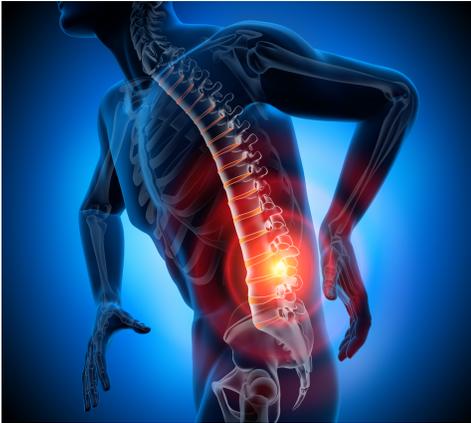


Spine Management Report

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Pain Categories



The diagnosis of causally related bodily injury requires strict attention to findings on physical examination and MRI. The categorization of the SOURCE of pain is important since that gives us the ability to predict response to care and the possibility of permanency. In a recent paper by Shriam et al, (2022) the authors stated, “Persistent musculoskeletal pain is a global health issue.” (pg 1)

They continue by reporting, “Operationalization of a treatment approach for musculoskeletal conditions that target specific pain mechanisms requires agreement of a feature, or more likely a cluster of features, which can identify the probable underlying mechanisms.” (pg 1) Access to care with a timely diagnosis

of pain mechanism is important to ensure the patient is set on a proper care path.

The authors continue by stating, “The International Association for the Study of Pain (IASP) identifies 3 main pain mechanism categories to explain, pain (nociceptive, neuropathic, and nociplastic pain...), but there is considerable debate whether or how these mechanisms can be identified and differentiated from each other. (pg 1) The diagnosis and management of the source of pain is important and working with a clinician that is aware of HOW the pain is being generated after an injury is critical to proper care.

The paper concludes, “This study identified, for each pain mechanism category, the features that are most agreed upon by panelists.” (pg 5)

1: “Unique features achieving greatest consensus for nociceptive pain were as follows: responsiveness to NSAIDs, 71%; signs of inflammation, 67%; and predictable pain recovery based on expected time of tissue recovery, 65%. These features are unsurprising as they likely present in an acute injury, with clear relevance of nociceptive mechanisms.

2: “For neuropathic pain, unique features achieving greatest consensus related to nerve damage (eg, neurologically plausible distribution of pain, characteristic signs/symptoms such as numbness, and diagnostic tests confirming nerve damage).” (pg 15)

3: “For nociplastic pain, the most agreed unique features were as follows: diffuse, widespread, or poorly localized pain, 82%; generalized hypersensitivity, 71%; and multiple somatic symptoms (eg, fatigue, memory/concentration/sleep disturbances), 65%. (pg 15)

It is important to be able to categorize the character and source of pain in an injured patient in order to provide them with evidence-based treatment. Working with a provider that understands the current research related to pain is critical to thorough patient care.



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