

Mechanism-Based Diagnoses of Musculoskeletal Pain

Nociceptive

- Is pain usually intermittent and sharp with movement or mechanical provocation? Is it described as a constant dull ache or throb at rest?
- Is pain localized to the area of injury or dysfunction with or without some somatic referral?
- Is the pain clearly and proportionately mechanical and anatomic relative to aggravating and easing factors?
- Is there an **absence** of pain variously described as burning, shooting, or electric-shock like?
- Is pain not associated with other dysesthesias (eg, "pins and needles," heaviness)?
- Is there an **absence** of night pain or disturbed sleep?
- Does the patient report an **absence** of analgic (ie, pain relieving) postures or movement patterns?

Peripheral Neuropathic

- Is there a history of nerve injury, pathology, or mechanical compromise?
- Is the pain referred in a dermatomal or cutaneous distribution?
- Is there pain or symptom provocation with mechanical or movement tests that move, load, or compress neural tissue?

Central Sensitization

- Is the pain disproportionate to the nature and extent of injury or pathology?
- Is there a disproportionate, nonmechanical, unpredictable pattern of pain provocation in response to multiple/nonspecific aggravating/easing factors?
- Is there a strong association with maladaptive psychosocial factors (eg, negative emotions, poor self-efficacy, maladaptive beliefs, and pain behaviors)?
- Are there diffuse or nonanatomic areas of pain or tenderness on palpation?