

# Classification System for Chronic Pain in SCI

## Assessment Overview

### Assessment Area

**ICF Domain:**

Body Function

**Subcategory:**

Sensory Function

**Subscales (Categories):**

Neuropathic Pain:

SCI, Transitional Zone,  
Radicular & Visceral Pain

Musculoskeletal Pain:

Mechanical Spine & Overuse  
Pain

### Summary

The Classification System for Chronic Pain in SCI is a pain classification inventory with 2 major categories: neuropathic pain and musculoskeletal pain. It is designed to help with the standardization of pain terminology used in the SCI population. Pain is categorized by pain location and distribution, as related to level of spinal injury (e.g. above level, at level or below level). This information is combined with a classification of the person's pain (to form the 18 items).

### You Will Need

**Length:**

18 items

**Training:**

None, but background in pain  
knowledge is useful

**Scoring:**

Table completed using "yes",  
"no", "maybe" indicators

### Availability

n/a

**Languages:** English

## Assessment Interpretability

### Minimal Clinically Important Difference

Not established in SCI

### Statistical Error

Not established in SCI

### Typical Values

Not established in SCI

## Measurement Properties

### Validity

#### Results of expert voting to determine Face Validity:

Valid and useful: 4%

Useful but requires more validation: 20 %

Useful but requires changes/improvement then further validation: 52%

Not useful or valid for research in SCI: 25%

It was determined to be less valid and useful than both the Bryce-Ragnarsson Pain Taxonomy (BRPT) and the International Association for the Study of Pain (IASP) SCI Classification.

(Bryce et al. 2007; n=59, participants at scientific meeting)

**Number of studies reporting validity data: 1**

### Reliability – **Moderate**

#### **Moderate** Inter-rater reliability:

Strength of agreement between raters in categorizing pain problems **reported on questionnaires**:

Kappa =0.68

Strength of agreement between raters in categorizing pain problems **in person**:

Kappa =0.66

(Cardenas 2002; n=163, 114 males, mixed injury types, community living)

**Number of studies reporting reliability data: 1**

## Responsiveness

#### Floor/Ceiling Effect:

Not established in SCI

#### Effect Size:

Not established in SCI

#### Number of studies reporting

**responsiveness data: 0**