

Quantitative Evaluation of the Functional Status of Individuals with Poly-Trauma history over 2 years and with Persistent Chronic Pain after Spinal Injection Intervention, according to the AMA Guides, Sixth Edition

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Purpose

The objective was to study the functional status of individuals with poly-trauma history over two years and with persistent chronic pain (CP) after spinal injection intervention using responses from the Pain Disability Questionnaire (PDQ), a quantitative assessment for rating pain-related impairments (PRI) by the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition.

Method

From an outpatient rehabilitation clinic, 100 outpatient subjects with poly-trauma history over two years completed the Self-Administered Co-morbidity Questionnaire (SCQ) after Spinal Injection procedure(s). 30 subjects (19 men and 11 women) were asked to complete the PDQ. The PDQ (maximum score 150) has two factors: Functional Status (FS); and, Psychosocial Status (PS) and were sub-categorized in PRI severity. Physical Performance Tests (PPT) scores (6-Minute Walk Test, Berg Balance Scale, & Dynamic Gait Index) were also recorded.

Results

The 30 subjects identified unrelenting chronic pain after spinal injection intervention(s) consisting of: 12% at cervical neck, 44% lumbar, and 44% at more than one spinal region. 80% of the individuals had three or more spine interventions, 15% two procedures, and 5% with one procedure. The PDQ results revealed: 0% mild; 30% moderate; 60% severe; and, 10% extreme PRI. 61% of the total PDQ score (range 55-78%) was due to FS of the Poly-trauma individuals with persistent pain status post spinal injection. The FS/PS in relationship to total PDQ score remained consistently high when separated based on PRI and on number of spinal procedures, and there was little disparity in physical performance status.

Conclusions

These findings suggest that both the physical and psychosocial complexities should be considered together in evaluating the PRI of subjects with a spine impairment, which, regardless of severity and number of procedures, results in significant loss. Further research on the FS & PS correlations to decreased PPT scores would be beneficial.