy Food and Nutrition

- Try seasonal fruits and vegetables.
- Host a healthy summer potluck.
- Prepare simple no-cook meals during hot weather.
- Attend a cooking demonstration or nutrition workshop.
- Stay hydrated with infused water, herbal teas, or electrolyte beverages.

Celebrate Small Victories

- Set one realistic goal each week.
- Track activities that bring joy and energy.
- Celebrate progress rather than perfection.
- Share successes with friends, family, or support groups.
- Focus on what you can do today rather than what you cannot.

Activity Tips for Pain Management

- Pace yourself and avoid overcommitting.
- Schedule activities during cooler parts of the day.
- Alternate activity with rest periods.
- Stay hydrated and protect yourself from excessive heat.
- Listen to your body and adjust plans as needed.
- Use mobility aids or adaptive equipment without hesitation.
- Remember that participation can look different from year to year—and that's okay.

The goal isn't to have a "perfect" summer. It's to find meaningful ways to stay engaged, connected, and comfortable while honoring your body's needs.

**Always consult a healthcare professional on all healthcare decisions including summer activities listed in the Chronicle.*

EDUCATION REGISTRY

Choose Your Condition of Interest

The ACPA–Patient Mind Inc. Educational Patient and Clinician Registry is a collaborative initiative designed to amplify the voices of those living with health conditions and the clinicians who care for them. This registry creates a secure, structured platform to gather real-world insights about symptoms, treatment experiences, unmet needs, and educational gaps. By bringing patients and healthcare professionals together, the registry helps inform meaningful education, improve communication, and guide future programs rooted in lived experience and clinical expertise. Participation supports research-informed learning, strengthens advocacy efforts, and ensures that future educational initiatives truly reflect the needs of the community.

[CLICK HERE TO REGISTER](#)

Fibromyalgia and the Summer Months

By: Kate Massey, RN

For many people, summer is a season of outdoor activities, vacations, and longer days. But for individuals living with fibromyalgia, the warmer months can bring unique challenges alongside opportunities to enjoy the season.

Fibromyalgia is a chronic condition characterized by widespread pain, fatigue, sleep disturbances, and cognitive difficulties often referred to as "fibro fog." While some people find that warm weather helps ease muscle stiffness and discomfort, others may experience increased fatigue, dehydration, or sensitivity to heat. High temperatures and humidity can make it more difficult to regulate body temperature, potentially worsening symptoms and reducing energy levels.

The good news is that a few simple strategies can help make summer more enjoyable. Staying hydrated is essential, especially during outdoor activities. Wearing lightweight clothing, seeking shade, and planning activities during cooler morning or evening hours can help prevent overheating. Many people with fibromyalgia also benefit from pacing themselves, balancing activity with rest, and listening to their body's signals before symptoms become overwhelming.

Summer can also provide opportunities for wellness. Gentle activities such as swimming, water aerobics, walking, or stretching can help maintain flexibility and support overall health while minimizing stress on joints and muscles. Spending time with friends and family, enjoying nature, and engaging in hobbies can also boost mood and reduce stress—an important consideration for people managing pain.



Fibromyalgia and the Summer Months

With planning, self-care, and a little extra compassion, you can enjoy the season and support your well-being.

-  Stay hydrated
-  Avoid the heat – plan activities for cooler times of day
-  Pace yourself and take rest breaks
-  Try gentle movement like swimming or stretching
-  Focus on what brings you joy and connection

♥ You are not alone.

Living with fibromyalgia often means adapting to changing circumstances, and summer is no exception. By planning ahead, prioritizing self-care, and focusing on activities that bring enjoyment and meaning, individuals with fibromyalgia can make the most of the season while supporting their health and well-being.

Coming Soon!
On-Demand Fibromyalgia Education

The Pain Patients We Do Not Count

By: Lynn Webster, MD

James Chumbley did not write to me to make a political argument. He wrote because he was desperate.

James is 64 years old, lives in San Antonio, and suffers from adhesive arachnoiditis, a painful and often disabling neurological condition. He told me he had reached out to politicians, the media, dozens of physicians, and “anyone else I could think of,” yet he still could not find a doctor willing to treat his debilitating pain.

Then he wrote a sentence that should haunt anyone who cares about health policy: “Pain patients in today’s America are treated like aliens from another galaxy.”

When I asked whether I could share his story, James was unequivocal. “You have my permission to discuss my situation with anyone,” he wrote. “It is unacceptable how people in pain are being treated. I want my story to be told.”

James’s story is just one man’s story, but it is not an isolated one.

To understand whether his experience reflects a broader pattern, I asked Scott Farmer, Chief Operating Officer of the American Chronic Pain Association (ACPA), what the organization is hearing from people with chronic pain and how common it is that they cannot find a clinician willing to treat them.

His answer was blunt: “Almost everyone that reaches out is in need of our help. Extremely common.”

That observation is consistent with preliminary results from the ongoing [ACPA 2026 Chronic Pain Access and Care Experiences Survey](#). While the full survey results will be available later, what I am reporting here is an interim sample of 144 people living with chronic pain. It is not a nationally representative prevalence study, and it should not be read as final data. However, it offers an important early signal from a population that is often invisible in public health debates. Though future data may show a broader spectrum, the majority of this current group describes their daily existence in terms of severe pain and exhausting physical limitations.

The preliminary sample shows a pattern that sounds painfully familiar to anyone who has heard stories like James’s. Nearly three-quarters of respondents said finding a clinician willing to treat their pain was somewhat difficult, very difficult, or impossible. More than half had contacted three or more clinicians or clinics while seeking care.

The barriers extend far beyond opioids. Respondents described being told their condition was too complex, that a clinic did

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The Pain Patients We Do Not Count

By: Lynn Webster, MD

not treat chronic pain, or that the clinic did not prescribe any controlled substances. Others lost care when a clinician retired, moved, or changed practice policies. Some encountered insurance denials, pharmacy refusals, unaffordable care, rural access problems, or abrupt dismissal from care altogether.

This is the part of the opioid crisis narrative—a narrative I’ve previously argued is fundamentally flawed—that remains poorly measured. We count prescriptions. We count overdoses. We count morphine milligram equivalents. But we do not reliably count how many people with severe pain lose access to care, stop seeking help, turn to unsafe alternatives, or disappear into isolation.

Nearly half of respondents in this interim sample reported that their pain medication had been reduced or discontinued against their wishes. Among those patients, most said they were not offered an effective alternative treatment plan.

That distinction matters. Responsible opioid stewardship should not lead to abandonment. No one should argue for careless prescribing. Opioids carry profound risks and must be used thoughtfully, when appropriate, and with

rigorous monitoring. But reducing or discontinuing medication without a realistic alternative plan is not good medicine. It simply transfers responsibility from the clinician to the patient, who is left without tools or resources.

Farmer told me he often hears patients say, “I have always taken my meds responsibly and they were just taken away. Now I don’t know what to do. I’ve been abandoned by the system.”

That word—abandoned—appears again and again.

In the preliminary ACPA sample, many respondents reported feeling automatically presumed to be drug-seeking simply because they had chronic pain or used pain medication. Many said they had avoided telling clinicians how much pain they were in because they feared being judged, dismissed, or labeled. Most said their experience with pain care had decreased their trust in healthcare as a whole.

This is what toxic narratives do—a phenomenon I explore deeply in my forthcoming book. They do not remain confined to headlines, public health campaigns, documentaries, or political speeches. They enter the clinic. They shape what clinicians fear, what patients dare to say, what pharmacists are willing to fill, what insurers will cover, and what policymakers believe counts as success.

The Pain Patients We Do Not Count

By: Lynn Webster, MD

One survey respondent wrote, “Chronic pain sufferers are NOT the cause of the Opioid Crisis.”

Another wrote, “They’ve failed to treat me like a human being.”

Another explained, “You can be in severe pain and look FINE! The emergency rooms need to know you don’t have to be unconscious or screaming to be in pain. Chronic pain survivors know how to hide pain. Listen to the patient.”

That is one of the most important lessons in James’s story. Severe pain is not always visible. The cruel irony of chronic conditions is that patients often learn to mask their suffering to survive daily life, with the result that the ability to appear composed is mistaken for the absence of pain.

Such fundamental blind spots are why public discourse often misses the mark. As Farmer noted, “The pain epidemic is separate from the opioid epidemic but does however overlap.”

That distinction is essential. The opioid crisis and the pain crisis intersect, but they are not the same. Treating them as identical has produced predictable harms.

People with pain become suspect. Their medications become symbols. Their clinicians become afraid. Their suffering becomes administratively inconvenient.

The ACPA survey also challenges the assumption that people with chronic pain are simply demanding opioids. When asked what would most improve their situation, respondents most often wanted more clinicians trained in chronic pain. They also wanted less stigma, clinicians who believe them, insurance coverage for recommended care, access to non-opioid treatments, interventional care, physical therapy, behavioral health support, and opioid therapy when appropriate.

In other words, they were not asking for a blank prescription. They were asking for care.

One respondent put it this way: “No one wants to deal with the stigma and hassles of taking opioids. We want solid answers so we can go back to living a productive life.”

James Chumbley wanted his story to be told because he refused to remain invisible. The interim ACPA data show that he is far from alone in a system that has favored reducing prescription numbers over actually addressing suffering.

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Preorder Dr. Webster’s New Book: Deconstructing Toxic Narratives

Preorder

The Pain Patients We Do Not Count

By: Lynn Webster, MD

It is entirely possible to advocate for responsible opioid stewardship while refusing to abandon patients. But when policy treats people as administrative inconveniences rather than human beings, medicine abdicates its deepest responsibility. The goal should not be more or less prescribing as an ideology; the goal should be better care.

People living with severe pain deserve to be seen, heard, and protected with the same seriousness afforded to people with heart disease, diabetes, or cancer. But we cannot protect what we refuse to see—and we will never see what we choose not to count.

Scott Farmer's Five Main Takeaways

1. Many people with chronic pain cannot find adequate care.
2. Barriers to care extend beyond opioid prescribing.
3. Patients often feel abandoned by the healthcare system.
4. Stigma surrounding chronic pain harms patients.
5. People with chronic pain are asking for comprehensive care—not simply opioids.

Bottom line: The pain crisis and the opioid crisis are not the same issue. Healthcare policy should focus on improving patient care, reducing suffering... ensuring that people living with chronic pain are seen, heard, and supported.

[Click Here](#) or the image below to expand!

The Pain Patients WE DO NOT COUNT

Five Key Truths from the ACPA Survey

People with chronic pain deserve to be seen, heard, and cared for.

- 1 Finding Care Is Extremely Difficult**
 Nearly three-quarters of respondents reported that finding a clinician willing to treat their pain was somewhat difficult, very difficult, or impossible.
 - CLINIC FULL
 - NOT ACCEPTING PAIN PATIENTS
 - NO CONTROLLED SUBSTANCES
 - INSURANCE DENIED
- 2 Barriers Go Far Beyond Opioids**
 Patients face many obstacles, including insurance denials, pharmacy refusals, lack of specialists, rural access problems, and being dismissed or dropped from care.
 - INSURANCE DENIALS
 - PHARMACY REFUSALS
 - LACK OF SPECIALISTS
 - RURAL ACCESS CHALLENGES
 - DISMISSED FROM CARE
- 3 Too Many Patients Feel Abandoned**
 Nearly half reported their pain medication was reduced or discontinued against their wishes, and most were not offered an effective alternative plan.

"I've always taken my meds responsibly and they were just taken away. Now I don't know what to do. I've been abandoned by the system."
- 4 Stigma Still Does Deep Harm**
 Many feel automatically judged as drug-seeking, afraid to speak up about their pain, and have lost trust in the healthcare system.

Drug-seeking? You don't look sick.

We believe. We listen. We treat with respect.
- 5 Patients Want Comprehensive Care**
 They're not asking for a blank prescription. They want more trained clinicians, less stigma, better coverage, and access to all appropriate treatments.
 - MORE PAIN-TRAINED CLINICIANS
 - LESS STIGMA, MORE BELIEF
 - BETTER INSURANCE COVERAGE
 - NON-OPIOID TREATMENTS
 - PHYSICAL & INTERVENTIONAL CARE
 - BEHAVIORAL HEALTH SUPPORT
 - OPIOID THERAPY WHEN APPROPRIATE

Count Our Stories. Change Our Future.
 Better data. Better understanding. Better care.
 No one should suffer in silence.

Real People. Real Pain. Real Solutions. **ACPA** American Chronic Pain Association

The Post-Surgical Pain Communication Pathway

By: Scott Farmer, MBA

BEFORE SURGERY

- Educate yourself and ask questions at your pre-operation interview.
- Bring your medication list to pre-surgery interviews to facilitate conversation about medication management.
- Review current home medications and ask about potential new medication and management options
- Set functional goals like improvements in function, sleep, and diet.
- Discuss expectations: Do not expect to be “pain-free” but instead “manageable” post-op pain
- Identify a caregiver and educate them

AT DISCHARGE

- Review your individualized pain management plan (meds, timeline, side effects)
- Acquire clear instructions from your healthcare team and identify a point of contact. Ensure continuity (who to call next week?)

FIRST WEEK POST-OP

- Ask: “Is my pain control on track?”
- Ask to adjust medications if needed
- Set reminders and schedule follow-ups

NOTE: Some states have placed limits on postoperative medications. You may get only a 7-day supply to start, but refills may be considered if the pain continues after that timeframe.

1–3 MONTHS POST-OP

- Evaluate and discuss risks of developing chronic pain
- Discuss feelings of depression or anxiety regarding your recovery
- If needed, consider physical/cognitive therapy, and support groups

Access All Resources at: [Post-Surgical Pain](#)

Available in English and Spanish (Print and Audio)

The ACPA and Stanford Chronic Pain
[Resource Guide](#)

The ACPA Clinical
[Communication Guide](#)

Painful Diabetic Peripheral Neuropathy
[Resource Guide](#)

The ACPA Peer (Top Right Menu)
[Support Groups](#)



Swallowed, Inhaled, or Injected: Does It Matter?

By: Thomas Krol, PharmD, CLP

When a medical emergency happens outside of a hospital, getting medicine into the body quickly is critical. This is true for life-threatening events like a fentanyl overdose, or life-altering problems like a severe migraine or intense pain.

We usually take medicine by mouth (orally). But there are other ways to get drugs into the body:

- **Nasal sprays** (breathed through the nose)
- **Subcutaneous injections** (shots given just under the skin using "pens")
- **Intramuscular (IM) or Intravenous (IV) shots** (stronger shots given into a muscle or a vein, usually by a doctor or nurse)

When you need medicine to work fast, some of these methods are much better than others.

The Big Challenges: Getting Medicine Fast

Speed and Reliability

Sometimes, minutes matter. It can be hard to get the right amount of medicine into the blood quickly.

- **Tablets and Capsules / Pills:** These can take a very long time to work—sometimes hours.
- **Under-the-Tongue Tablets:** These melt in your mouth to skip the stomach and often work fast, but sometimes they can still be slow. (Often 1-2 Hours)

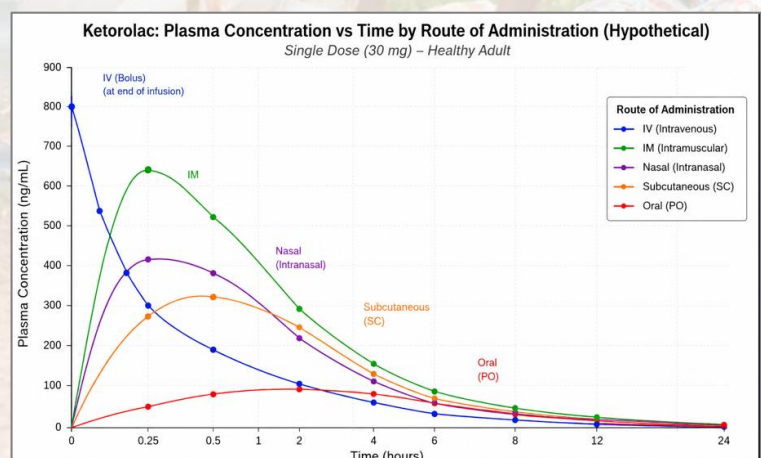
- **Skin (Subcutaneous) Shots:** These are drug dependent and less predictable. Some work in 15 to 30 minutes, but others take over an hour. (See below.)
- **Nasal Sprays:** A spray might start working in 15 minutes, but it can still take several hours to give full relief.
- **Muscle (intramuscular, IM) and Vein (intravenous, IV) Shots:** These are the fastest, working in just minutes. However, you usually need a trained healthcare worker to give them to you.

Needle-Based Injectors

Most easy-to-use "pen" injectors you can use at home deliver medicine just under the skin (subcutaneous). These usually work in 15 to 60 minutes.

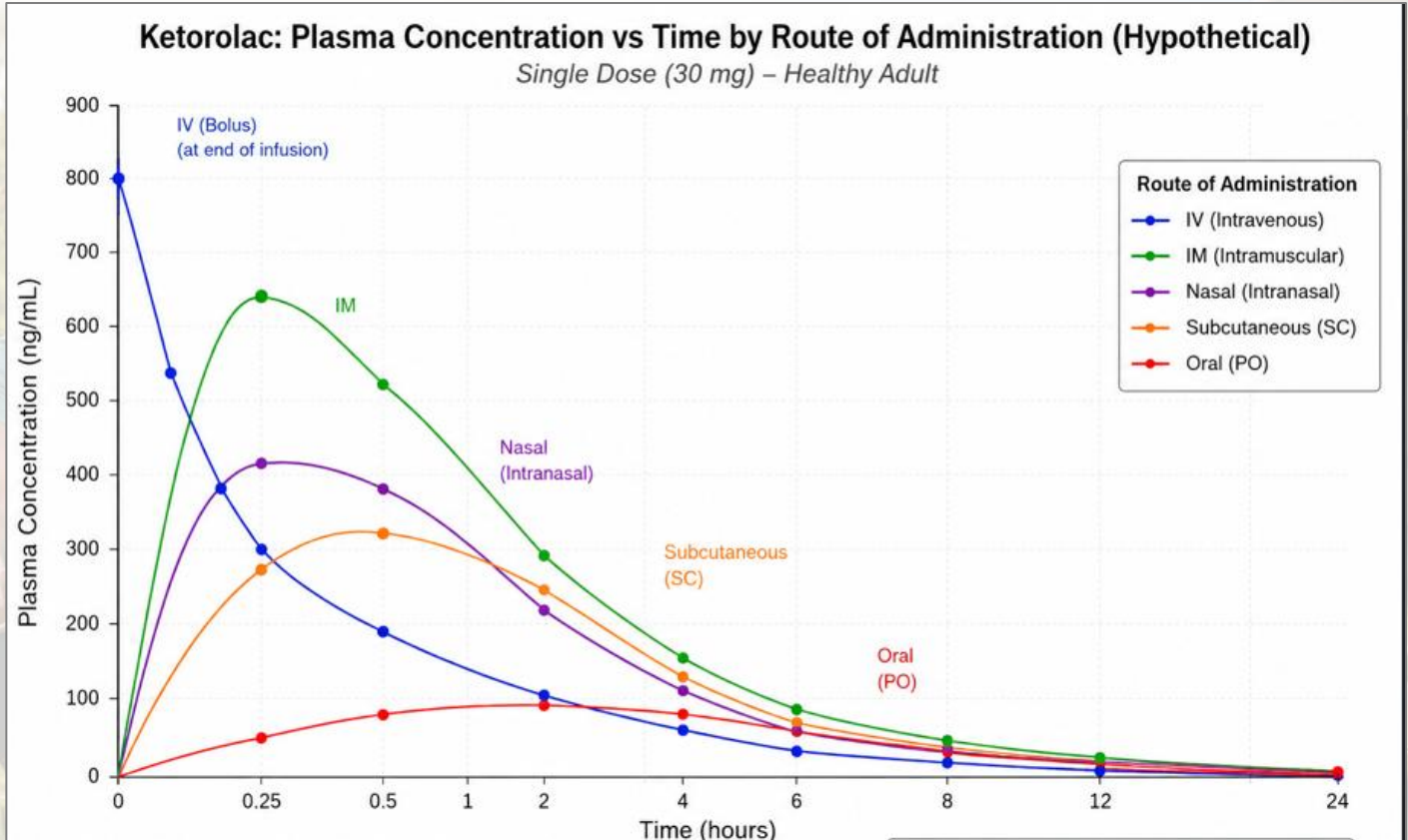
The Bloodstream Race Comparison

How fast a medicine works depends on its chemistry, but also the route of delivery. To show how different methods compare, let's look at a powerful painkiller called ketorolac, which is in the same drug family as ibuprofen. [Next Page for larger image >>](#)



Swallowed, Inhaled, or Injected: Does It Matter?

By: Thomas Krol, PharmD, CLP



Note: Because exact matching data for all these types doesn't exist, we used AI to build a relative comparison chart.

Imagine a race to see how fast the medicine can flood into the bloodstream. Here is how each method performs in the first 30 minutes:

IV (Into a Vein) → 🚰 The Fastest
 The medicine goes straight into the blood instantly. This is what hospitals use. The drug level starts at the absolute highest point and then slowly goes down.

IM (Into a Muscle) → ⚡ Very Fast
 The medicine shoots into the blood quickly and reaches a very strong, high peak early on. This is one of the best choices when you are not at a hospital.

Nasal Spray → 🌿 Slower and Uneven
 It takes longer to climb, and it doesn't reach a very high peak because the body doesn't absorb all of it.

Subcutaneous → 🍷 Slow and Flat
 The line on the chart stays low and flat. The medicine takes a lot of time to crawl into the blood—often over 30 minutes.

Oral (By Mouth) → 🕒 The Slowest
 The medicine must go through the stomach and liver first. It is the slowest to climb and stays the lowest overall.

Swallowed, Inhaled, or Injected: Does It Matter?

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Important Note: Blood vs. Brain

When we look at charts like this, we look at blood levels because blood is easy for scientists to test and measure. However, to stop a migraine, the medicine actually has to reach your brain.

The amount of drug in the brain can be very different from the amount in the blood, and scientists cannot directly measure brain levels. So, while a fast blood level is a great sign, it doesn't always tell the whole story!

The Bottom Line

In the first 30 minutes, the way you take a medicine makes a massive difference:

- IV and IM methods reach helpful, strong levels almost immediately.
- Nasal and Under-the-Skin methods are slower.
- Pills by mouth are usually way too slow for emergencies or when you need fast, heavy relief.

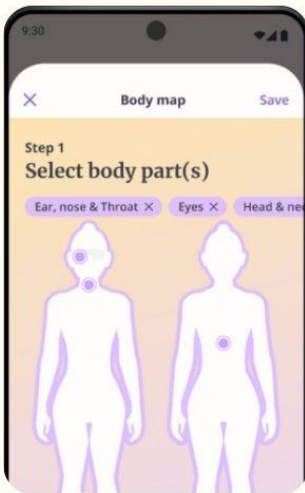


Bring your Doctor the full picture

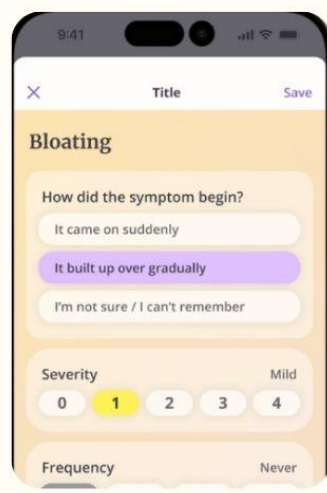
Built for people navigating chronic symptoms, health changes, and unanswered health questions



Track Symptoms



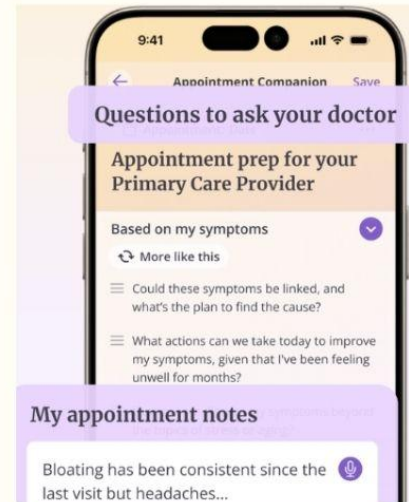
Answer Questions



Get Insights



Prepare for Appointments



Talk to Women

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Our purpose is simple: Help every woman feel informed, confident, and supported, at every stage.

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The ACPA Community is Making a Big Difference

By: Kathy Sapp, CEO

Since 1980, The American Chronic Pain Association has advocated for people living with pain and provided them with resources. Our efforts have reassured people with pain that they are not alone, as we offer the support and the hope they deserve. The ACPA has shown millions of people in pain how to achieve reduced suffering and a better quality of life.

The ACPA understands the daily battles people in pain fight. Therefore, we continue to advocate for your rights and provide pain management strategies and tools for you, your caregiver, and your healthcare team to better understand your condition. We believe more resources are needed to provide empowerment and shared decision-making in pain management.

We are grateful for your partnership. When you join the ACPA, you help fight for people living with pain to be heard, respected, and treated equally. Your membership makes the important work of the ACPA (like this Chronicle) possible, so please consider referring a friend or family member today.

The ACPA wishes you a Wonderful Season!

Sincerely,

Kathy Sapp, CEO
American Chronic Pain Association

HOW TO SUPPORT THE ACPA

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- ❑ Corporate Membership. Email us for pricing: acpa@theacpa.org
- ❑ Consider the ACPA in your Estate Planning: acpa@theacpa.org

IMPORTANT NOTE: STANDARD MEMBERSHIP IS FREE. EVERYONE GETS ACCESS TO ALL RESOURCES!

Before finding the ACPA, I felt isolated and overwhelmed by the challenges of living with pain. In June 2021 I found ACPA's resources, support groups, and encouragement, and I learned practical strategies to manage my condition and reconnect with the activities I enjoy. Most importantly, I discovered that I am not alone on this journey.

The American Chronic Pain Association (ACPA) is a non-profit, 501(c) (3) organization. Our Mission is to facilitate peer support, education, and hope for individuals living with pain conditions. We strive to raise awareness among the health care community, policymakers, and the public at large about issues of living with physical and emotional pain. Our vision is to motivate those with pain conditions to seek quality care, to optimize healthcare office visits, and to prevent chronic disease. Our goal is to provide those with pain conditions the resources needed to make educated and shared decisions with their healthcare provider.

This Summer,



be gentle with yourself,
celebrate small victories,
soak up the good moments,
and remember:

*You are stronger
than you think,
and you are
not alone.*



www.theACPA.org



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American Chronic Pain Association

