Use of a Pain-Coping Assessment to Enhance the Understanding of Pain in Individuals with Physical Disabilities

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Introduction

Understanding the experience of pain in children and youth with physical disabilities has been identified as an important factor in predicting function later in life. Pain is often underreported because of its pervasive and chronic nature, so the prevalence may be unclear. As part of an institutional initiative to improve chronic pain assessment, a pain-coping measure was implemented to supplement current pain assessment within the James R. Gage Center for Gait and Motion Analysis.

Materials and Methods

The Child Self Efficacy Scale was administered in conjunction to current pain assessment tools (Pediatric Outcome Data Collection Instrument and Gillette Functional Assessment Questionnaire) to consecutive individuals seen for 3-D gait analysis in 2016.

Results

Data Completion Rate: 90% (427/473)

Cohort by Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP</td>
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<tr>
<td>Ortho</td>
<td>77</td>
</tr>
<tr>
<td>Neuro</td>
<td>51</td>
</tr>
<tr>
<td>Myelo</td>
<td>19</td>
</tr>
<tr>
<td>Genetic</td>
<td>24</td>
</tr>
</tbody>
</table>

CSES vs. Age

R² = 0.23; R = 0.48

CSES vs. PODCI

R² = 0.23; R = 0.48

CSES vs. FAQ (freq pain limits walking)

CSES vs. GMFCS

Conclusions

1. Despite the presence of pain, most individuals have good ability to cope with pain.
2. Ability to cope with pain is similar across age, GMFCS level, and the extent to which pain limits walking ability.
3. Understanding how children and youth cope with pain may help identify those at risk for challenges with pain management after intervention.

This work is supported in part by the Transformative Practice Award from AACPDM.