

**Evaluation of a Patient in Pain**

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**Treating Pain Is Easy**

- Measure Pain
- Treat Pain
- Problem Solved

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**Barriers to Treatment**

- Knowledge
- Regulation
- Bias

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## Pain Assessment

- Onset and duration
- Location/distribution
- Quality
- Intensity
- Aggravating/relieving factors
- Associated features or secondary signs/symptoms
- Associated factors
  - mood/emotional distress
  - functional activities
- Treatment response

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## Pain Assessment Scales

**Verbal Pain Intensity Scale**

No pain | Mild pain | Moderate pain | Severe pain | Very severe pain | Worst possible pain

**Visual Analog Scale**

No possible pain | Worst pain

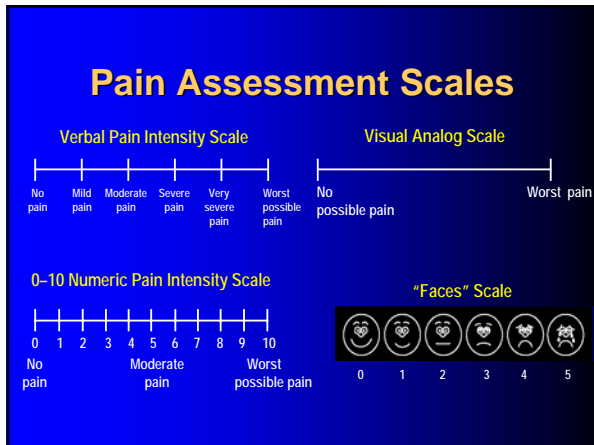
**0-10 Numeric Pain Intensity Scale**

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

No pain | Moderate pain | Worst possible pain

**"Faces" Scale**

0 1 2 3 4 5



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## Descriptions of Pain

- **Sensations**
  - burning
  - paresthesia
  - paroxysmal
  - lancinating
  - electriclike
  - raw skin
  - shooting
  - deep, dull, bonelike ache
- **Signs/symptoms**
  - allodynia: pain from a stimulus that does not normally evoke pain
    - thermal
    - mechanical
  - hyperalgesia: exaggerated response to a normally painful stimulus

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## Psychosocial Assessment

- Current psychiatric symptoms
- Past psychiatric history
- Current mental status evaluation
- History of addictive disease
- Change in social function
  - Work
  - Family and relationships
  - Recreation
- Medical legal status

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## Chronic Noncancer Pain

- Pain behavior disproportional to injury
- Persists well beyond expected healing
- Numerous fruitless diagnostic interventions
- Biomedical model fails to correct

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## Chronic Pain Impairment

- Sleep
- Sexual function
- Vocational function
- Avocational function
- Role identity

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## Disability Evaluation

- Often subjective
- Little formal training
- Interferes with patient advocacy
- Provider variability
- Based on right to compensation
  - Enables dysfunctional behavior

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## What Are the Goals of Clinical Assessment?

- Achieve diagnosis of pain and underlying disorder
- Identify pain mechanism
- Evaluate functional status (ADLs\*)
- Identify comorbid conditions
- Evaluate psychosocial factors
- Set goals
- Develop a targeted treatment plan
- Determine when to refer

\*ADLs: activities of daily living

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## Summary

- Ethical and moral
- Under treated pain is unacceptable especially when it happens to you
- Team approach requiring the efforts of all practitioners

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