

Aim

Many specialists from different countries and a variety of branches of medicine are increasingly involved in Pain Medicine. This is certainly a boost to cultural richness. However, this creates a point of weakness in the lack of uniformity of clinical approaches to the patient and in the different uses of the various available diagnostic tools.

The Montescano School will help pain clinicians to refine their clinical neurological approach and to improve their ability to interpret instrumental and laboratory findings.

For the many who do not work in a multidisciplinary team or who rely on external support, the School will also provide the skills for a better understanding of the various diagnostic tests.

Faculty

Hans-Georg Kress
Anthony Dickenson
Per Hansson
Magdi Hanna
Andrei Danilov
Rudolph Likar
Roberto Caporali
Maria Adele Giamberardino
Giuseppe DeBenedittis
Marco Lacerenza
Roberto Casale

School Venue

The School will take place at
**Montescano Rehabilitation Centre,
Institute for Research and Care (IRCCS)
"Salvatore Maugeri" Foundation**
Via per Montescano - 27045 Montescano (Italy)

General information

Contacts

School's Director: roberto.casale@fsm.it
School's Secretary: sandro.lamanna@fsm.it

More details at:

www.montescanoschool.eu
www.efic.org

ECM and EAECM credits requested



2012 Montescano School

4th MONTESCANO EFIC SCHOOL FOR:

**NEUROLOGICAL DIAGNOSIS
IN CHRONIC PAIN**

"Clinical and instrumental processes"

8-11 October, 2012



"Salvatore Maugeri" Foundation
Scientific Institute for Research and Care
Montescano (PV) - Italy
Dept. of Clinical Neurophysiology
& Pain Rehabilitation Unit



MONDAY

FROM 8 am TO 1 pm

Message from EFIC President

- EFIC initiatives
- Presentation of the EWAP 2012 theme

The Clinical approach

In outpatient practice it is important to make a first essential screening (neuropathic, nociceptive, mixed pain). The aim of this section is to give a quick reference flow chart for clinicians mainly working in outpatient clinics.

- The interview
 - Shotgun or gestalt
- The clinical examination of the somato-sensory system
Description of minimum instrument set needed and how to use it (hammer, tuning fork, Von Frey hairs, heat and cold, dermatographic pencil) in the evaluation of sensory signs and symptoms referred to the skin
 - Mechanical static, dynamic, deep somatic
 - Mechanical pinprick
 - Thermal (heat & cold)
- The associated motor impairment
 - Voluntary, autonomic
 - Peripheral, central
- Questionnaires and diaries
 - Easy and fast recordings of the clinical picture (analogic, semantic, numerical, etc.)
 - Complex pain questionnaires and specific disease-oriented questionnaires
 - Quality of life, ADL; Motor impairment
- Cartography of pain
Pain drawing and pain mapping. Where the signs and symptoms are perceived and found.

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for clinical diagnosis in chronic pain.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

TUESDAY

FROM 8 am TO 1 pm

- The clinical examination of muscle and visceral pain
Diagnosis and differential diagnosis of different forms of primary and secondary muscle pain, and of different visceral pain phenomena (true visceral pain, referred pain with and without hyperalgesia, visceral hyperalgesia, viscerovisceral hyperalgesia)
 - Clinical procedures
 - Instrumental procedures
- Translation of symptoms into pain mechanisms: a dictionary
The lecture will cover the peripheral, spinal and supraspinal mechanisms of pain as evidenced from preclinical studies but in the context translation to patients. Allodynia, hyperalgesia, ongoing pain will be covered.
 - Neuropathic, inflammatory and visceral pain mechanisms
 - Peripheral and central sensitization – what these may mean in terms of signs and symptoms
 - Can the actions of drugs aid us in terms of understanding pain mechanisms?

Pain Tournament or “Europe Against Pain”

The First Challenge

A tournament will be organized between participants to verify the level of knowledge acquired after this session. The tournament consists of simulated cases within a range of pain topics from those most frequently seen in the outpatient setting. The aim is to make this an educational exercise while introducing the fun of a competition.

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for clinical diagnosis in chronic pain.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

WEDNESDAY

FROM 8 am TO 1 pm

Diagnostic procedures

What to ask for and how to interpret it.

- Quantitative sensory testing (thermal; vibratory)
- Neurovegetative tests (non-invasive)
 - Sudomotor studies (SSR; QSART Quantitative sudomotor axon reflex test)
 - Vasomotor studies (photoplethysmography; laser Doppler)
 - Skin temperature (thermography)
 - R-R variability (Valsalva manoeuvre, tilt test)
- Routine and special neurophysiology testing (clinical indications and limitations)
 - Microneurography
 - Evoked potentials (LASER, dermatomeric, SSEP)
 - Reflex responses (blink, Ralll)
 - Brain mapping
- Laboratory (blood samples for inflammatory markers, etc.)
- Poorly invasive diagnostic procedures
 - Peripheral nerve blockade
 - Electrostimulation (SCS, PNS, etc.)
 - Bier's blockade with different compounds
 - Systemic lidocaine test
 - Pharmacological tests

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for inpatient clinical diagnosis in the multidisciplinary approach of the highly complex patient's chronic pain.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

THURSDAY

FROM 8 am TO 1 pm

The inpatient: difficult diagnosis and difficult patients

A patient is referred to a pain clinic mainly for further investigations, confirmation of the diagnostic hypothesis or to start a given treatment. Quite often they can be defined as “difficult patients”. In this setting the clinical and diagnostic tools should be used to define the type of pain precisely and determine the possible sites of action of the therapeutic options.

- The multidisciplinary approach and the critical revision of the highly complex patient's history
- Chronic pain and the psychological profile of the difficult patient
- The neuro-psycho-social model

Neuropathic or Nociceptive.

Rephrasing unclear concepts, uneasy questions from the Participants

Pain Tournament or “Europe Against Pain”

The Final Challenge

The “losers” of the First Challenge will have a second chance to tackle more complex and challenging cases of chronic pain. As for the First Challenge, the tournament will consist of simulated cases within a range of highly complex pain topics. The aim is to make this an educational exercise but with the fun of a competition.

FROM 2 TO 4 pm

Learning questionnaires

In this setting, the clinical and diagnostic tools learned during the School will be discussed and compared, with teachers, in relation to real clinical cases.