Donovan SCI Pain Classification System

Assessment Overview

Assessment Area

ICF Domain:
Body Function
Subcategory:
Sensory Function

You Will Need

Length:
5 possible categories for each pain area; up to 40 minutes
Training:
Knowledge on the study of pain is recommended

Summary

The Donovan SCI Pain Classification System proposes 5 types of pain: segmental nerve/cauda equine, spinal cord, visceral, mechanical, psychic.

It combines both mechanistic factors (e.g. slow fibre conduction from skin) and descriptive factors, such as time to onset post-injury, characteristics of pain (e.g. burning, stabbing, dull aching, etc.), pain duration, and factors that improve or worsen the symptoms.

Availability

Can be downloaded from “Donovan SCI Pain Classification System” page.
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

Not established in SCI

Reliability

Test-retest Reliability:
Overall test-retest reliability is 78%
Percentage agreement:
for segmental nerve/cauda equina was 67%
for visceral was 75%
for mechanical was 80%
for spinal cord was 84%

(Putzke et al. 2003; n=28, 23 males, traumatic SCI, mixed injury type, mean time since injury (SD) = 10.3 (7.2) years)

Inter-rater Reliability:
Agreement between all 3 raters: 50-62%
Agreement between pair of raters: 62-73%

(Richards et al. 2002; n=28, 23 males, traumatic SCI, mixed injury type, Mean time since injury (SD) = 10.3 (7.2) years)

Intra-rater Reliability:
Agreement ranged from 67-83%.

(Putzke et al. 2003; n=28, 23 males, traumatic SCI, mixed injury type, mean time since injury (SD) = 10.3 (7.2) years)

Number of studies reporting reliability data: 2

Responsiveness

Floor/Ceiling Effect:
Not established in SCI

Effect Size:
Not established in SCI

Number of studies reporting responsiveness data: 0