



Use of Pain Assessment Tools in Physiotherapy

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Introduction

Pain is a universal concept; however, the experience is unique from person to person. Pain is a subjective term that an individual describes and experiences. Pain has its meaning and is produced out of the complex interactions of body, mind, and culture. Pain can be interpreted differently from individual to individual depending on the time and place where that person is [1].

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage [2]. Pain is described as acute or chronic. Acute pain is experienced for short time (two weeks) due to trauma while chronic pain last longer than three months and is associated with injury to tissues or nerves.

There are four factors that commonly affect pain expressions: Location, Duration, Intensity and Etiology. The location is the place where the pain occurs. Duration is the time that pain lasts, and is classified as chronic or acute. Intensity tells how severe the pain is. It is usually measured through a pain scale from zero to ten. The patient's rate themselves. Usually, four to six is considered as a moderate level, and above seven is considered to be severe pain [3].

Etiology means the reason for the pain. Etiology can be divided into nociceptive pain, somatic pain, and neuropathic pain. Nociceptive pain is experienced when a proper functioning nervous system sends a signal of a tissue damage requiring proper care. Somatic pain originates from the skin, muscle, bone or connective tissue. It is a sharp sensation or aching. Due to illness neuropathic pain occurs within malfunctioning nerves [3].

Pain assessment tools

Pain assessment is important to evaluate efficacy of pain treatment [4-6]. There are two types of pain assessment tools available, self-report and 'observational or behavioral' for those who cannot self-report.

Self-report

Self-report pain assessment tools are- Visual Analogue Scale, Numerical Rating Scale, Verbal Descriptor Scale, Numerical Descriptor Scale, Wong Baker smiley faces and McGill Pain Questionnaire etc.

Behavioral

When self-report tools are not sufficient, behavioral tools are utilized. They are: Critical Care Pain Observation Tool, Abbey Scale,

Pain Assessment IN Advanced Dementia, Faces, Legs Arms and Crying Consolability etc.

Pain assessment tools and Physiotherapy

Physiotherapists are being criticized for more than 20 years for not using evidence based pain assessment tools.

Many authors claim that practicing physiotherapists should critically evaluate treatment effectiveness, based on scientific evidence [7,8].

According to Krebs [9], physiotherapists should use reliable and valid assessment tool, to prove accuracy of their contribution towards patient treatment. Almost all patients who seek physiotherapy treatment have pain. For a treatment to be effective and accurate, it is important for a physiotherapist to measure pain [10].

Because of the large emotional component, pain is a subjective experience and, for the physiotherapist, it is the patient's perception of pain that must be taken into account [11].

Patient's feeling of pain changes depending on physiological or psychological state at that time, and they might not often identify its decrease while being treated by physiotherapist [11,12]. Liggins [10] stated that pain assessment is divided into subjective and objective methods. In subjective method patient himself explains pain feeling which is then recorded, and in objective methods, pain is measured indirectly. In both methods pain is recorded. According to him though, assessment and measurement of pain is still not used routinely by physiotherapists, but obviously it's becoming a trend in their practice.

Turner [13] showed that physiotherapists use evidence based methods of assessment and most of them utilize POMR system for documentation. But around one fourth of them did not perform reassessment of pain.

Ferreira et al. suggested that pain justifies belief of functional incapability and limitation of these patients [14].

Researchers have proved that physiotherapy students have improved in their pain understanding and knowledge. According to Colleary et al., physiotherapy students improve in their pain knowledge from 45% to 79% after three days lecture using NPQ score [15]. Similarly Cox et al. demonstrated that, NPQ scores increased from 41% to 84% in physiotherapy students after 3 hour lecture [16].

According to Henderson et al., physiotherapists in pediatric clinic also measure pain in children using Faces Pain Scale and the Numeric Pain Rating Scale [17]. But, still none of the scale is considered universally satisfactory. Thus it can be concluded that Physiotherapists attitude towards pain in children are positive and compassionate.

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