

# Understanding Back Pain

## Pain Rating Scales

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Pain represents a subjective experience. It is an important consideration in spinecare. There are various resources and tools which healthcare professionals can use in an attempt to qualify and quantify pain. The assessment of pain helps to gauge the progression of disease and to evaluate the results of treatment. Proper evaluation of pain provides valuable insight as to its effects on a patient's ability to function with daily activities.

The evaluation of pain includes localization of the pain and obtaining a description of the pain. Functional questionnaire such as the visual analog pain scale and pain disability indexes can greatly help the attending physician. These tools help evaluate for various complications associated with acute or chronic pain. There are elements of a pain which can be measured. These elements include behavioral, depression and anxiety states. The economic impact of pain should be considered.

In order to be effective the resources used to measure and record pain should be simple to administer, easy to understand and they must be proven to be valid in prior studies. Tests must be both sensitive and reliable.

The most common method healthcare professionals use to assess and record pain is the history. Most patients retain fairly accurate recall of specific pain experiences. Healthcare providers may use single dimensional scales and tools such as the visual analog scale (VAS). The VAS scale is on a form which is given to the patient. The patient then is asked to grade their pain and record their response on a scale from 0-10 with 0 representing no pain and 10 representing the worse imaginable pain. This is quantified on either a horizontal or vertical type scale on the form. This is a valid tool for assessing patients over 7 years of age. The patient may be asked to repeat the process at various times throughout their care. Some healthcare providers may use an expanded scale of 0-100. This can be confusing to some patients.

The attending healthcare provider may use a Verbal Numerical (Rating) Scale (VRS) which uses essentially the same type of scale as the VAS. The VRS is easier to use on a visit by visit basis because it involves a simple verbal process. The VRS is considered by some to be more superior to the VAS for evaluating the effects of analgesics on acute pain. The VRS is sensitive to gender and ethnic differences. It is also limited by the choice of words used by the examiner. The patient may use descriptive words which have to be interpreted by the attending healthcare professional. Another tool similar to the VAS/VRS is the Present Pain Intensity Scale (PPIS).

Additional Pain assessment tools include multi-dimensional resources such as a pain diary, pain drawings and the McGill Pain Questionnaire. The short McGill Pain Questionnaire is useful for the evaluation of post-operative patients. The evaluation of pain in children is typically more challenging than in adults. In the 2-6 year old age group face drawing can be helpful. Facial expressions may also be assigned to VAS forms to assist examiner interpretation.

The measurement of pain becomes more reliable when correlated with other more objective findings such as physical performance and daily task assessment.