

Learning Objectives

MedBridge

Evidence-Informed Assessment and Evaluation of Pain

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Chapter 1: Measuring the Immeasurable

- Current models: Melzack's Neuromatrix and Gifford's Mature Organism models
- Pain as a latent variable that cannot be directly observed – so what are we measuring?
- Are pain and pain-related disability the same thing? What is the association?

Chapter 2: Introducing the concept of Triangulation

- The concept of triangulation – compare to cell towers / navigation
- Will add a little extra bit on why consistent results from 3 tools is statistically good enough, allowing a quick refresher of concepts like positive/negative likelihood ratios and pre/post-test probabilities.

Chapter 3: The Generic 'Go-To' Tools that should be in everyone's toolbox

- The value, perils and pitfalls of Numeric Rating Scales
 - Quick and efficient, single scale tools generally as good as more detailed ones
 - Importance of maintaining consistent anchors
 - (Maybe) Brief discussion of interpreting change
- A detailed Body Diagram
 - Could provide mine
 - Discuss the online interactive versions
- A generic screen of pain and related interference
 - Two primary options relevant for clinical use:
 - The Brief Pain Inventory
 - The Brief Illness Perceptions Questionnaire
- A Region-Specific Functional Scale
 - I like: Neck Disability Index, Roland Morris Low Back Questionnaire, Lower Extremity Functional Scale, Upper Extremity Functional Index. All are in the public domain.
- Describe how results from these tools can then lead into more detailed evaluation

Chapter 4: Key clinical tools for comprehensive pain assessment

- Part 1: Sensory/Discriminative
 - Neuropathic Pain Screening Tools:
 - Types and locations of symptoms (must be in nerve distribution)
 - Allodynia
 - Thermal Hyperalgesia
 - SLANSS
 - Central Neurogenic
 - Widespread sensory hypersensitivity
 - Non-mechanical patterns of pain
 - Paroxysmal symptoms
 - Central Sensitization Inventory
 - If negative on either, look for more mechanical/inflammatory signs
 - Predictable mechanical pattern
 - Local hyperalgesia
 - Response to NSAIDs
- Part 2: Cognitive-Evaluative
 - Pain Catastrophizing Scale
 - Tampa Scale for Kinesiophobia
 - Fear-Avoidance Beliefs Questionnaire
- Part 3: Motivational-Affective
 - Hospital Anxiety and Depression Scale
 - Consider: PHQ-9, IES or PCL
 - May need to save time for discussing psychopathology screening by PTs
 - Can talk about quantifying Pain Behaviors.

Chapter 5: Informed treatment decisions

- Use the cases and their likely positions on the neuromatrix to discuss how comprehensive assessment and evaluation leads naturally into treatment decisions.
- Reinforce the value but also the caveats and responsibilities (esp. with psych tools) that should be considered during screening.