

Terminology

Allodynia	Pain due to stimulus that does not usually cause pain
Analgesia	Absence of pain in response to a stimuli that should be painful
Anaesthesia Dolorosa	Pain in an area/region that is anaesthetic
Causalgia	Burning Pain, Allodynia + Hyperpathia after a traumatic nerve lesion (CRPS)
Central Pain	Pain associated with a lesions @ CNS
Dysaesthesia	Unpleasant sensation - formication (a feeling of ants crawling on the skin)
Hyperaesthesia	Increased sensitivity to stimulation
Hyperalgesia	Increased response to stimulus that is normally painful
Hyperpathia	Painful syndrome - increased reaction to stimulus - repetitive
Hypoaesthesia	Decreased sensitivity to stimulation
Hypoalgesia	Diminished pain in a normally painful stimuli
Neuralgia	Pain in the distribution of a nerve

Types of Pain

Nociceptive	Stimulation of superficial or deep tissue pain receptors from tissue injury/inflammation
Neurogenic	Pain caused a primary lesion/dysfunction in the peripheral/central nervous system - due to inflammation, trauma/degenerative
Psychogenic	Pain without discernible injury - real and distressing to the patient, look at yellow flags

The Pain Gate

Close gate & decrease pain	Open gate + Increase Pain
Comfortable Furniture	Inactivity/deconditioning
Heat/Cold	Poor/restrictive sleep
Pacing	Drug + Alcohol dependence
Adequate rest	Nicotine
Massage	Trying to do too much too quickly
Acupuncture	Difficult Relationships
TENS	Social Isolation
Manipulation	Stress
Medication	Persistent Worry
Diet	Negative Outlook, catastrophising
Relaxation	Hopelessness/worry
Direct, rewarding communication	Suppressing Emotions
Humour	Depression/anxiety
Pleasurable Activities	Focusing on pain
Relaxation/mediation/prayer	Surgery
Optimism/positive outlook	Trauma
Setting Realistic Goals	Structural and functional MSK faults
Affirming of self	

The Pain Gate (cont)

Surgery

Postural + functional Correction

Pain Management

Patients in pain want to know:

What the problem is

Whether it's serious and what's going on

Be relieved of their pain

General Medication use

Mild Pain - Paracetamol 1g four times a day for at least 72 hours

Mild-Moderate pain that is not responding to paracetamol - Ibuprofen 400mg three times a day with meals + 1g of paracetamol. Kidney, Liver, Gastric Ulcer, Heart disorders, asthma should **not** take ibuprofen or other NSAIDs

If painkillers dosage not relieving pain - Increase Ibuprofen to 800mg three times a day, only for two days, Could use Ibuprofen cream instead

If still not relieving pain - Continue with ibuprofen, but Change paracetamol to co-codamol (8mg/500mg) 2 tablets 4 times a day

FOR SHORT PERIODS ONLY

Fibromyalgia

- Widespread pain (LBP possible radiation to buttocks, legs and pain in the neck and across shoulders (coat hanger pain))

- Fatigue

- Sleep disturbances

- Morning Stiffness

- Paraesthesia

- Feeling of swollen joints (no swelling seen)

- Problems with cognition

- Headaches

- Lightheadness/dizziness

- Fluctuations in weight

- Anxiety and depression

- Worse in cold, humid weather and stress

Classifications

- Rule out other disorders (hypothyroidism + inflammatory arthritides)

- Widespread pain involving both sides of the body, above and below the waist as well as the axial skeleton, for at least three months **AND**

- Presence of 11 tender points among the nine pairs of specific sites



Management

- Explanation + reassurance
- CBT
- Magnesium malate
- Rehab - walking, swimming, cycling
- Gentle myofascial release
- Strength Training
- Fibromyalgia impact Questionnaire (FIQR)
- Refer to GP for management of pain - Paracetamol, tramadol, antidepressants (amitriptyline/other tricyclics)

C

By **Siffi** (Siffi)
cheatography.com/siffi/
ko-fi.com/siffi7625

Not published yet.
Last updated 30th June, 2020.
Page 3 of 3.

Sponsored by **Readab**
Measure your website
<https://readable.com>