# **Assessment Overview**

#### Assessment Area

ICF Domain: Body Function Subcategory: Sensory Functions

## You Will Need

#### Length:

15-20 minutes

Administration:

Clinician-administered;

information is obtained through a semi-structured interview

#### Training:

No formal training is required but knowledge about neuro-anatomy and physiology, specifically sensation and theories of pain, is an asset.

# Summary

Tunk's Classification Scheme identifies 11 types of pain for those with SCI according to the lesion level.

### Above the lesion level:

- 1) Myofacial
- 2) Syringomyelia
- 3) Non spinal cord

## At the lesion level:

- 4) Radicular
- 5) Hyperalgesic border reaction
- 6) Fracture
- 7) Myofacial (incomplete lesion)

## Below the lesion level:

- 8) Diffuse burning
- 9) Phantom
- 10) Visceral
- 11) Myofacial (incomplete lesion)

This allows clinicians to differentiate between types and locations of pain, and is therefore most useful for people with complex pain.

## Availability

Can be found in:

Putzke JD, Richards JS, Ness T, Kezar L. Interrater reliability of the International Association for the Study of Pain and Tunks' spinal cord injury pain classification schemes. Am J Phys Med Rehabil 2003; 82(6), 437-440.

http://www.ncbi.nlm.nih.gov/pubmed/12820785

# **Assessment Interpretability**

Minimal Clinically Important Difference	Statistical Error	Typical Values
Not established in SCI	Not established in SCI	Not established in SCI

Measurement Propertie	25	
Validity		Reliability – <b>Low</b> to Moderate
Not established in SCI		Low to Moderate Inter-rater reliability between 3 raters: Kappa coefficient = 0.33-0.65 Rate of agreement across all raters = 17% (Putzke et al. 2003; n=29, mixed injury types, > 1 year post-injury) Number of studies reporting reliability data: 1
	Responsi	veness
Floor/Ceiling Effect: Not established in SCI	<b>Effect Size:</b> Not established in S	Number of studies reporting Cl responsiveness data: 0