

pain management history and physical exam template Reference

Pain Management History and Physical Exam Template

Understanding the intricacies of pain management begins with a thorough and systematic approach to patient evaluation. A well-structured pain management history and physical exam template serve as essential tools for healthcare providers to accurately diagnose, formulate an effective treatment plan, and monitor patient progress. This comprehensive guide explores the importance, components, and best practices for utilizing an effective pain management history and physical exam template, ensuring optimal patient outcomes and adherence to clinical standards.

The Importance of a Structured Pain Management Evaluation

A structured pain management evaluation is fundamental to achieving precise diagnosis and tailored therapy. It allows clinicians to:

- Identify the underlying cause of pain: Differentiating between nociceptive, neuropathic, or mixed pain syndromes.
- Assess pain severity and impact: Understanding how pain affects daily functioning and quality of life.
- Develop individualized treatment plans: Using detailed history and physical findings to guide pharmacologic and non-pharmacologic interventions.
- Monitor treatment efficacy: Tracking changes over time to adjust therapies accordingly.
- Ensure legal and ethical compliance: Documenting assessments thoroughly for medico-legal reasons.

Without a comprehensive template, important aspects may be overlooked, leading to misdiagnosis or ineffective management strategies.

Components of a Pain Management History

A detailed pain history provides context and depth to the clinical picture. It typically covers the following key areas:

- Presenting Complaint

- Description of pain (sharp, dull, burning, stabbing)
- Onset and duration
- Frequency and pattern
- Location and radiation
- Intensity (using pain scales like Numeric Rating Scale or Visual Analog Scale)
- Factors aggravating or relieving pain

- Pain Characteristics

- Quality (e.g., throbbing, tingling)
- Severity and impact on daily activities
- Associated symptoms (numbness, weakness, dizziness)

- Past Medical History

- Previous episodes of pain
- Past injuries or surgeries
- Chronic illnesses (diabetes, arthritis, fibromyalgia)
- Neurological or musculoskeletal conditions

- Medication and Treatment History

- Current and past analgesic use
- Response to previous treatments
- Use of opioids or other controlled substances
- Non-pharmacological interventions attempted

- Psychosocial History

- Mood disorders (depression, anxiety)
- Substance use (alcohol, recreational drugs)
- Social support systems
- Occupational factors and stressors

- Review of Systems

- Screening for other symptoms that might suggest systemic causes (fever, weight loss, fatigue)

Components of a Physical Exam in Pain Management

The physical examination complements the history, providing objective data. It should be thorough yet targeted based on the suspected etiology.

- General Inspection

- Posture and gait
- Skin changes (redness, swelling, scars)
- Muscle atrophy or hypertrophy
- Signs of systemic illness

- Inspection of the Affected Area

- Deformities
- Skin integrity
- Tenderness or swelling
- Temperature changes

- Palpation

- Tenderness points
- Muscle tone and spasm
- Bony prominences
- Trigger points

- Range of Motion (ROM)

- Active ROM assessment
- Passive ROM assessment
- Pain elicited during movement

- Neurological Examination

- Sensory testing (light touch, pinprick, vibration)
- Motor strength assessment
- Deep tendon reflexes
- Coordination and gait evaluation

- Special Tests

- Specific orthopedic or neurological tests relevant to suspected pathology (e.g., Spurling's test for cervical radiculopathy, straight-leg raise test for sciatica)

Developing a Pain Management History and Physical Exam Template

Creating a standardized template ensures consistency, completeness, and facilitates documentation.

Key Features of an Effective Template

- Structured format: Organized into sections for easy navigation.
- Editable fields: To tailor for individual patient needs.
- Checklists: For comprehensive assessment.
- Educational prompts: To remind clinicians of critical questions or findings.

Sample Template Outline

Patient Identification and Visit Details

- Name, age, gender
- Date of assessment
- Chief complaint

History of Presenting Pain

- Description, duration, pattern
- Severity, aggravating/relieving factors
- Effects on daily life

Past Medical and Surgical History

- Chronic illnesses
- Previous treatments

Medication and Substance Use

- Current medications
- Past medication responses
- Substance use history

Psychosocial and Occupational History

- Mood and mental health
- Support systems
- Work-related factors

Review of Systems

- Systemic symptoms

Physical Examination

- General appearance
- Inspection of affected area
- Palpation findings
- Range of motion
- Neurological exam
- Special tests

Assessment and Plan

- Differential diagnosis
- Treatment plan
- Follow-up instructions

Best Practices for Implementing the Template in Clinical Settings

- Training and Familiarization: Ensure all staff are familiar with the template structure.
- Customization: Adapt templates based on specialty or patient population.
- Documentation Standards: Maintain accuracy, legibility, and timeliness.
- Integration with Electronic Medical Records (EMR): Use digital templates for efficiency.
- Regular Review and Updates: Incorporate new evidence and feedback to improve the template.

Enhancing Patient-Centered Care with Effective Evaluation

A comprehensive pain management history and physical exam are not merely checklists but tools to promote patient engagement. Encourage patients to describe their pain in their own words, ask about their goals, and involve them in decision-making. This approach enhances trust, adherence, and overall satisfaction.

Conclusion

A well-structured pain management history and physical exam template is indispensable for delivering high-quality, patient-centered pain care. It ensures systematic assessment, accurate diagnosis, and effective treatment planning. By integrating detailed history-taking and targeted physical examinations into clinical practice, healthcare providers can improve outcomes for patients suffering from various pain syndromes. Continual refinement and adherence to best practices in documentation further support clinical excellence and optimal patient care.

Keywords: Pain management, pain history, physical exam template, pain assessment, clinical evaluation, pain diagnosis, pain treatment plan, patient-centered care

Pain Management History and Physical Exam Template: A Comprehensive Guide for Clinicians

Effective pain management begins with a thorough understanding of the patient's pain experience and a detailed physical examination. A well-structured pain management history and physical exam template not only facilitates accurate diagnosis but also guides appropriate treatment strategies. In this article, we will explore the essential components of such a template, providing clinicians with a

practical framework to optimize patient care.

Introduction to Pain Management History and Physical Exam

Pain is a complex, subjective experience influenced by physiological, psychological, and social factors. To effectively address pain, clinicians need an organized approach that captures the multifaceted nature of the patient's condition. A pain management history and physical exam template serves as a standardized tool to systematically gather relevant information, ensuring no critical detail is overlooked.

The goal is to develop a comprehensive understanding of the pain's characteristics, impact, underlying causes, and potential contributing factors. This foundation informs diagnostic decisions and tailors management plans suited to each patient's unique presentation.

Key Components of a Pain Management History

A thorough pain history encompasses several domains. Here's a detailed breakdown:

1. Chief Complaint and Pain Description

- Onset: When did the pain start? Was it sudden or gradual?
- Duration: How long has the pain persisted? Is it episodic or constant?
- Location: Precise area(s) affected. Consider using pain diagrams.
- Quality: Describe the pain (e.g., sharp, dull, burning, stabbing, throbbing).
- Intensity: Use standardized scales (e.g., Numeric Rating Scale 0-10, Visual Analog Scale).
- Radiation: Does the pain radiate or spread to other areas?
- Aggravating and relieving factors: What makes the pain worse or better? (e.g., movement, rest, medications)
- Timing: Any patterns related to time of day or activity?

2. Pain History and Pattern

- Acute vs. Chronic: Duration over 3-6 months typically indicates chronic pain.
- Progression: Has the pain worsened, improved, or remained stable?
- Previous episodes: Recurrence history and similar past episodes.

3. Impact on Function and Quality of Life

- How does pain affect daily activities, sleep, mood, and social interactions?
- Use validated tools like the Brief Pain Inventory or Oswestry Disability Index for quantitative assessment.

4. Past Medical and Surgical History

- Prior diagnoses related to pain (e.g., arthritis, neuropathy, fibromyalgia)
- History of surgeries, trauma, or injuries that could relate to current pain
- Chronic illnesses influencing pain perception or management

5. Medication and Treatment History

- Current and past use of analgesics, opioids, adjuvant medications
- Responses and side effects
- Non-pharmacological therapies tried (e.g., physical therapy, acupuncture)

6. Psychosocial Factors

- Mental health status (depression, anxiety)
- Substance use history
- Social support systems
- Occupational factors and stressors

7. Review of Systems

- Screening for associated symptoms (e.g., weakness, numbness, fever, weight loss)

Physical Examination Components in Pain Management

The physical exam complements the history, offering objective findings that can narrow differential diagnoses.

1. Inspection

- Observe for visible deformities, swelling, skin changes, scars, or skin lesions
- Note gait abnormalities or postural deviations

2. Palpation

- Identify tender points or areas of increased temperature
- Assess for swelling, masses, or trigger points

3. Range of Motion (ROM)

- Evaluate active and passive movements
- Document limitations or pain during movement

4. Neurological Examination

- Sensory testing: light touch, pinprick, temperature
- Motor strength assessment
- Reflex testing
- Special tests for nerve involvement (e.g., Straight Leg Raise for lumbar radiculopathy)

5. Musculoskeletal Examination

- Joint assessment: swelling, tenderness, crepitus
- Muscle strength and tone
- Structural abnormalities

6. Special Tests (when indicated)

- Examples include Tinel's sign, Phalen's test, McMurray's test based on suspected diagnosis

Integrating the History and Physical Exam into Practice

A standardized pain management history and physical exam template ensures consistency and completeness. Here's a suggested framework:

- Patient Identification and Demographics
- Chief Complaint and Pain Description
- History of Present Illness

- Past Medical and Surgical History
- Medication and Treatment History
- Psychosocial Factors
- Review of Systems
- Physical Examination Findings
- Assessment and Differential Diagnosis
- Plan and Follow-up

Using checklists or electronic templates can streamline documentation and facilitate communication among multidisciplinary teams.

Conclusion: The Value of a Standardized Template

A pain management history and physical exam template is more than just a documentation tool?it's a clinical roadmap that guides comprehensive assessment, fosters consistency, and enhances diagnostic accuracy. By systematically capturing all relevant information, clinicians can better understand the multifaceted nature of pain, tailor individualized treatment plans, and improve patient outcomes.

Incorporating this structured approach into routine practice ensures no critical aspect of the patient's pain experience is overlooked, ultimately leading to more effective and empathetic pain management.

Remember: Every patient is unique. While templates provide a valuable framework, always tailor your assessment to the individual's specific context and needs.

Question What are the key components included in a pain management history and physical exam template? A comprehensive pain management template typically includes patient demographics, pain history (onset, duration, characteristics), past medical and surgical history, medication use, psychological assessment, physical examination findings (inspection, palpation, range of motion), neurological assessment, and functional impact of pain. **Answer** How does a standardized pain management history improve patient outcomes? Standardized histories ensure thorough and consistent documentation, facilitate accurate diagnosis, improve communication among healthcare providers, and enable tailored treatment plans, ultimately enhancing patient outcomes and satisfaction. What are common challenges in implementing a pain management physical exam template? Challenges include variability in documentation practices, time constraints during consultations, lack of training on standardized templates, and adapting templates to individual patient needs while maintaining comprehensiveness. How can electronic health records (EHR) systems enhance the use of pain management templates? EHR systems can integrate customizable templates that streamline data entry, promote standardized documentation, facilitate data retrieval for ongoing management, and support decision-making through embedded prompts and checklists.

What role does the physical exam play in differentiating types of pain during assessment? The physical exam helps identify signs of specific pain origins?such as musculoskeletal, neurological, or visceral?by assessing tenderness, range of motion, neurological deficits, and other physical findings, guiding accurate diagnosis and treatment. Are there any best practices for updating or customizing a pain management history and physical exam template? Best practices include involving multidisciplinary teams, regularly reviewing current evidence-based guidelines, tailoring the template to specific patient populations, incorporating patient-reported outcomes, and updating the template based on feedback and clinical experience.

Related keywords: pain management assessment, physical examination, medical history, pain evaluation form, clinical documentation, patient evaluation template, pain assessment tools, healthcare documentation, physical exam checklist, pain management protocols

pain a very short introduction

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Pain is an intrinsic part of the human experience, serving both as a warning system and a complex phenomenon that influences physical, emotional, and psychological well-being. It can be acute or chronic, mild or severe, localized or widespread. Understanding pain?its causes, mechanisms, and management?is essential for improving quality of life. This comprehensive guide explores the multifaceted nature of pain, offering insights into its types, underlying mechanisms, diagnostic approaches, and treatment options.

Understanding Pain: An Overview

Pain is a vital biological function designed to alert the body to potential or actual injury. Without the sensation of pain, individuals might not recognize harmful stimuli, leading to further injury or health complications. However, pain is also a deeply personal experience, influenced by genetic, psychological, and environmental factors.

Types of Pain

Pain can be classified into several essential categories based on its duration, origin, and underlying mechanisms.

1. Acute Pain

- Definition: Short-term pain that arises suddenly due to injury, surgery, or illness.
- Characteristics: Sharp, localized, and usually resolves once the underlying cause is treated.
- Examples: Dental pain, cuts, burns, or postoperative discomfort.

2. Chronic Pain

- Definition: Persistent pain lasting longer than three to six months, often beyond the normal healing process.
- Characteristics: May be continuous or intermittent, often resistant to traditional treatments.
- Examples: Back pain, arthritis, neuropathy.

3. Nociceptive Pain

- Definition: Caused by damage or inflammation of tissues.
- Types:
 - Somatic pain: Arises from skin, muscles, bones, or joints.
 - Visceral pain: Originates from internal organs.
- Characteristics: Often described as aching or throbbing.

4. Neuropathic Pain

- Definition: Resulting from nerve damage or dysfunction.
- Characteristics: Burning, stabbing, or shooting sensations.
- Examples: Diabetes-related neuropathy, post-herpetic neuralgia.

5. Psychogenic Pain

- Definition: Pain influenced or exacerbated by psychological factors such as stress or emotional distress.
- Note: Often coexists with physical pain.

The Mechanisms Behind Pain

Understanding how pain works involves exploring the nervous system's complex pathways.

1. The Pain Pathway

- Nociceptors: Specialized nerve endings that detect harmful stimuli.
- Transmission: Nerve signals travel via the spinal cord to the brain.
- Perception: The brain interprets signals as pain.

2. Modulation of Pain

- The body has mechanisms to inhibit or amplify pain signals.
- Endogenous opioids (like endorphins) can suppress pain perception.
- Psychological factors, such as attention and emotion, influence pain experience.

3. Central Sensitization

- Chronic pain can lead to increased sensitivity in the nervous system.
- Resulting in heightened pain responses to normally non-painful stimuli.

Diagnosing Pain

Accurate diagnosis is crucial for effective management. Healthcare professionals rely on a combination of patient history, physical examinations, and diagnostic tests.

Key Components of Pain Assessment

- Location and radiation
- Intensity and duration
- Character and quality
- Aggravating and relieving factors
- Impact on daily life

Diagnostic Tools and Tests

- Imaging studies (X-ray, MRI, CT scans)
- Nerve conduction studies
- Laboratory tests
- Psychological assessments

Managing and Treating Pain

Effective pain management involves a multidisciplinary approach tailored to the individual's specific condition and needs.

Pharmacological Treatments

- **Analgesics:** Acetaminophen, NSAIDs
- **Opioids:** Morphine, oxycodone (used cautiously)
- **Adjuvant medications:** Antidepressants, anticonvulsants for neuropathic pain

Non-Pharmacological Therapies

- Physical therapy and exercise
- Psychological therapies (cognitive-behavioral therapy)
- Complementary medicine (acupuncture, massage)
- Biofeedback and relaxation techniques

Emerging and Advanced Treatments

- Neurostimulation (TENS, spinal cord stimulators)
- Interventional procedures (nerve blocks, injections)
- Regenerative medicine (stem cell therapy)

Chronic Pain and Its Impact

Chronic pain extends beyond physical discomfort, affecting emotional and social aspects of life.

- Psychological effects: Anxiety, depression, sleep disturbances.
- Social consequences: Reduced work productivity, strained relationships.
- Economic impact: Increased healthcare costs and lost income.

Preventing Pain and Promoting Wellness

Prevention strategies focus on lifestyle modifications and early intervention.

- Maintaining a healthy weight
- Engaging in regular physical activity

- Practicing good ergonomics
- Avoiding tobacco and excessive alcohol
- Managing stress through mindfulness and relaxation techniques

The Future of Pain Management

Research continues to advance understanding of pain, leading to innovative therapies:

- Personalized medicine approaches based on genetic profiles.
- Development of novel analgesics with fewer side effects.
- Use of virtual reality and digital health tools for distraction and pain relief.
- Enhanced understanding of the biopsychosocial model for holistic care.

Conclusion

Pain is a complex and multifaceted phenomenon that plays a crucial role in protecting the body but can also significantly diminish quality of life when chronic or poorly managed. Recognizing the different types and mechanisms of pain allows for tailored treatment strategies, combining pharmacological, psychological, and physical therapies. As research progresses, new, more effective solutions continue to emerge, offering hope for improved pain management and enhanced well-being for millions worldwide.

By understanding the intricacies of pain, patients and healthcare providers can work together more effectively to overcome challenges, improve outcomes, and restore comfort and function.

Pain: An In-Depth Exploration of Its Complexity, Causes, and Management

Pain is an intrinsic aspect of the human experience, serving as both a vital warning system and a complex phenomenon that influences physical, psychological, and social well-being. Despite its universality, pain remains one of the most challenging symptoms to understand, diagnose, and treat effectively. This investigative review aims to delve into the multifaceted nature of pain, exploring its biological mechanisms, classifications, psychosocial factors, and current approaches to management. By synthesizing recent research and clinical insights, this article provides a comprehensive overview suitable for healthcare professionals, researchers, and informed readers seeking a deeper understanding of this pervasive phenomenon.

Understanding Pain: Definitions and Theoretical Frameworks

Pain is traditionally defined by the International Association for the Study of Pain (IASP) as "an unpleasant sensory and emotional experience associated with, or resembling that associated with,

actual or potential tissue damage." This definition underscores the subjective and multifaceted nature of pain, encompassing not only physical sensations but also emotional responses.

Several theoretical models have been proposed to explain pain perception:

- Nociceptive Model: Focuses on the activation of nociceptors?specialized sensory neurons responding to potentially damaging stimuli.
- Neuropathic Model: Emphasizes abnormal processing of pain signals due to nerve injury or dysfunction.
- Central Sensitization Model: Describes increased responsiveness of neurons within the central nervous system, leading to heightened pain perception even in the absence of peripheral stimuli.
- Biopsychosocial Model: Recognizes the interplay of biological, psychological, and social factors influencing pain experience.

Understanding these frameworks is essential for appreciating the complexity of pain and tailoring effective treatment strategies.

The Biological Basis of Pain

Nociception and Signal Transmission

Pain begins at the periphery with nociceptors?free nerve endings located in skin, muscles, joints, and visceral organs. These specialized receptors respond to mechanical, thermal, or chemical stimuli indicative of potential tissue damage.

Once activated, nociceptors generate electrical signals transmitted via primary afferent fibers:

- A-delta fibers: Myelinated fibers responsible for quick, sharp, localized pain.
- C fibers: Unmyelinated fibers mediating dull, aching, and throbbing pain.

These signals travel to the dorsal horn of the spinal cord, where they undergo initial processing.

Central Nervous System Processing

From the spinal cord, pain signals ascend through the spinothalamic tract to various brain regions, including:

- Thalamus: Relay station for pain signals.

- Somatosensory cortex: Location and intensity perception.
- Limbic system: Emotional and affective components.
- Prefrontal cortex: Cognitive evaluation and modulation.

Neurotransmitters such as substance P, glutamate, serotonin, and norepinephrine modulate transmission at multiple levels, influencing pain perception and modulation.

Neuroplasticity and Chronic Pain

Persistent pain can induce neuroplastic changes?alterations in neural pathways and synaptic strength?that perpetuate pain even after tissue healing. Central sensitization, characterized by increased excitability of dorsal horn neurons, plays a significant role in chronic pain syndromes.

Classifications of Pain

Proper classification aids in diagnosis and treatment planning. The main categories include:

Acute vs. Chronic Pain

- Acute Pain: Short-term, typically protective, resolving with tissue healing.
- Chronic Pain: Persists beyond normal healing time, often defined as pain lasting longer than 3 to 6 months.

Physiological vs. Pathological Pain

- Physiological (Nociceptive) Pain: Normal response to harmful stimuli.
- Pathological Pain: Resulting from nerve injury or dysfunction, including neuropathic and centralized pain syndromes.

By Origin

- Somatic Pain: From skin, muscles, or joints; usually well-localized.
- Visceral Pain: From internal organs; often diffuse and poorly localized.
- Referred Pain: Perceived at a site different from the actual source.
- Radicular Pain: Due to nerve root compression or inflammation.

Specialized Categories

- Neuropathic Pain: Due to nerve damage or dysfunction (e.g., diabetic neuropathy).
- Nociceptive Pain: Resulting from altered pain modulation without evident tissue damage (e.g., fibromyalgia).

Psychosocial Factors Influencing Pain

Pain is not solely a biological phenomenon; psychological and social elements significantly influence its perception and impact.

Psychological Components

- Mood and Emotions: Anxiety, depression, and stress can amplify pain perception.
- Cognitive Factors: Catastrophizing, attention, and beliefs about pain affect coping strategies.
- Behavioral Responses: Avoidance, medication use, and activity levels influence outcomes.

Social and Cultural Influences

- Cultural norms shape pain expression and management.
- Social support can buffer or exacerbate pain experiences.
- Socioeconomic status affects access to care and resources.

Recognizing these factors is crucial for comprehensive pain management.

Current Approaches to Pain Management

Effective pain management requires a multimodal and individualized approach, integrating pharmacological, non-pharmacological, and psychosocial strategies.

Pharmacological Interventions

- Non-Opioid Analgesics: NSAIDs, acetaminophen.
- Adjuvant Medications: Antidepressants (e.g., amitriptyline), anticonvulsants (e.g., gabapentin).
- Opioids: Reserved for severe pain; risks include dependence and side effects.
- Topical Agents: Lidocaine patches, capsaicin.

Non-Pharmacological Techniques

- Physical therapy.
- Cognitive-behavioral therapy (CBT).
- Mindfulness and relaxation techniques.
- Interventional procedures (e.g., nerve blocks, neuromodulation).

Emerging and Future Therapies

- Targeted molecular therapies.
- Neuromodulation devices.
- Regenerative medicine approaches.
- Personalized pain medicine based on genetic and biomarker profiles.

Challenges and Future Directions in Pain Research

Despite advances, pain remains a significant clinical challenge. Key issues include:

- Subjectivity and Variability: Difficulty in quantifying pain.
- Chronic Pain Epidemic: Rising prevalence and socioeconomic burden.
- Opioid Crisis: Need for safer, effective alternatives.
- Understanding Central Mechanisms: Better insights into neuroplasticity and central sensitization.
- Personalized Medicine: Tailoring treatments based on individual genetics and psychosocial profiles.

Future research aims to develop objective biomarkers, improve pain assessment tools, and discover novel therapeutic targets.

Conclusion

Pain, as a complex and multifaceted phenomenon, encompasses biological, psychological, and social dimensions. Its diverse classifications and underlying mechanisms demand a comprehensive approach to diagnosis and management. Continued research into the neurobiological substrates, psychosocial influences, and innovative therapies holds promise for improving outcomes for millions suffering from acute and chronic pain. Recognizing pain's subjective nature and individual variability is essential for advancing personalized medicine and alleviating this pervasive human experience.

References

(In an actual publication, this section would include detailed citations of relevant scientific literature,

guidelines, and review articles.)

Question What is pain in simple terms? Pain is an unpleasant sensation that signals potential or actual damage to the body, serving as a warning to protect ourselves. **Why is pain important?** Pain is important because it alerts us to injury or illness, helping us take action to prevent further harm. **What are the different types of pain?** Pain can be classified as acute (short-term) or chronic (long-term), and can also be categorized as nociceptive or neuropathic. **How is pain measured?** Pain is often measured using scales like the Visual Analog Scale (VAS) or Numeric Rating Scale (NRS), where patients rate their pain severity. **What causes pain?** Pain is caused by signals from nerve endings called nociceptors when tissues are damaged or threatened. **Can pain be psychological?** Yes, psychological factors like stress, anxiety, or depression can influence the perception and intensity of pain. **How is pain managed?** Pain management includes medications, physical therapy, psychological support, and sometimes surgery, tailored to the type and cause of pain. **What is the difference between acute and chronic pain?** Acute pain is sudden and short-lived, usually from injury, whereas chronic pain persists longer than three months and may have no clear cause. **Why does pain sometimes persist without injury?** Persistent pain without injury can result from nerve damage, inflammation, or conditions like fibromyalgia, where the nervous system amplifies pain signals. **What advances are being made in pain research?** Recent advances include new pain medications, better understanding of pain pathways, and therapies like neuromodulation and personalized pain management approaches.

Related keywords: pain, introduction, brief, overview, sensation, nociception, discomfort, pathology, treatment, physiology

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