



Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

President's Message

PAIN SEVERITY

"HOW BAD IS THE PAIN?"

Pain is the response to noxious stimulation or inflammation. The International Association for the Study of Pain (IASP) definition of pain is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage and described in terms of such damage." This actual or potential tissue damage is nociception and is caused by the release of bradykinins, serotonin, protons, and other endogenous agents. Nociceptor (afferent nerve fibers) such as C fibers, A-delta, and A-beta fibers have receptor sites peripherally or on organs that pick up the endogenous agent's data and transmit this data to the spinal cord and up to the brain. The brain receives this data and disseminates it to the limbic system, thalamus, and/or sensory cortex, but what determines how severe the pain response is?

Melzack (1) did a study of women with labour pains. There is a specific beginning and ending to this type of pain and as with all pain, it is significantly variable. Melzack found there was more pain in mothers:

- A. whose babies were heavier,
- B. when the mother was heavier,
- C. who gave birth during the day,
- D. lacked previous pain experience (no coping mechanisms), and
- E. were horizontal rather than vertical (sitting).

The results were obtained by the use of the McGill pain questionnaire (MPQ) (Fig 1). These scores were compared to other MPQ pain scores and a pain rating was obtained (Fig 2). By comparing labour pain, clinical pain syndrome, and pain after accidents the severity of a patient's pain can be better understood. The MPQ measures specific times of severity based upon description of pain. The day-to-day changes of pain may be measured with a visual analog questionnaire (Fig 3).

Just how severe is your patient's pain? It is subjective to that patient only. With the pain rating index (PRI) or an analogue scale, you as the clinician can better understand the severity of a patient's pain and resultantly provide an effective treatment program.

REFERENCE

1. Melzack R. Labour pain as a model of acute pain. *Pain*. 1993;53(2):117-120.

Tom Watson, MEd, PT, FAAPM

President, Pain Management SIG

The PAIN SIG wants YOU!!! PTs and PTAs. The role of the therapist in pain treatment/management is in flux. New discoveries and treatments are occurring constantly. If you treat pain JOIN TODAY. Call Tara at the Orthopaedic Section office.

A bibliography on pain treatment/management is available by calling the Orthopaedic Section. If you have pertinent references please call and add them.

1998 CSM Programming

The PAIN SIG program at CSM Boston 1998 is "Functional Outcomes of Pain Management" on Friday at 8:00-10:00 AM. The speakers are Harriet Wittink MS, PT, OCS and Daniel Carr, MD, FACPM. This will be an exciting and timely presentation. Also Harriet has co-authored with Terry Michaels and published a book geared towards PTs on chronic pain.

The executive committee members of the PAIN SIG are:

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**PLEASE CALL IF YOU WANT TO DISCUSS PAIN
OR ANY ITEM RELATED TO THE PAIN SIG.**