

## **Pain Service Referral Criteria**

### **Referrals Accepted:**

- Choose & Book
- GPs within PCT area
- Secondary care Consultants locally
- Musculoskeletal Assessment Service (Sefton)
- Senior Physiotherapists (Sefton)

### **Conditions Treated:**

Sub-Acute Problematic Pain (severe sub-acute pain associated with high reported Disability and Distress)

Chronic Problematic Pain (severe pain associated with high reported Disability and Distress)

Neuropathic Pain Disorders

Central Post Stroke Pain

Complex Regional Pain Syndromes

Phantom Limb Pain

Trigeminal Neuralgia

Stump Pain

Postherpetic Neuralgia

Chest Pain (after investigations confirming pain is non-cardiac)

Chronic Abdominal Pain (after gastrointestinal assessment)

Perineal Pain (after gynaecological assessment)

Urogenital Pain (including pelvic pain)

Visceral Pain

Low Back Pain

Thoracic Spine Pain

Cervical Spine Pain

Sciatica

Chronic Joint Pain (e.g. Hip, Knee)

Shoulder/Arm Pain

Regional Myofascial Pain

Musculoskeletal Headache

All other chronic musculoskeletal pains

Fibromyalgia Syndrome

Persistent Post Surgical Pain

Inflammatory Pain (in liaison with Rheumatology service)

Scar Pain

Facial Pain

Chronic Widespread Pain

Total Body Pain

Chronic Pain (any site) with Disability and Psychological Distress

## **Community Based Treatment Strategies**

Conventional and non-conventional analgesic medication

Interventional pain procedures

- Trigger point injections

- Diagnostic Peripheral Nerve Blocks

- Intramuscular Needling

- Acupuncture

- Myofascial Release Technique

- Manual Therapy including Manipulations

- TENS

Paced and graded exercise rehabilitation

Solution Focussed Brief Therapy

Cognitive Behavioural Therapy

Motivational Techniques

Group Based Therapy

Patient Volunteer/Support Group

Multidisciplinary team approach to therapy

## **Secondary Care Based Treatment Strategies**

Theatre based interventions including

- Spinal Facet Joint injection/Denervation

- Spinal Nerve Root injection

- Spinal Epidural injection

- Sacro-iliac Joint Injection/Denervation

- Cryoablation therapy

- Radiofrequency ablative therapy

- Sympathetic blockade

## **Exclusions**

Internalised neuromodulation or intrathecal devices

## **Service Notes**

Service offered for assessment of patients with uncertainty over requirement for theatre-based pain intervention (e.g. epidural injection)

Patients should present with a primary pain condition

Diagnosis preferably known or all appropriate investigations undertaken and serious illness excluded

Simple first-line therapy has been tried

Inclusion of appropriate investigation information (e.g. x-ray, bloods tests or MRI)

Assessment of pain will take place in the community setting with onward referral to hospital based service if required.