

4.6 Pain

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsls

Quick reference guide highlights

- **Always follow the current care plan for the person that you're working with, to help with management of different types of pain.**
- **Note:** Always work within your scope and consult the care plan and the stroke care team with any questions regarding various interventions and any impact that it may have to your role. Always seek medical advice regarding medication use to manage pain.
- Pain after stroke is common. It often occurs in the affected shoulder; however pain can occur in other parts of the body.
- Pain may be present in parts of the body with impaired movement or sensation, in people with cognitive impairment including dementia, or even in a person who is not conscious.
- Pain is usually described by how long it has been present (duration), what caused it (source), location, type of sensation experienced, intensity, and how it interferes with function.
- **Acute pain:** usually short-lived and comes from an event such as an injury.
- **Chronic pain:** may occur as a long-term consequence of the stroke, may have been present before the stroke, or may have no clear explanation. This pain usually lasts more than 3-6 months.
- Untreated pain can contribute to anxiety, sleep disturbances, memory problems, reduced appetite, poor posture, depression, irritability, mood, and other symptoms, and can interfere with recovery.
- Pain can interfere with daily activities like going to the bathroom, dressing, and grooming and the ability to move and participate in activities. Pain can also decrease participation in social activities.



How you can help – General strategies

- Recognizing and identifying the type of pain can lead to the right treatment. You might be the first to hear about or notice signs of pain.
- Report the person's pain or changes to your team so an assessment can be completed. Make sure to note when the pain started, the location, and severity.
- Ask simple questions (e.g., yes/no) to better understand the type and intensity of the pain such as: Can you point to areas where you have pain? Do you have pain during/after movement?
- Be patient. They may need more time to explain what they feel.
- Acknowledge the person's pain, and provide reassurance and empathy.
- Monitor pain intensity, what increases pain, and the effectiveness of strategies used to reduce pain.
- Discuss the person's pain with the team, to ensure that pain management and medication are adequate. Ask how you can best support the person you are working with.

Recognizing pain

- Watch for signs that the person may be in pain.
- The person experiencing pain is the only one who can describe the severity.
- Be alert to body language and movement, especially if a person is unable to communicate. If the person cannot tell you, ask a family member how the person usually shows pain.
- People may express pain in various ways such as:
 - **Verbally:** uses words such as “That hurts! Stop that!” and/or uses pain-related words (e.g., sharp, dull, burning, throbbing).
 - **Making sounds:** moans, groans, grunts, cries, gasps, sighs.
 - **Physically:** rubbing or massaging the painful area, bracing, holding, or guarding an area, especially when they move, frequent shifting, restlessness, rocking, or not able to stay still, impaired bowel and bladder function.
 - **Facial expressions:** such as frowning, grimacing or wincing.
 - **Behaviour changes:** such as restlessness, anger, irritability and/or changes in appetite.
- Pain scales are sometimes used to measure the intensity of someone's pain. Check with your team whether you should be using a pain scale to detect or monitor pain.

Common types of pain include:

Note: Please see full **TACLS-Pain** for additional information and how you can support individuals with these various types of pain.

- **Hemiplegic Shoulder Pain:** Shoulder pain on the affected side may begin within a few days, weeks, or months after the stroke and can occur for different reasons such as shoulder subluxation, mishandling, or poor positioning of the arm. **Shoulder Subluxation:** Gravity, improper handling, and positioning of the affected arm can lead to subluxation (partial dislocation) of the shoulder which causes pain and impaired movement.
 - Preventing shoulder pain is key. Identifying and treating shoulder pain early is also very important.
 - Early supportive positioning and correct handling can help prevent shoulder pain. Treatment is more difficult after the pain is established and becomes chronic.
 - Always handle and move the affected arm carefully in all care activities to prevent painful stretching of muscles and ligaments. Do not lift the person underneath the shoulder. Ensure the arm is always appropriately supported when the person is sitting, standing, or walking. Work with the therapy team to ensure you know how to handle and position the affected arm correctly.
- **Spasticity and Contractures:** Spasticity, or increased muscle tone, may develop in a limb weeks or months after a stroke, and make the limb feel stiff and more difficult to move. This can lead to pain, muscle shortening, reduced joint range and muscle contractures, and impact functional recovery.
 - A therapist may recommend positioning, range of motion exercises, stretching, and a splint to maintain optimal muscle length in some cases. A physician may recommend medications and other medical therapies to help manage spasticity.
 - Handle and position affected limbs carefully and according to the care plan. Do not force the limb to move. Refer to positioning guidelines. If you notice increased joint stiffness or pain, report it to a team member.
- **Hand Edema:** A person who had a stroke with paralysis or weakness of the arm and hand may develop fluid buildup in the tissues of the wrist and hand called edema (swelling). Edema can contribute to pain, stiffness, disuse and decreased active movement.
 - An occupational therapist and physiotherapist may provide recommendations to manage hand edema (swelling). Follow the current care plan.
- **Complex Regional Pain Syndrome (CRPS):** Less commonly, a person may develop a painful complication of stroke, CRPS. It can lead to chronic pain and is not well understood. Prevention and early diagnosis are critical to effective management.
 - Early signs and symptoms include: burning, throbbing pain, sensitivity to touch or cold, swelling of the painful area, changes in skin temperature and colour, joint stiffness, very limited range of motion in a limb, and decreased ability to use the affected limb.
- **Central Post-Stroke Pain (CPSP):** CPSP is rare but can occur when a stroke affects the parts of the brain that process sensory stimuli like heat, cold, and touch. It causes the brain to register all sensations as pain. Primary symptoms are pain and loss of sensation, usually in the face, arms, and/or leg.

- CPSP can dramatically hinder a patient's ability to perform ADLs, interfere with sleep and reduce quality of life.
- A person with stroke, family members, and caregivers all need training on the treatment of CPSP, including the dosing, timing, and contraindications of pain medication .
- A person may report other types of pain (e.g., from previous conditions such as arthritis or back pain). **It is important to report all pain to the stroke care team.**

Note: This information represents only some of the priorities of care related to pain; consult the physician, nurse, occupational therapist and/or physiotherapist for any questions or concerns regarding pain and pain management.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Rehabilitation and Recovery following Stroke**, 6th Edition, Sections 5.2, 5.3 and 9
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Pain**
3. Evidence-Based Review of Stroke Rehabilitation – **Chapter 17 – Medical Complications Post Stroke**

Taking Action for Optimal Community and Long-Term Stroke Care is for informational and educational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. Healthcare providers and other users of this TACLS content are responsible for adhering to their professional college standards of practice, their organizational standards and policies, and for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication.