



Managing Pain and Spasm

There are two main types of pain that occur with SCI.

Approximately two thirds of SCI clients suffer from chronic pain and about one third suffer from severe pain. Pain can affect the way the person experiences their life. In order to effectively treat pain it is important to understand the origins of the pain. Pain management often includes an array of different psychological, pharmacological and hands-on treatment modalities.

There are two main types of pain: **nociceptive** and **neuropathic**.

Nociceptive pain (associated with non nerve tissue) can be broken up into two categories: musculoskeletal or visceral. It is usually felt above the level of the SCI injury or in areas where you have normal or near normal feeling, often occurring close to the damaged area. Nociceptive pain may be sharp, dull or aching.

Musculoskeletal pain (originates in the skeleton, muscles or joints) may be caused by the trauma or inflammation often associated with wear and tear; posture, muscle imbalance or muscle overuse. Unfortunately a sufferer may experience chronic musculoskeletal pain i.e. pain that lasts for months or even years.

Visceral pain (originates in the soft internal organs or intestines) may be caused by kidney or bladder stones, intestinal irritation or overloading, sphincter trauma or spasm. Headaches including those associated with autonomic dysreflexia are also in this category.

Neuropathic pain (associated with direct damage to the spinal cord or nerves). This pain may occur either: above the level of SCI, at the level of SCI or below the level of SCI. It may be sharp, burning, stinging or shooting.

Above-level pain may be caused by compression of the nerves in non-paralysed areas of the body or by complex regional pain syndromes.

At-level pain may be caused by either: compression of the nerve roots; cord trauma or death; cyst formation in the cord (syringomyelia) or a combination of the above. Even though this pain may be felt in the legs, hands or abdomen it is not usually caused by problems in these areas but because of damage in the spinal cord at the site of the original injury.

Below-level is pain experienced by spinal cord trauma or death. Below-level pain is often an indication that there is something wrong in the body like a urinary tract infection (UTI).

Psychological factors

- Psychological factors – the way we think and behave when we have pain – are very important when dealing with pain
- Feeling grumpy, irritable or depressed is a natural response to pain and suffering. It is important to remember this because sometimes pain can be difficult to treat with medication alone – we need to also treat our psychological reactions to help us reduce, control and cope with pain better.

How can my pain be managed?

- Sometimes it isn't easy to treat pain and many different types of treatment may need to be tried
- Pain is an individual experience, and so what works for one person may not necessarily work for you
- Medications are not always the answer – all medications have potential side effects
- You should avoid excessive use of drugs such as codeine, endone and morphine as these can be addictive and can also cause severe constipation
- You should also avoid using illegal drugs or excessive alcohol to cope with the pain.

Some common treatments for pain:

- “Hands-on” treatments such as:
 - Massage
 - Hot or cold packs (monitor closely due to sensation alterations)
 - Muscle stretching or strengthening
 - Ultrasound
 - Electrical stimulation.
- Simple medications such as paracetamol or anti-arthritis medications may be prescribed by your local doctor
- Psychological management such as:
 - Relaxation
 - Meditation
 - Special techniques and ways of thinking about the pain can be very helpful in controlling pain.



Spasm

What are spasms?

Spasms are involuntary, reflex movements of various parts of your body that occur after SCI at or above T12/L1.

Spasms occur because your reflexes cannot be controlled properly by the brain. The messages that the brain would normally send down the spinal cord to stop the reflexes from working cannot get past the injured area. The reflexes become uncoordinated, spasms occur and the limb moves in a jerky, uncontrollable way.

What causes spasms?

- Spasms usually occur in people with spinal cord injuries above T12/L1 vertebrae
- Touching, movement, pressure or pain can be enough to start a spasm and then it may be difficult to stop
- Spasms can occur at any time but are often worse first thing in the morning.

How can my spasm be managed?

Living with spasms and learning how to control them can be difficult. However, spasms can be useful for reasons such as improving your circulation, maintaining your muscle bulk and performing particular movements with your limbs.

Problems with spasm include:

- Difficulty performing certain activities (like transfers or doing self-catheters)
- Difficult sitting or lying comfortably
- Pressure areas from excessive friction
- Loss of mobility of joints.

Some common treatments for spasm

Your physiotherapist may be able to help with:

- Active and passive limb movements
- Lying on your stomach
- Stretching the affected muscles.

Your medical specialist may be able to help by:

- Prescribing medications that can be taken orally (by mouth)
- In some cases, injecting medications directly into the muscle
- In severe cases, inserting a device that will continually pump medications into the fluid surrounding your spinal cord
- As a 'last resort', performing surgery.



Further information

For information regarding simple pain management techniques, contact:

- Contact ParaQuad NSW
Freecall: **1800 424 096** (outside metropolitan Sydney)
Clinical Services Intake/Information Officer
..... **.02 8741 5674**
- A member of the Spinal Outreach Service (SOS)
..... **.02 9334 0400**
- Your physiotherapist
- Your occupational therapist
- Your local community health nurse
- Your psychologist

Pain Clinics

- Prince of Wales Outpatients Clinic
..... **.02 9382 0410/0400**
- Royal North Shore Pain Management
and Research Centre
..... **.02 9926 7676**

For information regarding hands-on management of spasm, contact:

- Contact ParaQuad NSW
Freecall: 1800 424 096 (outside metropolitan Sydney)
Clinical Services Intake/Information Officer
..... **.02 8741 5674**
- A member of the Spinal Outreach Service (SOS)
..... **.02 9334 0400**
- Your physiotherapist

For information regarding medications for pain and spasm, contact:

- Your local doctor or specialist