Workshop B: Hands-on pain skills: History and Physical exam

Toronto Boot Camp
John Flannery FRCP(C)

No conflicts of interest to declare

Objectives
At the end of this session participants will be able to:

• Enhance their patient engagement and communication skills
• Elicit a comprehensive pain history which often includes sensitive information
• And perform a qualitative sensory exam to clarify the pain diagnosis

Multidimensional Pain Assessment

7 dimensions (BASED ON DSM-IV):
• Medical etiology of pain
• Medical co-morbidities
• Psychiatric co-morbidities (catastrophizing, passive coping, external locus of control ...)
• Socioeconomic assessment (finances/social support)
• Addiction risk (Opioid Risk Tool score, history of addiction)
• Impact of Pain on Function – BPI

Brief Pain Inventory: Interference Score

ASK ABOUT PAIN QUALITY
• To make an accurate pain diagnosis
• What happens to people who have poorly defined conditions?
• What happens to HCP’s when dealing with patients with poorly defined conditions?

Types of Pain

Neuropathic:
• burning, stabbing, tingling, electric shocks...

Myofascial:
• tearing, pressure can hurt first and then relieve, NOT responsive to medications

Nociceptive:
• worse with motion: symptoms correspond to ‘observable’ tissue damage
Types of Pain

Inflammatory:
- AM stiffness, red/swollen/tender, though CNS inflammation increasingly recognized in experimental chronic pain

“Other”:
- Fibromyalgia (Chronic widespread pain) -- central sensitization, deficient descending pain modulation

Visceral:
- Irritable bowel, interstitial cystitis: common in fibromyalgia, leads to central sensitization

Mixed Neuropathic:
- Ostearthritis, low back pain

Seek and Ye Shall Find:

HI TECH TOOLS:
- Cotton balls
- Safety pin
- Paper clip
- Brush
- Tuning fork
- Warm and cool water
- Your hands

The pain sensory exam by Dr. Pam Squire

Central Sensitization post compression #

Fibromyalgia

Overlaps chronic widespread pain

- Pain is the pivot + sleep problems, fatigue, cognitive changes etc
- Patient must be examined
  - To exclude other physical abnormality
  - # of Tender points not needed -- just show widespread allodynia/hyperalgesia
- Simple blood testing only

Diagnosing FMA: FIRST Score : 5/6 is +.
Sens. 90%, Spec 87%.

• I HAVE PAIN ALL OVER MY BODY
• MY PAIN IS ACCOMPANIED BY A CONTINUOUS AND UNPLEASANT FATIGUE
• MY PAIN FEELS LIKE BURNS, ELECTRIC SHOCKS, OR CRAMPS
• MY PAIN IS ACCOMPANIED BY OTHER UNUSUAL SENSATIONS THROUGHOUT MY BODY LIKE PINNS AND NEEDLES, TINGLING OR NUMBNESS
• MY PAIN IS ACCOMPANIED BY OTHER OTHER PROBLEMS SUCH AS DIGESTIVE PROBLEMS, URINARY PROBLEMS, HEADACHES OR RESTLESS LEGS
• MY PAIN HAS A SIGNIFICANT IMPACT ON MY LIFE, PARTICULARLY MY SLEEP AND MY ABILITY TO CONCENTRATE, MAKING ME FEEL SLOWER GENERALLY
Questions