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The Analogue Pain Scale

A VIEW FROM THE FOOT

Time, motion and practice efficiency can be greatly improved if you have a simple system and method of recording your patients' symptoms.

We are all busy practitioners and in this newsletter I want to share a patient notes taking technique that I find indispensible when treating any musculoskeletal lower limb condition.

I trust you find "the analogue pain scale" of use in your own practice.

Taking the time to examine and record the details of your patient's main concern is an important initial step in the planning of your treatment options for your patient.

The analogue pain scale not only provides you with an instant visual representation of your patient's perceived discomfort but will also indicate to you just how well your treatment is progressing.

At a glance this scale helps you recall your patient symptoms and this is of particular help especially when you start treating larger numbers of patients.

Essentially, on the first visit, I will type out (for my records are computerized) the following scale with added comments to record just how my patient feels.

I will provide you with some examples shortly but to begin, the scale runs from **1** which describes the area of concern being pain free (good) to **10** where this represents the patient's pain at its worst ever experienced (bad).

(Good) 1 10 (Bad)

I will then ask my patient to indicate where on the lower limb do they have their main concern and using this scale describe just how bad their condition is when at its worst.

The number is recorded with the word *"worst"* beside it.

I then also ask the patient where on the scale describes this area of concern when it's at its best and also how it feels in general through the day.

Both these numbers are recorded with the words *"best"* and *"general"* noted beside them.

What Are The Advantages For This Scale?

Once you develop the habit of taking your notes in this manner then, at a glance, you are able to see immediately any changes that are happening with how your patient feels in response to your treatment.

Are they getting better or getting worse or staying the same and therefore may require a change in treatment direction.

I also find such a scale very helpful with the computer system I have by using the "copy and paste" feature.

The previous treatment can be copied and pasted onto the new record entry and any changes for the "worst, best and general" can be simply made and saved to record their up-to-date status.

This, I find to be a great time saver.

Case 1 painful plantar right heel.

This case concerns a patient with right plantar heel pain describing her symptoms at her initial visit and then her comments at subsequent visits as treatment progresses (I have used manipulative techniques as the initial treatment of choice).

Date, Oct 1st 2008, 2.00pm

R Heel central pl

(Good) 1 3 (best) 5 (general) 8 (worst 1st in morning) 10 (Bad)

Diagnosis; Plantar fasciitis
Tt 1 of 3 manipulations rt 2 days

The above first visit shows the patient being particularly sore with her right heel when first stepping out of bed in the morning (8 worst). She also describes how it is never pain free (3 best) even when it feels at its best and also how the pain feels as the day progresses (5 general).

Date, Oct 3rd 2008, 10.10am

R Heel central pl

(Good) 1 (best) 2 (general) 5 (worst 1st in morning) 10 (Bad)

Diagnosis; Plantar fasciitis
Tt 2 of 3 manipulations rt 2 days

The above second visit now records how the patient felt following the first treatment. She now notes an improvement when first standing on the foot out of the bed (5 worst). She also reports now experiencing pain free walking when the foot feels at its best (1 best) and if there are symptoms through the day these are only minor (2 general).

Date, Oct 5th 2008, 4.30pm

R Heel central pl

(Good) 1 (best 90%) 2 (worst 1st in morning) 10 (Bad)

Diagnosis; Plantar fasciitis
Tt 3 of 3 manipulations rt 2 wks for review

The above third visit records the fact that this patients' symptoms are now practically resolved following the last manipulative treatment (1 best 90% of time). And if she has symptoms then these are minor and only first time in the morning (2 worst).

A final treatment is performed and she is requested to return two weeks later for a review and if the symptoms are still resolved then she would be discharged.

Case 2 Left big toe joint pain.

In this second case a patient demonstrates a partial improvement but then a more complete improvement with a change of treatment from manipulation to supportive arch padding for their painful left big toe joint.

Date, Oct 7st 2008, 9.30am

L 1st MPJt

(Good) 1 (best night bed) 9 (worst constant) 10 (Bad)

Diagnosis; Hallux limitus and excessive pronation
Tt 1 of 3 manipulations rt 2 days

The above first visit shows this patient is in constant pain (9 worst) with the only let up being rest in bed at night (1 best).

Date, Oct 9st 2008, 11.30am

L 1st MPJt

(Good) 1 (best night bed) 8 (worst constant) 10 (Bad)

Diagnosis; Hallux limitus and excessive pronation
Tt 2 of 3 manipulations and left arch 10 mm scf padding rt 4 days

At this above second visit the patient only reports very slight improvement from (9) to (8 worst). A further manipulation is performed and also a 10 mm semi-compressed felt arch padding is applied to the left arch.

Date, Oct 13th 2008 10.45am

L 1st MPJt

(Good) 1 (best in day) 3 (worst 10%) 10 (Bad)

Diagnosis; Hallux limitus and excessive pronation
Tt 3 of 3 manipulations and left arch 10 mm scf padding rt 1 1/2wks (5 days with , 5 days without padding). Foot orthoses discussed and Q&A booklet given.

At this above third visit the patient now reports a noticeable improvement of being pain free during parts of the day and if there are symptoms these are minor (3 worst) for 10 % of the day.

Additional new arch padding is applied and a further manipulation is performed. Custom foot orthoses are also mentioned and a question and answer booklet issued on this subject to the patient.

The patient is also asked to report how she feels at the next visit particularly once the padding has been removed for five days.

Note, patients who have their symptoms return once the padding is removed are ideal candidates to have custom foot orthoses prescribed as their long-term management.

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