

# Connecting Health Professionals across the Miles :

Using the SPOT Interdisciplinary Pain  
Screening Tool with clients with spinal cord  
injury throughout Queensland

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# Introduction

◆ In this paper we will cover the following:

- Overview of Spinal Outreach Team (SPOT) as part of Queensland Spinal Cord Injuries Service (QSCIS)
- Scope of pain in SCI
- SPOT ID Pain Screening Tool
  - ◆ development
  - ◆ outcomes for QSCIS & clients
  - ◆ interdisciplinary use

# Queensland Spinal Cord Injuries Service (QSCIS)

Our mission is to provide a state-wide service that enables people with spinal cord injury to achieve their maximum potential.



# SPOT Service Model

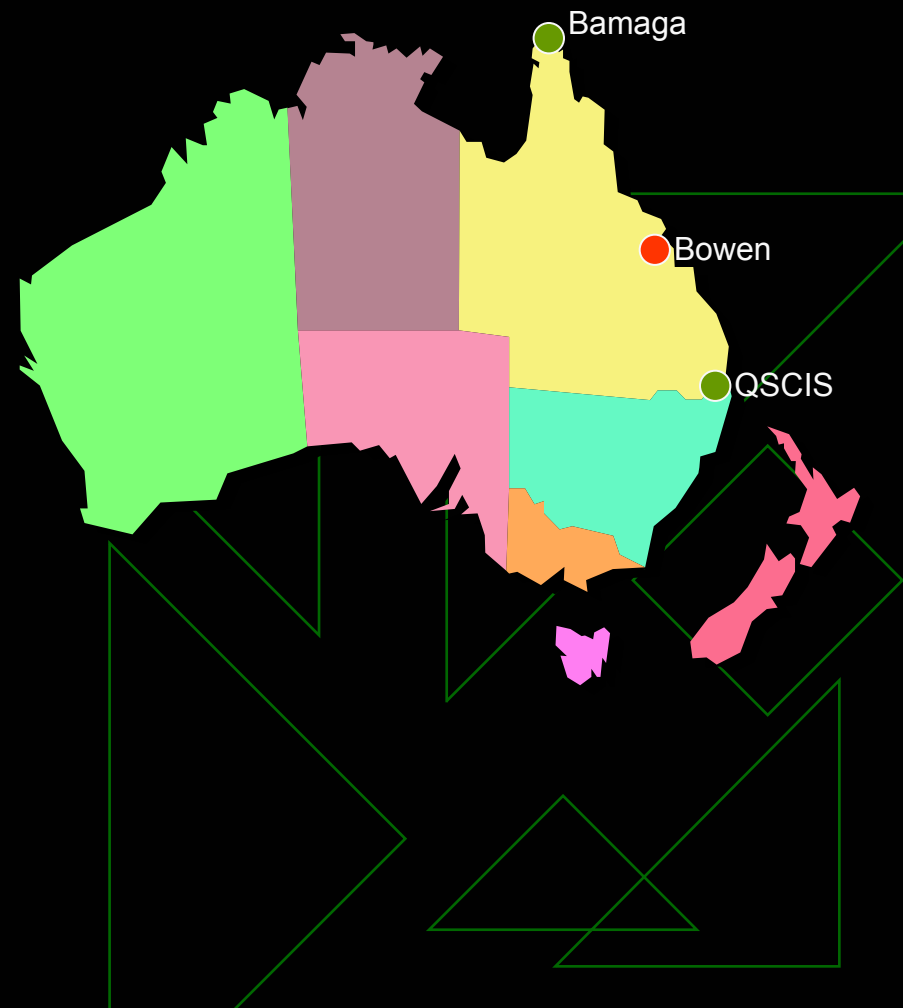


- ◆ consultancy and early intervention service
  - supports people with SCI, their families and service providers in the community
- ◆ interdisciplinary team (SW, PT, OT & CN)
- ◆ improved equity of access to specialist SCI services:
  - direct service provision
  - education and training
  - research and evaluation



# SPOT Challenges

- ◆ Rural/regional and remote locations
- ◆ Interdisciplinary service providers
- ◆ Transient Qld allied health population
- ◆ Differences in knowledge & experience levels state-wide
- ◆ SCI expertise located at Princess Alexandra Hospital district in Brisbane (SE Qld)



# Pain Management in SCI: why worry ?

- ◆ High prevalence of pain following SCI
- ◆ Studies demonstrate
  - Approx 65% population report chronic pain
  - One third rate this pain as severe
- ◆ Affects quality of life, all daily activities, relationships, leisure, coping in community in general
- ◆ Often young age group

# Secondary Conditions: Limiting Activity

| Condition                   | YES       | Condition            | YES       |
|-----------------------------|-----------|----------------------|-----------|
| Fatigue                     | 222 (83%) | Contractures         | 125 (46%) |
| Muscular Pain               | 220 (82%) | Arthritis            | 117 (43%) |
| Neuro Pain<br>(neuropathic) | 199 (74%) | Scoliosis            | 102 (38%) |
| Physical Fitness            | 190 (71%) | Postural Hypotension | 103 (38%) |
| Bowel                       | 190 (71%) | Dysreflexia          | 85 (31%)  |
| Spasm                       | 185 (69%) | Pressure sores       | 83 (31%)  |
| UTI                         | 172 (64%) | Respiratory          | 65 (24%)  |
| Bladder                     | 172 (64%) | Cardiovascular       | 38 (14%)  |
| Circulatory                 | 127 (47%) |                      |           |

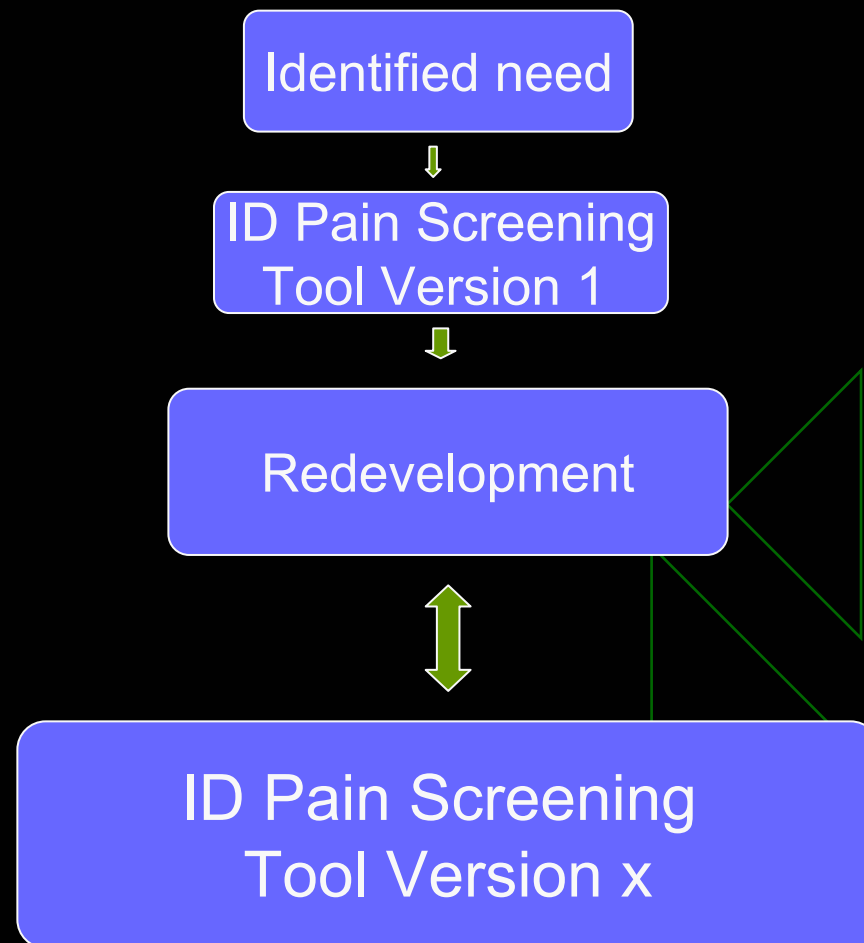


# Challenges in SCI Pain Management

- ◆ Effective pain management reliant on:
  - comprehensive screening / assessment
  - accurate identification of pain type
    - ◆ musculoskeletal
    - ◆ neuropathic
- ◆ Client may have > 1 type of pain
  - different management strategies
- ◆ Professional diversity
  - experience of dealing with people with SCI
  - experience in assessing pain



# Development of ID Pain Screening Tool



# QSCIS Interdisciplinary Pain Screening Tool

Demographics

Current Activities

Pain Location

Pain Intensity

Pain Description

Pain Behaviour & History

Investigations & Sleep Disturbance

Influential Factors & Previous Treatments

Health Profession Interventions

Psychosocial

The image displays a grid of 12 pages from the QSCIS Interdisciplinary Pain Screening Tool. Each page is a form with various sections and questions. The pages are arranged in a 3x4 grid. The sections are: 1. Demographics (Page 1), 2. Current Activities (Page 2), 3. Pain Location (Page 3), 4. Pain Intensity (Page 4), 5. Pain Description (Page 5), 6. Pain Behaviour & History (Page 6), 7. Investigations & Sleep Disturbance (Page 7), 8. Influential Factors & Previous Treatments (Page 8), 9. Health Profession Interventions (Page 9), 10. Psychosocial (Page 10), 11. (Page 11), 12. (Page 12). The forms include checkboxes, text boxes, and diagrams. The diagrams show human figures with arrows pointing to different body parts, indicating pain locations. The text boxes contain various questions and instructions for the user to complete the screening tool.

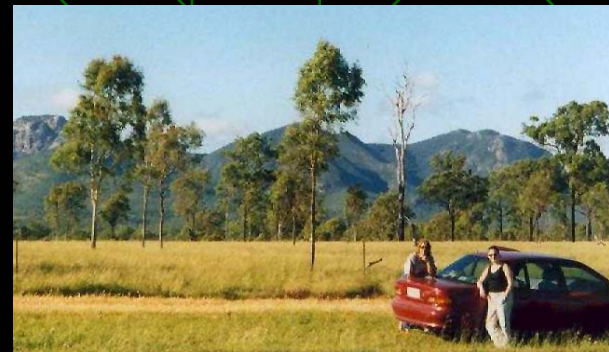
# Introduction to Dee

- ◆ person with incomplete quadriplegia since 1981
- ◆ cause – spinal tumours recurrence & functional deterioration
- ◆ initial SPOT presentation 1998
- ◆ new SPOT referral
  - ‘considerable’ neck ,shoulder, back pain
  - ↓ endurance
  - ↓ function
  - ↓ tolerance

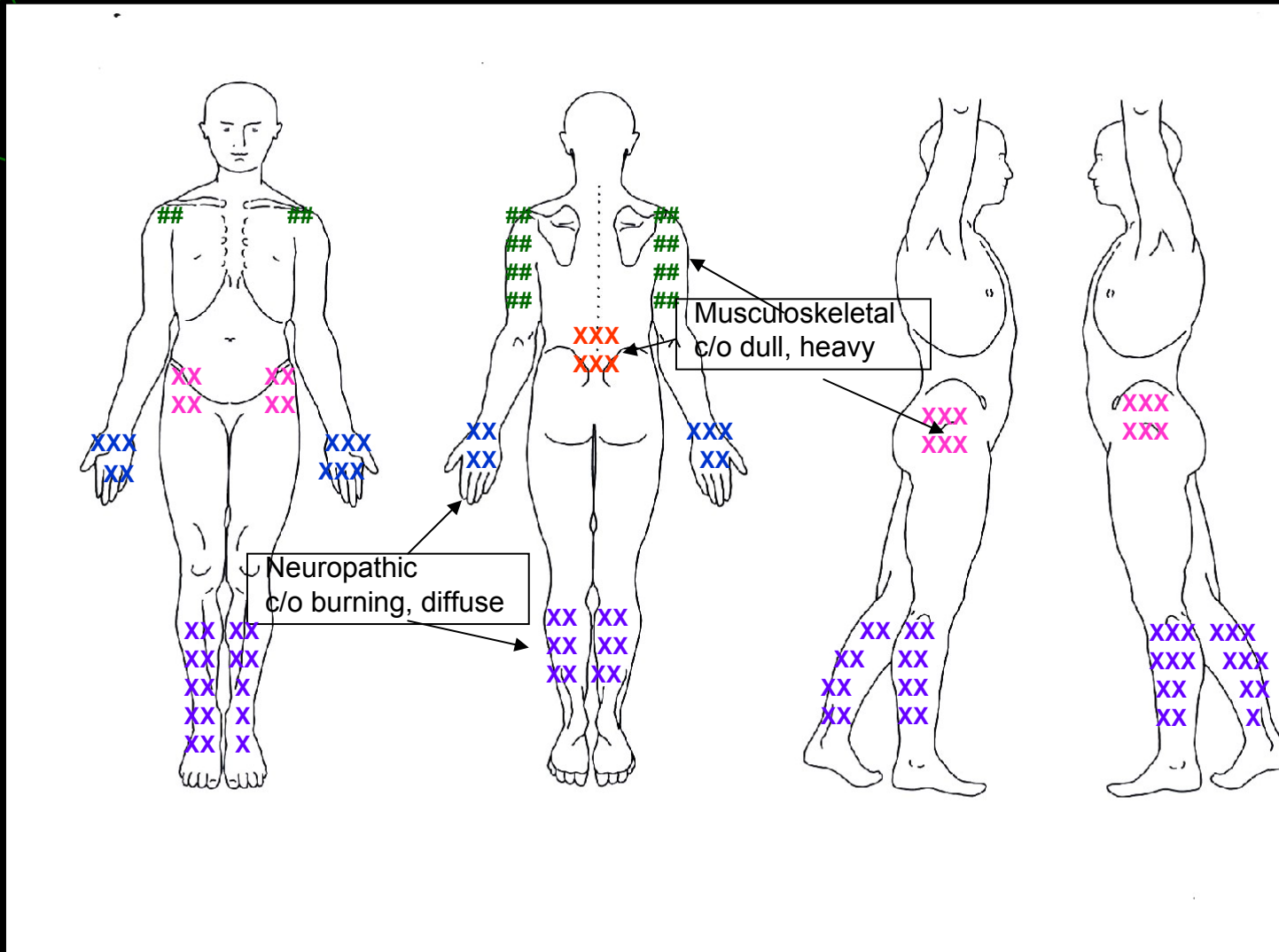


# Dee – Other Challenges

- ◆ lives with husband
- ◆ based in Bowen 1181 km from Brisbane
- ◆ transient local health professionals
- ◆ difficulty accessing specialised services ie SIU OPD
- ◆ pain aggravated by travel
- ◆ carer issues : need for respite, need to ↓ physical demands
- ◆ limited finances



# Dee's Pain Assessment

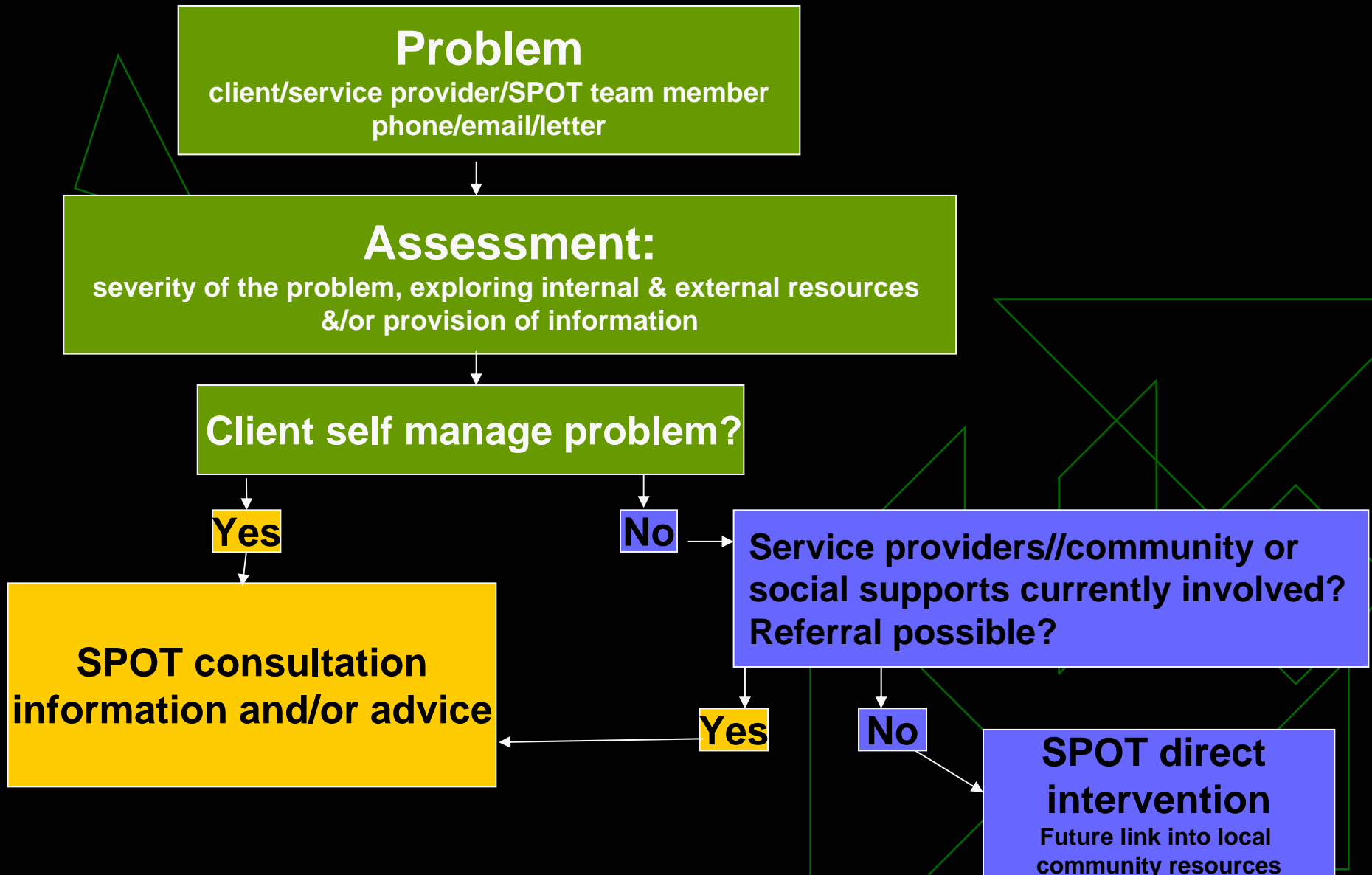


# Dee – psychosocial impacts

- ◆ Pain interfered with majority of the following areas, with Dee scoring ~ 8/10
  - General activity
  - Ability to get around
  - Relationships with other people
  - Enjoyment of life
  - Recreational/social activities
  - Mood

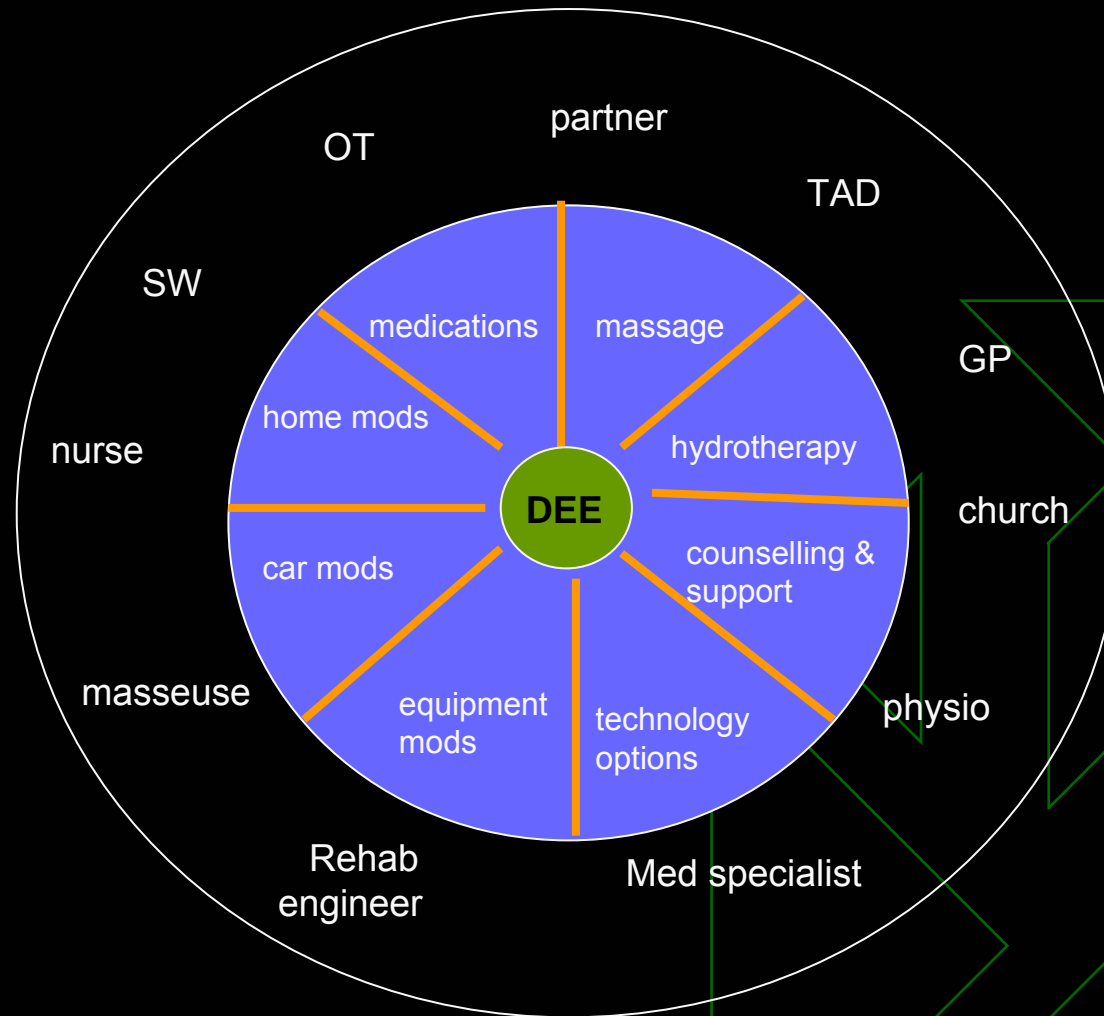


# SPOT Decision Tree





# Interdisciplinary Interventions



# “ No discipline is an island”

## ◆ Benefits:

- Comprehensive structured subjective assessment with specific questions - ↑ accuracy
- Directs management strategies
- Education component
- Interdisciplinary input
- Increases efficiency of case management
- On QSCIS internet site for all services to access

## ◆ Limitations:

- Education component
- Length of time required to complete
- Easier for some professions to use than others ie PT vs SW BUT skill improves with use

# Conclusion

Use of the Interdisciplinary Pain Screening Tool enables more effective management of chronic pain in people with SCI, after all “no man is an island entire of itself; every man is a piece of the continent, a part of the main” John Donne, Meditation XVII, ‘Devotions Upon Emergent Occasions’

Thank you

SPOT - QSCIS website:  
[www.health.qld.gov.au/qscis/spot.asp](http://www.health.qld.gov.au/qscis/spot.asp)

# Questions

