

Examination & Diagnosis in Pain Management

Pain management may be appropriate in cases where pain is severe and disabling, with psychological consequences and where no treatment has been shown to be useful.

However, the biological part of the biopsychosocial assessment should not be forgotten. Even at this stage it is important not to miss possible diagnoses and treatment.

The Consultant Review

When people come to a Pain Management Unit, they may have been referred by a number of different clinicians. Some clinicians may not be aware of the various diagnoses underlying some pain syndromes and so recognisable conditions can be missed.

It is important to have a review by a suitable clinician, such as a spinal surgeon, orthopaedic surgeon or consultant pain management anaesthetist in any cases which have never been checked. During the assessment process for pain management, a person should be referred back to any of the above if a diagnosis is suspected which is either important or potentially treatable.

Typical diagnoses

Low Back Pain is one of the commonest diagnoses in people referred to pain management, and it is important to eliminate specific diagnoses which could in some cases be treated. Often you will come to a pain management specialist after you have been through the mill of orthopaedic and spinal specialists. At that stage we can be relatively certain that important and treatable conditions have been considered and excluded.

Within low back pain there are differing diagnoses. One is [facet joint syndrome](#).

Pain management specialists look at your condition to see if there are any targets in your body they can aim their therapies at. They can do different kinds of injection blocks, prescribe drugs for particular pain types and perform interventions such as inserting spinal cord stimulators. They may also decide that there is little to add to your medical management and either discharge you (with your agreement) or refer you to a pain management team.