

PAIN MANAGEMENT SPECIFIC PHYSICAL FINDINGS

PAIN HISTORY DONE
NEUROLOGICAL EXAM DONE
SPINAL PAIN CATEGORIZED
BY STRUCTURE
SACROILIAC JOINT
RADICULOPATHY
NEUROPATHIC PAIN
MYOFASCIAL PAIN

SET THE STAGE

- Reassure patients:
 - You take their pain seriously
 - You understand their need for treatment
 - You believe their report of pain and distress



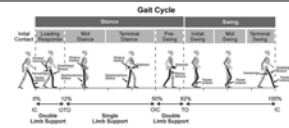
INSPECTION

- Expose the patient
- Inspect posture
 - Hyper-lordosis or Hypo-Lordotic
 - Kyphosis
 - Scoliosis
- Observe core musculature



STATIC STANCE GAIT

- Assess balance
- Base of support
- Arm swing
- Trunk and shoulder rotation
- Note circumduction of either leg when walking



POSTURE

- Posteriorly rotated pelvis
- Lordosis (anteriorly rotated pelvis)
- Kyphosis (thoracic and/or cervical)



PAIN BEHAVIORS

- Guarding, grimacing, and bracing behaviors indicative of movements that cause pain
- Observing for depressed affect, compliance issues with medications, lack of response to treatments
 - May have emotional or spiritual needs



PALPATION

- Palpation of cervical and lumbar muscles
- Area of focus pain
- Palpation of myofascial trigger points



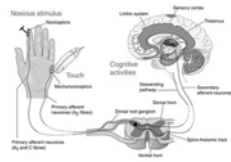
RANGE OF MOTION

- Passive ROM of cervical and/or lumbar
- Flexion
- Extension
- Facet loading maneuvers



SENSORY EXAM

- Light touch
 - **Aβ fibers**
- Abnormal findings:
 - Hyperesthesia or Anesthesia
 - Increased LT without pain
 - Allodynia
 - Increased LT with pain
 - Indicates central or peripheral sensitization/neuropathic pain

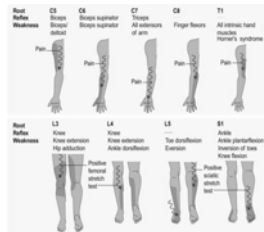


SENSORY EXAM

- Pinprick/Cold
 - C fibers
 - May have peripheral neuropathy (stocking glove pattern)
 - Dermatomal may mean radiculopathy



MOTOR EXAM



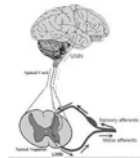
DEEP TENDON REFLEXES

- Focused hyporeflexia may mean radiculopathy
- Diffuse hyporeflexia may indicate diffusely dysfunctional PNS
- Hyperreflexia - UMN



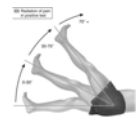
UPPER MOTOR NEURON SIGNS

- Hoffman's sign
- Clonus
- Babinski sign (up going first toe)
- Hyperreflexia (increased reflexes)



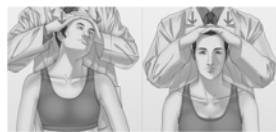
STRAIGHT LEG RAISE

- Supine with both legs straight
- Examiner lifts straight the affected leg by flexing at the hip
- Positive when leg sx reproduced with leg raised to a hip angle >30 degrees
- May indicate radiculopathy



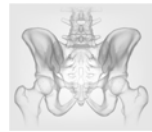
SPURLING'S TEST

- Maneuver used to assess nerve root pain
- Turn head to affected side while extending and applying downward pressure
- May indicate cervical radiculopathy



SACROILIAC TESTS

- Difficult to diagnose with imaging
- Often based on history and physical exam combined with diagnostic injections
- SI dysfunction much more common than Sacroiliitis
- Several specific tests



SI DISTRACTION TESTS



- Patient lies supine legs straight
- Apply pressure laterally on both ASIS creating distraction of SI joint
- Suggests SI pathology



SACROILIAC COMPRESSION TEST



- Patient lies with affected side up and knees flexed
- Downward compression to the affected ASIS
- Positive if reproduction of pain in low back or gluteal region



FABER OR PATRICK'S SIGN



- Patient supine and places foot of affected side on opposite thigh
- Downward pressure to the affected knee and unaffected ASIS
- Flexion Abduction External Rotation (FABER)



GAENSLER TEST



- Supine w affected side on edge of exam table
- Unaffected leg is bent at the hip and knee maximally flexing the leg against the abdomen and chest
- Examiner brings the affected hip into hyperextension applying light downward pressure to the knee
- Pain with this test implies SI pathology



THIGH THRUST



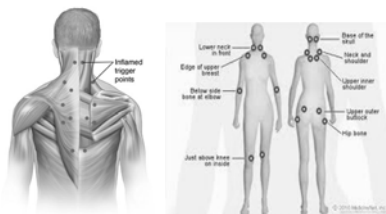
- The patient lies supine with affected side hip flexed 90 degrees
- The pelvis is stabilized at the opposite ASIS with the hand of the examiner
- Provides steady pressure through the axis of the femur



FOCUS ON ISSUES THAT DON'T RESPOND TO INVASIVE INTERVENTIONAL OR SURGICAL TREATMENTS

MYOFASCIAL PAIN
FIBROMYALGIA
HYPERALGESIA
WADDELL'S SIGNS
OVERRIDING PSYCHOLOGICAL CONDITIONS

MYOFASCIAL TRIGGER POINT FIBROMYALGIA HYPERALGESIA



- Palpate target areas for tender nodules in skeletal muscle fibers



WADDELL'S SIGNS

- 1st described by Gordon Waddell
- 40-year-old article published in Spine
- Used primarily for back pain assessment
- 5 categories
- 3 or more out of 5 means that there is less likely a physiologic cause of the pain
- May need more focus on psychological or emotional aspects of pain



TENDERNESS

- To superficial palpation which produces inappropriate pain responses
- See trigger point responses
- May also be result of myofascial pain, fibromyalgia, or hyperalgesia associated with opioid use (OIH)



SIMULATION

- Tested by axial loading or rotation of the lumbar spine



DISTRACTION

- Comparing sitting straight leg raise results with lying straight leg raise



REGIONAL

- Non-dermatomal deficits
- Collapsing or "give away" weakness



OVER-EXAGGERATION

- Inappropriate response – excessive or inappropriate grimacing, groaning, or collapsing during a simple request



OVER-RIDING PSYCHOLOGICAL CONDITIONS

- DEPRESSION
- ANXIETY
- PTSD
- PSYCHOSIS
- PERSONALITY DISORDERS



There are 3 levels of pain:
Pain, excruciating pain, and
stepping on a Lego.



QUESTIONS?