

Classification System for Chronic Pain in SCI/Cardenas Pain Classification

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

You Will Need

Length:

18 items

Training:

None, but background in pain
knowledge is useful

Scoring:

Table completed using “yes”,
“no”, “maybe” indicators

Summary

The Classification System for Chronic Pain in SCI/Cardenas Pain Classification 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).

Availability

Can be found [here](#).

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; 52% tetraplegia, 47% paraplegia; 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