

Functional Pain Questionnaire

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Objective

The purpose of this study is to assess if patients understand how to rate their pain better with the visual analogue scale, or if they understand how to rate their pain better if we associated the rating with function.

Reason for New Approach

- Inconsistent subjective interpretation to pain.
- Personal and cultural beliefs affecting pain responses.
- Simple uni-dimensional assessment does not fully capture how pain affects function.

Results

- Mixed Results: 4/18 patients reported more pain when asked with the Functional Pain Questionnaire. 6/18 patients rated that their pain was lower when asked with Functional Pain Questionnaire. 8/18 people rated similar ranges with both pain scales.
- 17/18 reported improved understanding on how to rate their pain when using Functional Pain Questionnaire.
- 1 patient reported that both pain scales lack of specificity of which activities should be used to assess their pain levels.

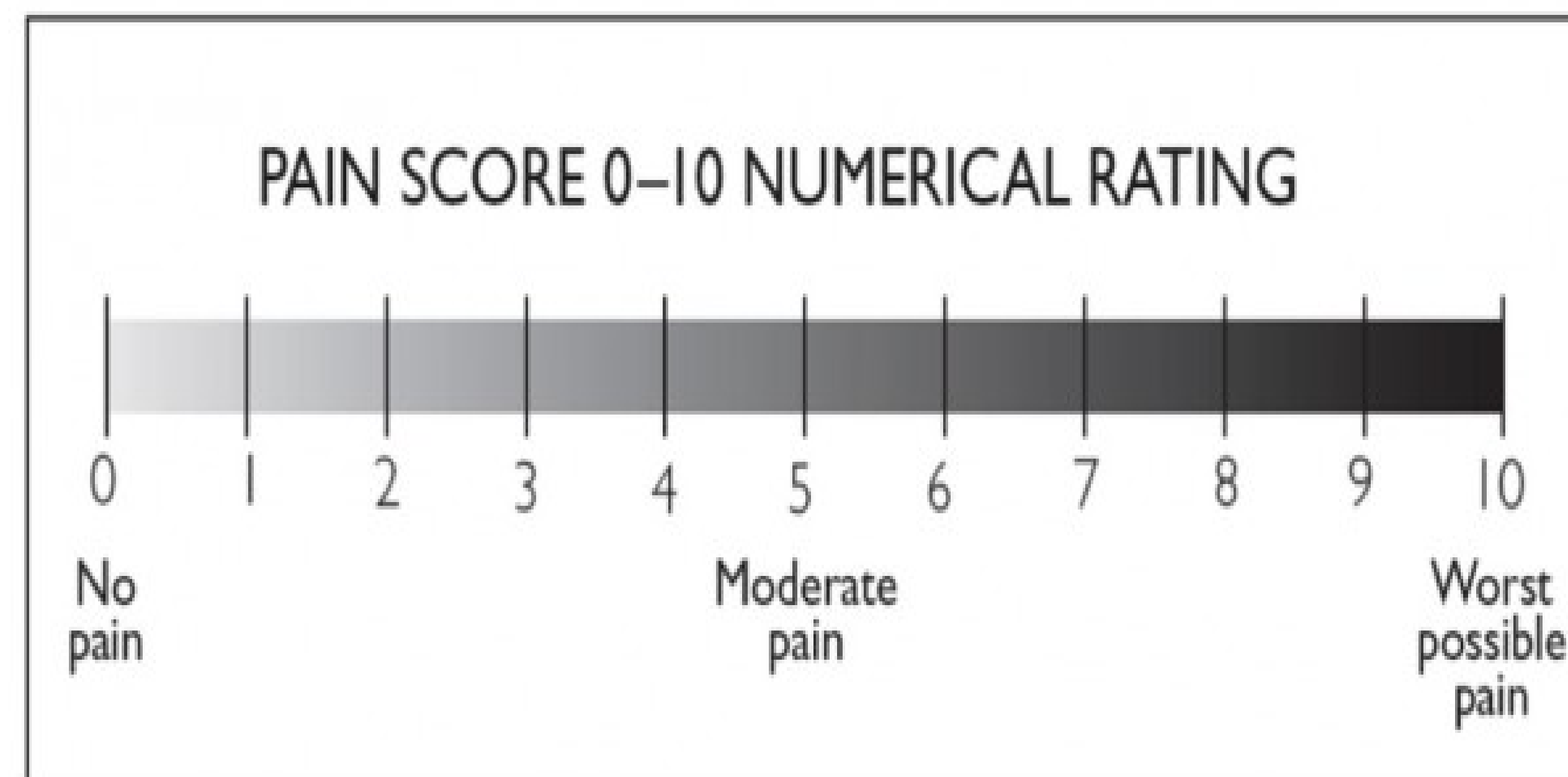
Conclusions

Clinical importance: Pain scales with defined numeric increments help both the patients and the practitioner understand the level of severity that pain is affecting the patients that they are seeing, understand what the patient is able to push themselves to do, and recommend appropriate functional goals related to the severity of pain to meet functional gains. However, more data would be needed to standardize the Functional Pain Questionnaire.

Methods and Materials

- 18 patients, convenience sample.
- Inclusion criteria: Pain as one of their symptoms, patients who are coming in for initial evaluation. Patients were initially verbally asked to rate their pain of the prior week using the Visual Analogue Pain Scale. Afterwards, the patients were then asked to rate their pain again using the following functional pain questionnaire.

Visual Analogue Scale



Functional Pain Questionnaire

"0"		0-No pain
"1"		1-3 Presence of pain with activity but it does not interfere with the activity.
"2"		
"3"		
"4"		4-6 Pain present with activity, patient pays attention to it, but is able to complete the activity.
"5"		
"6"		
"7"		7-9: Pain is present with activity, however pain prevents completion of the activity.
"8"		
"9"		
"10"		10: Patient would not even attempt to initiate the activity.

Discussion and Recommendations

- Assessment of how pain affects function only captures part of a holistic approach to affect pain management during the rehabilitation process.
- Patient reported outcomes and understanding an individuals' values and beliefs are areas that continues to require further analysis.
- Analysis of whether a person is experiencing a healthy pain or unhealthy pain is beneficial in order to educate if it is okay to perform an activity; and also enable the practitioner to modify treatment approaches during treatment course.
- Numeric scales without definition does not adequately capture a person's perception of pain and how pain affects the individual.

Limitations

- Rating pain overall does not fully capture a person's response to pain.
- No concrete activity to match pain with function.
- Have to rely on qualitative interviews to capture full picture of how pain affected an individual's function.

References

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