LOCALIZED NEUROPATHIC PAIN SCREENING TOOL

This Screening Tool facilitates your daily practice, as it:

- Focuses on chronic pain patients
- Facilitates the diagnosing of Neuropathic Pain
- Allows for specifying Localized Neuropathic Pain as a type of Neuropathic Pain
### Screening Questions *

#### Presenting Complaint: Pain

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Does the patient’s history suggest a relevant nerve lesion or disease?</td>
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<td>2. Is the pain distribution neuroanatomically plausible?</td>
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<td>3. Does the neurological examination reveal any negative or positive sensory sign in the area of the presumably lesioned nerve?</td>
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<tr>
<td>4. Is the most painful area circumscribed and smaller than an A4 paper?</td>
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- **3 x yes** → at least probable Neuropathic Pain
- **4 x yes** → at least probable Localized Neuropathic Pain

*also see detailed algorithm on page 7*
### 1. HISTORY
Does the patient’s history suggest a relevant nerve lesion or disease?

<table>
<thead>
<tr>
<th>Three common examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Post-herpetic neuralgia</strong></td>
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<tr>
<td><strong>Metabolic diseases</strong></td>
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<tr>
<td><strong>Traumatic nerve lesion</strong></td>
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</table>
2. ANATOMY

Is the pain distribution neuroanatomically plausible?

Painful symptoms and sensory alterations

- Greater occipital n.
- Lesser occipital n.
- Great auricular n.
- Anterior cut. n. of neck
- Axillary n. (circumflex)
- Post. cut. n. of arm
- Lower lat. cut. n. of arm
- Med. and lat. cut. n. of forearm
- Post. cut. n. of forearm
- Iliohypogastric n.
- Lumbar and sacral postrami
- Ulnar n.
- Radial n.
- Median n.
- Post. cut. n. of thigh
- Lat. cut. n. of thigh
- Lat. cut. n. of calf
- Sural n.
- Superficial peroneal n.
- Lat. calcaneal n.
- Sural n.
- Supraclavicular n.
- Med. cut. n. of arm
- Lat. and med. cut. n. of forearm
- Iliohypogastric n.
- Llioinguinal n.
- Lumbo-inguinal n.
- Dorsal n. of penis
- Scrotal br. of perineal n.
- Obturator n.
- Intermediate cut. n. of thigh
- Saphenous n.
- Med. plantar n.
- Med. calcanean n.
- Med. and lat. plantar n.

Innervation territories of peripheral nerves

Dermatomes
3. TESTS: SENSORY EXAMINATION

Does the neurological examination reveal any negative or positive sensory sign in the area of the presumably lesioned nerve?

- **Touch**
  - Q-tip (cotton swap)

- **Pinprick**
  - Safety pin
  - Toothpick

- **Vibration**
  - Tuning fork 128 Hz

- **Cold/Heat**
  - NaCl bottle in fridge / water tubes / reflex hammer / stethoscope

- **Pressure**
  - Syringe / Pencil
  - Monofilament

Start testing with a body region which is located far away from the painful body regions (e.g. hand in case of pain/symptoms in feet and contralateral limb or region in unilateral lesion) as baseline.

Test area = area of maximum pain as indicated by the patient (if < A4 paper = localized pain)

Repeat every stimulation three times

Grade response as normal, decreased or increased (quantitative response)

Ask the patient immediately after the last of each stimulation to rate the pain by using the 4-item pain scale
- 0 = no pain/ discomfort to touch
- 1 = uncomfortable but tolerable to touch
- 2 = painful
- 3 = extremely painful, patient cannot stand touching
4. SIZE OF PAINFUL AREA
Is the pain area circumscribed and smaller than an A4 paper?

FURTHER ETIOLOGICAL TESTS MAY BE CONSIDERED

In case of a progressing disease, please refer immediately to a specialist without waiting for laboratory test or images.

Consider previous medical treatments as possible etiologies for NP:
- Radiotherapy
- Chemotherapy
- Surgery/Trauma
- Others, such as antibiotics

Consider individual aspects of your patient:

Overview of Lab tests:
- Blood glucose level (+/- HbA1c)
- Glucose tolerance test
- Creatinine
- Thyroid hormones
- HIV serology
- Inflammatory parameters
- Liver enzymes
- Urea
- Others

Other tests: consider referral to specialist, imaging and neurophysiological tests:
- Ultrasound
- X-ray (LBP)
- MRI
- EMG & nerve studies

For treatment options please, refer to the local guidelines.
Presenting complaint

1. History
   - History suggests relevant nerve lesion or disease and Pain distribution neuroanatomically plausible

2. Anatomy
   - Yes
     - Working hypothesis: Possible neuropathic pain
   - No

3. Tests
   - Confirmatory tests:
     - a: Negative or positive sensory signs, confined to innervation territory of the lesioned nervous structure; size of painful area
     - b: Diagnostic test confirming lesion or disease explaining neuropathic pain (etiology)
   - a and b
     - Definite neuropathic pain
   - a or b
     - Probable neuropathic pain
   - Neither

4. Size of painful area
   - Consistent and circumscribed area(s) of maximum pain (< A4 paper)
   - Consistent and circumscribed area(s) of maximum pain (< A4 paper)

   Localized Neuropathic Pain: LNP

Adapted from:

Examples of symptoms or pain descriptors
- Burning, stabbing, shooting, electric shocks, pins and needles, tingling, pressure and others.
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