

PAIN & DISABILITYSM

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Piriform Syndrome

Measurement of Pain

Measurement of pain and human reaction to pain remains the greatest challenge to clinical practice. Objectivity, as compared to subjectivity, is uppermost in the mind of the diagnostician and, failing to find an objective basis of pain production, becomes a source of frustration.

Chronic pain localized in the lumbosacral area undoubtedly has an emotional component and all patients presenting with these complaints must have a psychologic evaluation to determine any magnification of the pain claimed by the patient. Intervention, in many instances, must be psychologic as well as an attempt at eradicating or modifying the structural basis of pain.

The tests employed by practicing psychologists and by numerous pain clinics have their proponents and are too numerous to list and to evaluate here.

Patient pain drawing is a valuable diagnostic tool. By this technique the area of pain is clarified and is modified by descriptive shading or marking. Such a test facilitates communication otherwise obstructed by language barrier, educational differences, and discrepancy of medical terminology. In patients who are prone to magnify or even falsify their symptoms for whatever gains they see, the organicity or reasonableness of the symptoms is documented.

Pentothal interviews are also valued but used in a different concept of interview. In the somnolent state, as the patient is lightened from the induced hypnotic state (by way of intravenous pentothal), movements that induced pain in the wakeful state are performed and the patient's reaction noted. Authenticity of the symptom is given if there is the same response as invoked in the wakeful state, but emotional exaggeration is considered if there is a significant difference. All the precautions in using anesthesia are required so this cannot be performed as an office procedure.

The Minnesota Multiphasic Personality Inventory (M.M.P.I.) is a well-established profile evaluation of a person's personality. Its abuse as well as improper use must be avoided, but complete reliance or infallible interpretation cannot be assumed. The M.M.P.I. categorizes the patient at the time of the test but does not necessarily characterize that patient at the time of initial occurrence of illness or injury.

The Social Readjustment Rating Scale is also a valuable adjunct to evaluation of a patient. The time of disease or injury occurrence has been shown to relate to personal, social, vocational, and economic changes in the patient's life. High stress versus low stress are thus evaluated and may cause an insight into causation of the disability.

Personal interview by a competent and trained psychologist is highly desirable early in the intervention of the illness. When properly invoked, not only accurate diagnosis but also therapeutic intervention results.

The patient with chronic pain is entitled to have thorough medical evaluation to fully evaluate all the organic aspects of the symptoms, and the patient complaining of symptoms of pain must also be evaluated. Only in all of these aspects can total care of the patient with low back pathology be fully evaluated and treated.

