PMSIG Clinical Pearl for April, 2018

Identifying and Classifying Pain Mechanisms

When a patient's pain is severe, persistent or, for whatever reason, prevents progress with rehabilitation, physical therapists need to identify the underlying mechanisms giving rise to a patient's pain. With this understanding we can explain our findings in patient-specific terms, provide relevant pain education, and form a therapeutic alliance with the patient based on his or her goals and a mutually agreed upon plan.

To help understand a patient's pain presentation, I would like to offer this detailed model, developed by clinical pain scientists from Body in Mind (bodyinmind.org), that identifies and classifies different pain mechanisms. It highlights key factors contributing to a patient's pain experience including pain distribution and duration, mechanical and thermal sensitivities and the role of a patient's mood, behavior and the meaning of pain to a patient. Determining the possible role that these mechanisms play in a patient's pain experience is central to successful treatment. Most, if not all, of these characteristics can be assessed during a subjective exam. This model is also found at:

https://www.bodyinmind.org/wp-content/uploads/General-guide-to-contributingmechanisms.pdf

Here are two additional references on this subject that I highly recommend:

Nijs J, Apeldoorn, Hallegraeff H, et al. Low back pain: Guidelines for the clinical classification of predominant neuropathic, nociceptive or central sensitization pain. Pain Physician. 2015;18(3):333-346.

Wijma AJ, van Wilgen P, Meeus JN, Nijs J. Clinical biopsychosocial physiotherapy assessment of patients with chronic pain: The first step in pain neuroscience education. Physiotherapy Ther Pract. 2016 Jul;32(5):368-84.

This Clinical Pearl was provided by Bill Rubine, MSPT. Bill received his Master of Science in physical therapy from Columbia University in 2001 and has worked at Oregon Health and Science University in Portland, OR since 2007. He specializes in treating patients with complex and long-term pain conditions and is the senior PT at the OHSU Comprehensive Pain Center. He is a popular guest lecturer on the topic of pain in the DPT Program at the University of Washington, Seattle.

In addition to providing this Clinical Pearl, Bill is taking over responsibility of the Clinical Pearl Initiative. Clinical Pearls reflect succinct, clinically relevant information drawn from your experience that can benefit patient <u>care</u>, but may not be found in the medical literature. **Please send your ideas for a Clinical Pearl to Bill at** <u>Rubineb@ohsu.edu</u>.