

Identification of Painful Tissue Orthopaedic Examination DX 612



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Generalized Pain Description

- Joint pain may be constant dull, deep ache but sharp upon motion
- Muscle pain may be a dull ache, crampy or spasm sensation
- Trigger points may be localized with pin point pain or diffuse with poor localization and paresthesias (formication)











Generalized Pain Description

- Nerve pain may be:
 - Constant
 - Burning and or hot
 - Sharp pain without movement
 - Stabbing or lightning-like
 - Tingling and/or numbness











Generalized Pain Description

- Ligament pain may be a burning, dull or a deep ache but it may be referred to scleratomes
- Bone pain may be a deep burning or dull sensation
- Vascular pain is usually a throbbing sensation











Pain/Tenderness Grading Scale

- 0 = no pain
- 1 = pain with palpation
- 2 = pain and wincing with palpation
- 3 = pain, wincing and withdrawal from palpation
- 4 = will not permit palpation
 Cipriano











Cervico-thoracic Pain

Differentiate the types of tissues that may be involved with a chief concern of neck and upper back pain...













Osseous Pain

Deep, burning, or dull pain













Osseous Pain

Grade Three Sprain with Avulsion





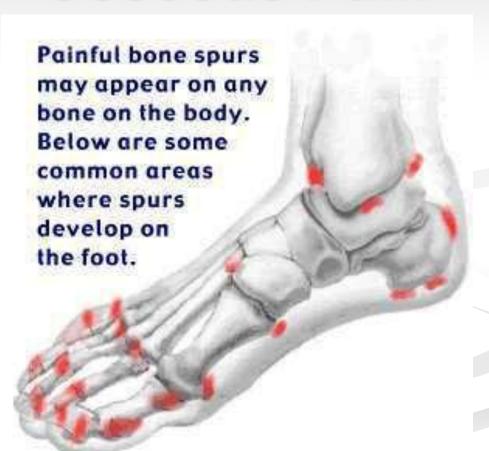








Osseous Pain













Spinal Muscle Pain





The spine is surrounded by many muscles and ligaments which give it great strength





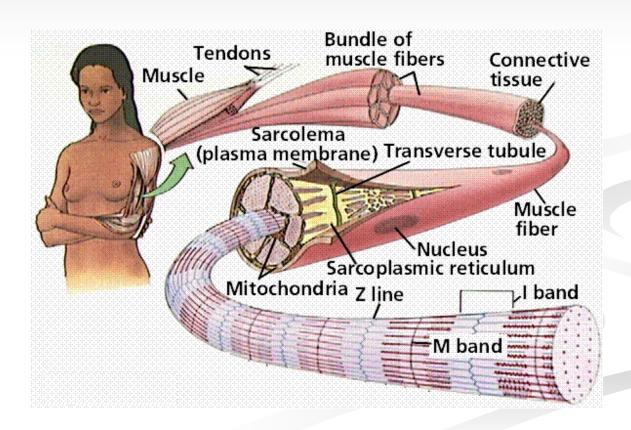








Muscle Anatomy





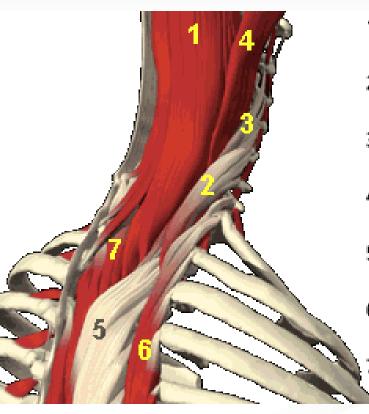








Cervical Musculature



- Semispinalis Capitus (head rotation/pulls backward)
- Iliocostalis Cervicis (extends cervical vertebrae)
- Longissimus Cervicus (extends cervical vertebrae)
- Longissimus Capitus (head rotation/pulls backward)
- Longissimus Thoracis (extension/lateral flexion vertebral column, rib rotation)
- Iliocostalis Thoracis (extension/lateral flexion vertebral column, rib rotation)
- Semispinalis Thoracis (extends/rotates vertebral column)

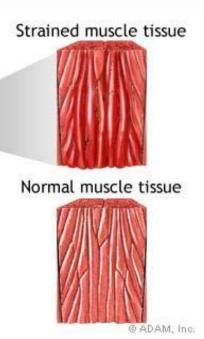


NERSITA POF MCM B DGEPO

Strain of Middle Trapezius Muscle

- Crampy pain
- Knot
- Spasm pain
- Dull ache

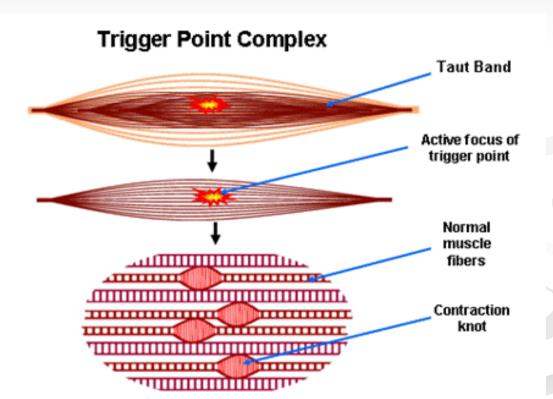








Myofascial Trigger Point







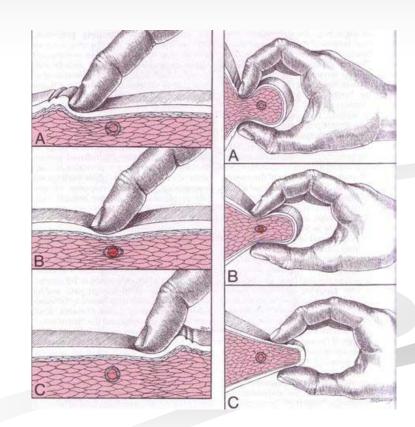






Myofascial Trigger Point

- Localized pain with palpation
- Active trigger point may produce referred pain













Myofascial Local Pain

Pin point pain over paraspinal tissue trigger point









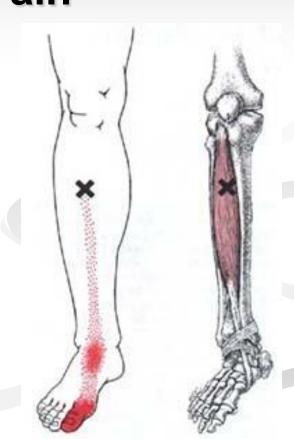




Myofascial Pain & Dysfunction Referred Pain

- Specific referenced muscle referral zones
- Anterior tibialis trigger point refers to the dorsum of foot and large toe

Travell and Simons







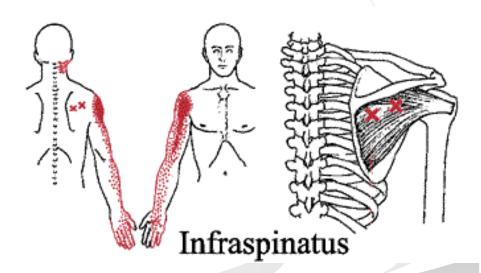






Myofascial Pain Syndrome Referred Pain

- Paresthesias
- Crawling sensation (formication)
- Dull or deep ache
- Myotogenous
- Myotomal

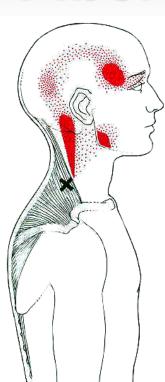






Myofascial Referred Pain Upper Trapezius Fibers

- Headache
 - Temporal
 - Cervicogenic
- Tension neckache
- Angle of jaw pain

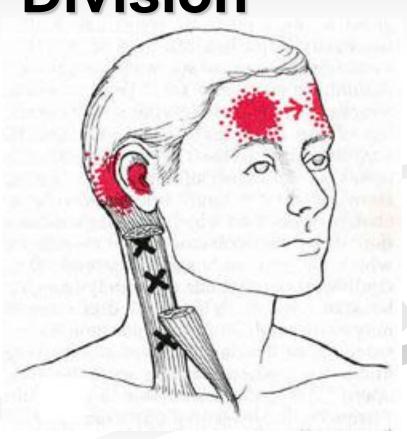






Sternocleidomastoid Muscle Clavicular Division

- Tension headaches
- Atypical facial neuralgia
- Cervicocephalgia









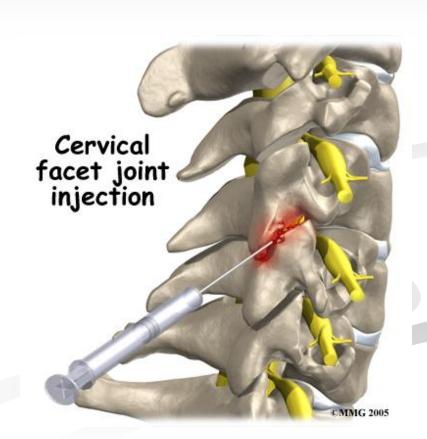




Joint Pain Zygapophyseal or Facet Joint

- Sharp pain on motion
- Constant dull or deep ache

Dwyer, April, Bogduk







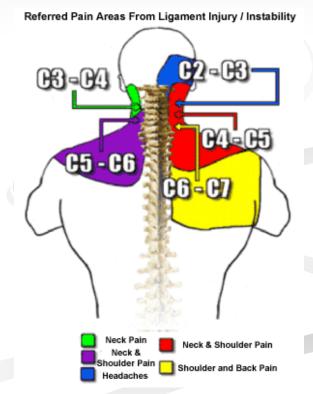






Ligament Pain Scleratogenous Pain

Resembles
 radiating pain but it
 is a referred deep,
 dull ache









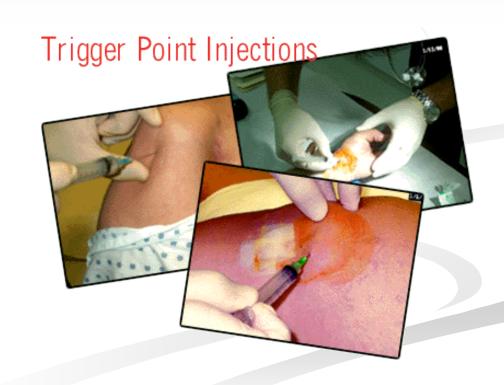




Scleratogenous or Myofascial Triggers

- Diffusely referred and hard to localize
- Deep and achey quality

Kellgren & Feinstein







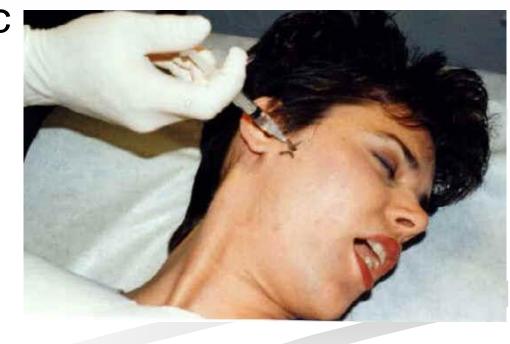






ProlotherapyLigament Regeneration Therapy

 May relieve chronic pain related to scleratogenous origin and improve joint function with hypermobility due to lax ligaments







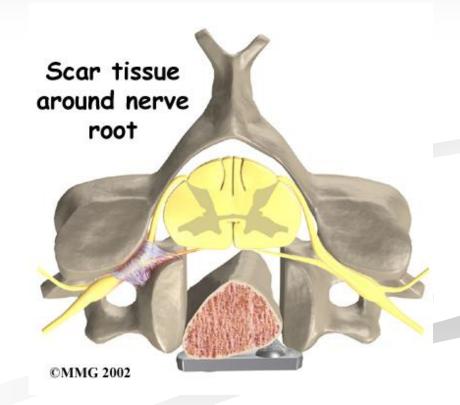






Nerve Pain

- Burning and/or hot
- Tingling and/or numbness
- Nerve root tension signs







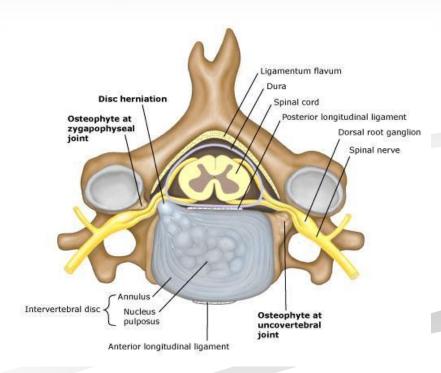






Neuropathy Nerve Root Compression

- Sharp pain but not on motion
- Radiating pain
- Cervical compression tests

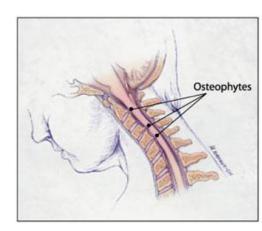


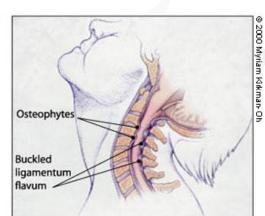




L'Hermitte's Sign Nerve Pain

Stabbing or lightning-like pain









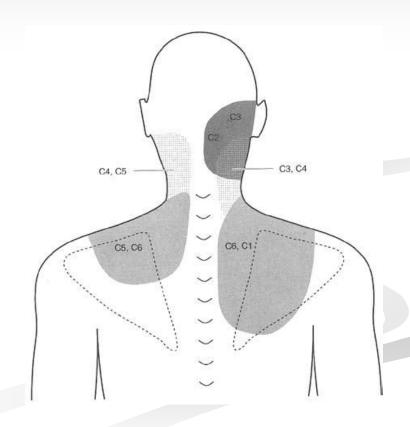






Cervicogenic Cephalgia

Head pain that is referred from the bony structures or soft tissues of the neck is commonly called "cervicogenic headache."







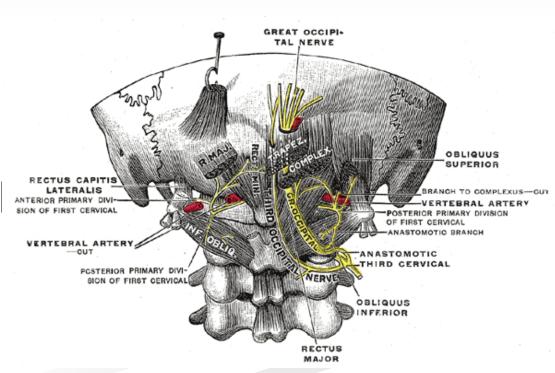






Cervicogenic Headaches Neurogenic

- Neurogenic
- Occipital neuralgias
- Greater Occipital
 (2nd Cervical)
- Third Occipital







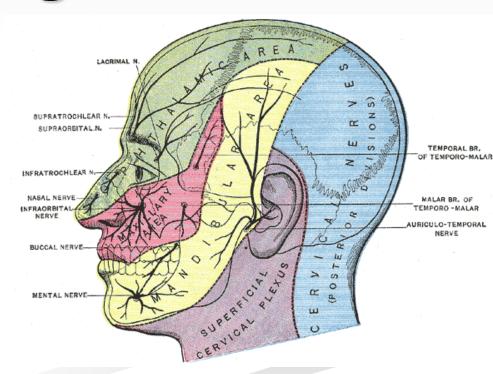






Cervicogenic Headaches Neurogenic

DifferentiateCranial andOccipitalneuralgias







Cardiovascular Pain Angina

Chest pain with exertion that settles within a few minutes with rest

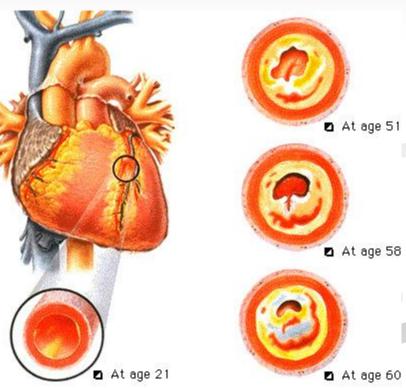






Cardiovascular Pain Myocardial Infarction

 Heaviness or tight chest pain possibly including upper posterior thoracic spine, throat and arm that does not settle within 20 minutes











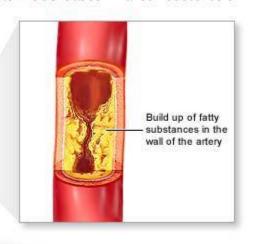


Arteriosclerosis Intermittent Claudication

 Cramping pain in lower extremities with exertion that is relieved with rest or relaxing



Arteries become narrowed and blood flow decreases in arteriosclerosis









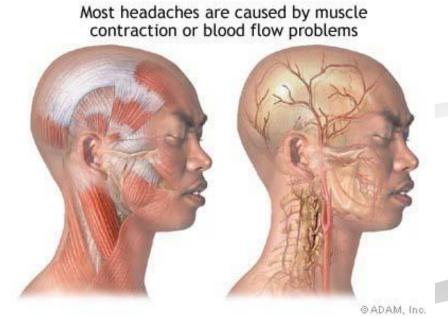






Vascular or Muscle Cephalgia

Tension headache is the most common primary headache and accounts for 90% of all headaches.







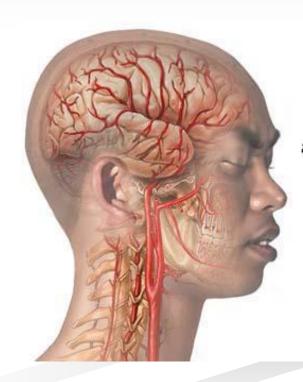






Vascular Pain Migraine and Cluster Headaches

- Neurovascular headaches are the second most common primary headaches.
- Throbbing pain



Blood vessel abnormalities are a component of vascular headaches such as migraines and cluster headaches

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Headache Differential Diagnosis

Headaches

Sinus: pain is behind browbone and/or



pain is in and around one eye



Tension: pain is like a band squeezing the head



Migraine:

pain, nausea and visual changes are typical of classic form



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Secondary Headache

Secondary headaches are caused by other medical conditions, such as sinusitis, neck injuries or abnormalities, and stroke. About 2% of headaches are secondary headaches caused by abnormalities or infections in the nasal or sinus passages.



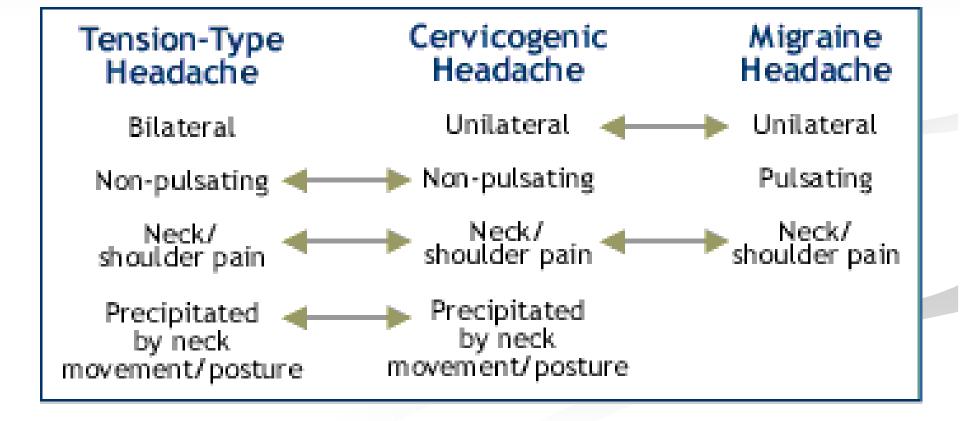








Differential Diagnosis













Cerebrovascular Cephalgia

- The worst headache ever...
- Unrelenting pain
- Unable to sleep
- Nausea, numbness, nystagmus
- Dizziness, diplopia, drop attack, dysarthria, dysphagia









FAST Testing Protocol

- Face = smile, stick out tongue
- Arms = raise arms and check for drifting
- Speak = able to converse, no confusion
- Treatment = Call 911 and arrange for ambulance











CVA or TIA

- Take vital signs
- Orthopedic testing, manipulation and myofascial treatments are contraindicated
- Do not leave the patient until ambulance arrives
- Do not treat patient with any manual methods