

PAIN

~30% OF STROKE SURVIVORS WILL EXPERIENCE PAIN

Pain can present in the following forms:

- **MUSCULOSKELETAL** e.g. Hemiplegic shoulder
- **NEUROPATHIC** e.g. Complex Regional Pain Syndrome(CRPS)
- **CENTRAL** e.g. Central Post-Stroke Pain

IDENTIFICATION

Early detection and monitoring of pain using valid measures is an important part of management.

CLINICAL SIGNS OF NEUROPATHIC PAIN (CRPS) INCLUDE:



Pain and tenderness over finger joints



Sensitivity to stimuli



Trophic skin changes

CLINICAL SIGNS OF CENTRAL POST STROKE PAIN INCLUDE:



Hypersensitivity



Hemi body pain and sensory loss



Increased pain with changes in temperature and emotion

RECOMMENDATIONS

MUSCULOSKELETAL PAIN

- Joint protection strategies (positioning/support both at rest and during activities) are key in early/flaccid stage.
- Health care staff, patients and families should be taught safe patient handling techniques early on.
- Gentle ROM and mobilization techniques especially to increase shoulder external rotation/abduction
- Electrical stimulation NMES/Tens should be considered based upon patient presentation.

NEUROPATHIC PAIN

- Gentle mobilization (active or passive) for prevention of complications
- Mirror therapy
- Early course of oral corticosteroids

CENTRAL PAIN

- Medications - Low dose centrally acting analgesics (may take time to find right ones)
- Team approach - consistent messaging/approach to treatment

A consistent team approach to prevention and monitoring is key to successful pain management.