

Pain

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Lecture 2

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4th stage

Contents

1. History of patient with pain
2. Clinical examination
3. Investigation



History of patient with pain

1. Chief complaint:

Ask pt what is their main symptoms? Like, weakness, numbness, speech difficulty

_ clarify the onset, duration, progression

2. History of present illness: chronological approach

- Onset: sudden, acute, gradual, stepwise
- Course: progressive, relapsing_ remitting, static

- Severity: impact on daily life
- Aggravating or relieving factors
- Associated symptoms; headache, dizziness, visual changing, hearing problem, speech difficulty, sensory changes, weakness, tremor, seizure, bladder& bowel changes, cognitive& behavioral changes.

3. Past medical history

- Previous neurological insults(stroke, meningitis, head injury, seizure...), chronic diseases(DM, HT..), hospitalization.

4. Drug history

- Current medications, including; over-the-counter, herbal, illicit drugs,
- Drugs allergy

5. Family History

- Neurological conditions(epilepsy, migraine, MS, inherited neuropathy, dementia)

6. Social History

Occupation(exposure to toxin, heavy metals), smoking, alcohol, recreational drugs.

7. Developmental History

If child; birth perinatal Hx(prematurity, birth trauma, neonatal jaundice), delay milestone(motor, speech, social), vaccination state.

Physical Examination

- The goal is to (localize) the source, understand, characteristics of pain & identify any associated signs that may help to diagnosis
- Basic steps of examination:
 1. By history: location, onset, duration, characteristic, radiation, severity, relieving & aggravating factors.
- * Inspection: swelling, redness, bruising, deformity, muscles wasting, scars, asymmetry, guarding, altered posture

Physical examination(continue)

- * Palpation: start away from the painful area& move closure, tenderness, warmth, swelling, mass, pulses if limbs pain.

Diagnosis of patients with pain

1. Clinical diagnosis: depending on clinical examination:

MicMurray's (Knee), straight leg rising test(back pain), Neer- Hawkins test(shoulder impingement)

2. Diagnostic tests: chosen based on suspected cause

* Blood tests: infection, inflammation(CBC, ESR, CRP, RhF, widal test, rose bangal test,.....)

Diagnosis(continue)

- Urine& stool exam.; for abdominal & pelvic pain.
- XR; for bone related pain.
- US; for abdominal, pelvic, soft tissues pain.
- CT& MRI; for soft tissues, spine, brain, internal organs.
- NCS& EMG; for nerve related pain.