

INTRODUCION TO SPORTS THERAPY

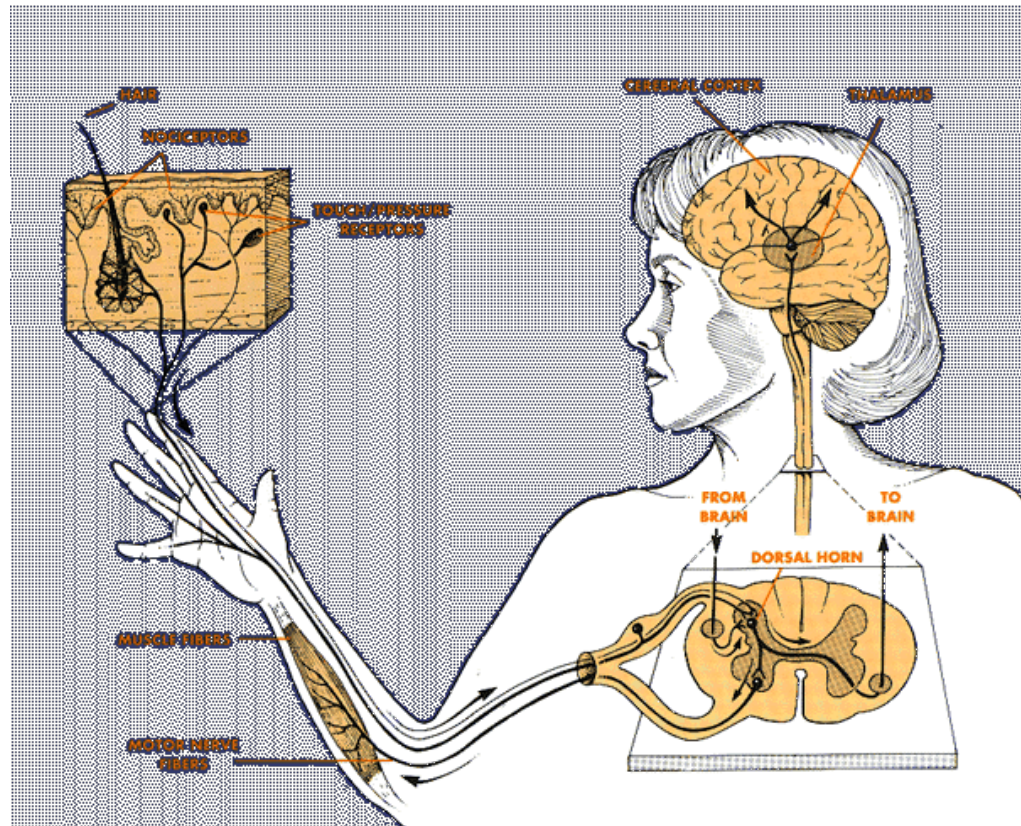
Pain - The entrée

By the end of this session students should be able to:-

- Understand types of pain
- Display knowledge of the physiological approach to understanding complex pain
- Start the process of clinically reasoning the some aspects of pain and their links to pathology

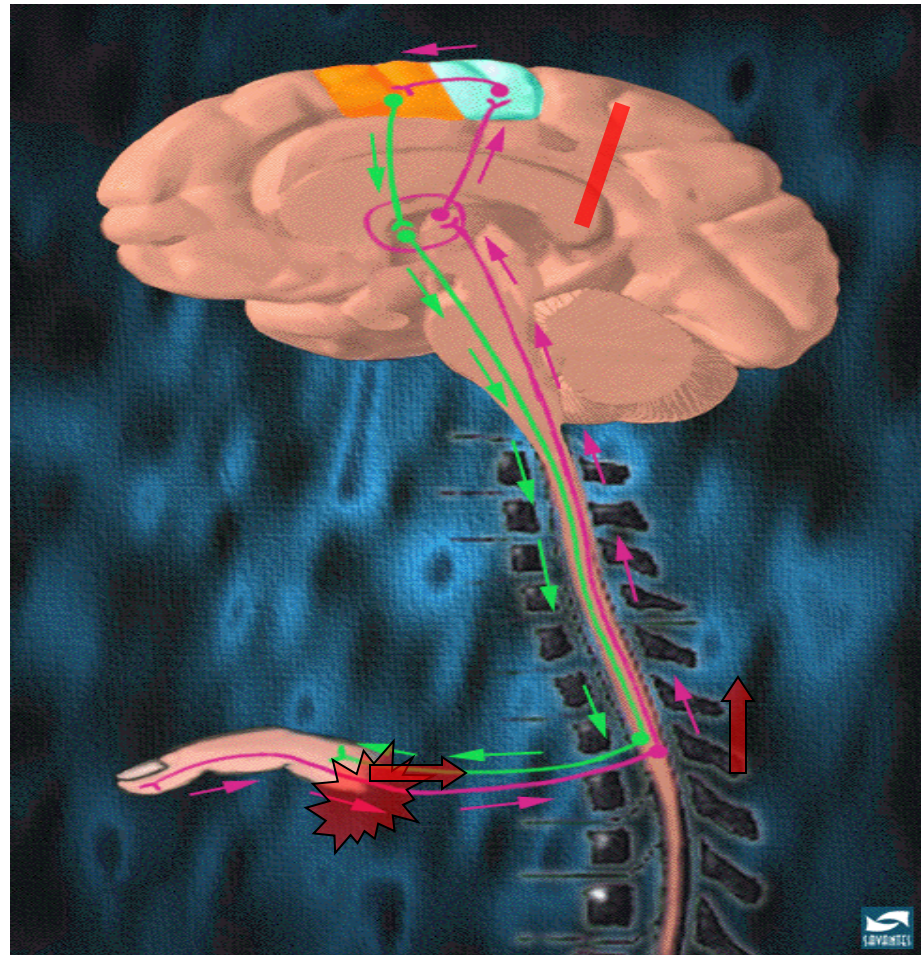
Physiology of Pain

- Nociceptors
- Stimulus Transmission
- Termination
- Modulation



Physiology of Pain

- Multiple
- Redundant
- Reciprocal
- Complex



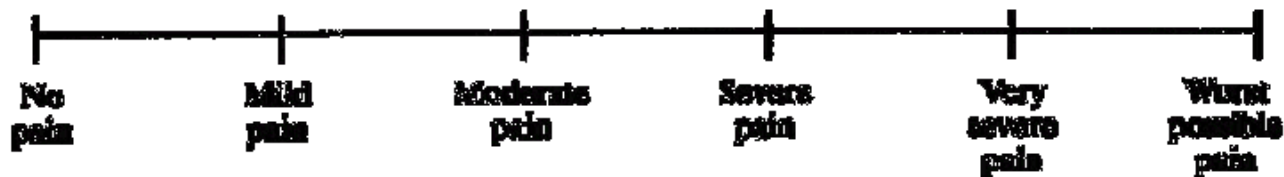
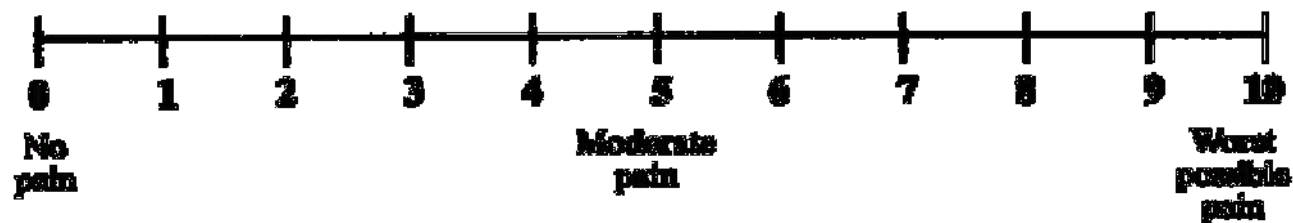
Assessment of Pain

- Immediate Pain
- Physical Functioning
- Psychological Factors
- Pain Behaviors
- Objective Correlates

Assessment: Immediate Pain

- Intensity
- Location
- Affective Response
- Composite Measures

Assessment: Scales



Assessment: Physical Fx.

- Impairment
- Functional limitation
- Disability

Assessment: Pain Behaviour

- Observation
- Role of learning

Composite Pain Scales

- Attempt to measure one or more dimensions of the pain experience

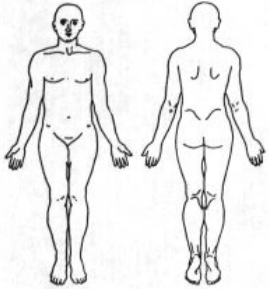
McGill Pain Questionnaire

Patient's Name _____ Date _____ Time _____ am/pm

PRI: S _____ A _____ E _____ M _____ PRI(T) _____ PPI _____
 (1-10) (11-15) (16) (17-20) (1-20)

1 FLICKERING QUIVERING PULSING THROBBING BEATING POUNDING 2 JUMPING FLASHING SHOOTING 3 PRICKING BORING DRILLING STABBING LANCINATING 4 SHARP CUTTING LACERATING 5 PINCHING PRESSING GNAWING CRAMPING CRUSHING 6 TUGGING PULLING WRENCHING 7 HOT BURNING SCALDING SEARING 8 TINGLING ITCHY SMARTING STINGING 9 DULL SORE HURTING ACHING HEAVY 10 TENDER TAUT RASPING SPLITTING	11 TIRING EXHAUSTING 12 SICKENING SUFFOCATING 13 FEARFUL FRIGHTFUL TERRIFYING 14 PUNISHING GRUELLING CRUEL VICIOUS KILLING 15 WRETCHED BLINDING 16 ANNOYING TROUBLESOME MISERABLE INTENSE UNBEARABLE 17 SPREADING RADIATING PENETRATING PIERCING 18 TIGHT NUMB DRAWING SQUEEZING TEARING 19 COOL COLD FREEZING 20 NAGGING NAUSEATING AGONIZING DREADFUL TORTURING PPI 0 NO PAIN 1 MILD 2 DISCOMFORTING 3 DISTRESSING 4 HORRIBLE 5 EXCRUCIATING
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BRIEF	RHYTHMIC	CONTINUOUS
MOMENTARY	PERIODIC	STEADY
TRANSIENT	INTERMITTENT	CONSTANT



E = EXTERNAL
I = INTERNAL

COMMENTS:

FIGURE 10.2. McGill Pain Questionnaire. The descriptors fall into four major groups: sensory, 1 to 10; affective, 11–15; evaluative, 16; and miscellaneous, 17–20. The rank value for each descriptor is based on its position in the word set. The sum of the rank values is the pain rating index (PRI). The present pain intensity (PPI) is based on a scale of 0 to 5. Copyright 1975 Ronald Melzack.

Assessment: Objective Indicators

- Ex.
Electromyography



“Well, Phil, after years of vague complaints and imaginary ailments, we finally have something to work with.”

Categorisation

- Acute versus Chronic
- Is it following normal healing physiological levels

Acute Pain

- Not just time
- Clearer association
 - Subtypes (ex. Recurrent?)
- “nociceptive pain”

Chronic

- Association?
- Types
 - By presumed etiology
 - Neurologic pain
 - Ideopathic
 - By course

Psychological v Physiological Pain

- Psychological vs. Physiological & Medical Distinction
 - No difference on
 - Pain measures
 - Intensity
 - Type
 - Level of disability

Psychological pain

- “Pain specifically attributable to the thought process, emotional state, or personality of the patient in the absence of an organic or delusional cause or tension mechanism.”

Treatment of Pain



Treatment of Pain

- Physiological
- Pharmacologic
- Psychological
- Other somatic treatments
 - Electrotherapy
 - Acupuncture
- Importance of Multimodal
- Surgery?!?!?

Behavioural Txs

- Relaxation
- Biofeedback
- CBT
 - Focus
 - Goals

Multidisciplinary Pain Treatment

- Different levels
- Features included

Comorbid Problems

- Depression
- Anxiety