

DISTRIBUTION

Pain confined to a discrete area of the back

Segmental distribution

Peripheral nerve distribution

Spreading but none of the above

DURATION

> 3 months

MEANING & MOOD

Depression (eg HADS, Beck)

Catastrophising (eg PCS)

Inaccurate conceptualisation (eg PKQr)

Fear of reinjury (eg FABQ)

Primary nociceptive

Nerve root

Peripheral neuropathic

CNS adaptation
Other efferent systems

Psycho-social

MECHANICAL SENSITIVITY

Repeatable, predictable mechanical provocateurs passive or physiological

Unpredictable provocateurs, multiple areas sensitive

Brush-evoked allodynia

THERMAL SENSITIVITY

Heat \uparrow s pain or mechanical sensitivity

Cold \uparrow s pain or mechanical sensitivity

BEHAVIOURAL SENSITIVITY

Flare-up delayed for day(s)

Unpredictable or not closely tied to mechanical or biomechanical context

Pain modulated by mood or social context

Some general guides for interpretation of a comprehensive assessment, with regard to identifying contributions to a pain state from nociceptive and non-nociceptive domains. Patterns are consistent with contribution of biological mechanisms (primary nociceptive, nerve root (also dorsal root ganglion-evoked nociceptive discharge), peripheral neuropathic and central nervous system, immune, autonomic and endocrine contributions). Psychosocial contributions clearly have their effect on the CNS but are not biological contributions. PCS = Pain catastrophising scale; PKQr = Revised pain knowledge questionnaire; FABQ = Fear avoidance beliefs questionnaire.