

THRIVE: PRACTICAL INSIGHTS
ON PEDIATRIC DEVELOPMENT

Pain That Doesn't Go Away

PAIN IN CHILDREN AND TEENS

Pain in children and teens is complex and may be difficult to diagnose. In kids, the nervous and musculoskeletal systems are still developing. A child's perception of pain is different from an adult. Children may be unable to differentiate or describe types of pain (i.e. sharp, dull and intense). Some types of pain are straightforward (i.e. post-injury) and other types require more analysis and research (i.e. pain from migraines, pain following a virus, pain after surgery, fibromyalgia, chronic pain, Complex Regional Pain Syndrome).

Pain in children and teens is broadly referred to as Amplified Musculoskeletal Pain (AMP). Complex Regional Pain Syndrome (CRPS) is another name for AMP. AMP can impact physical activity, mood, school performance, sleep and many other areas. It is chronic pain.

WHAT IS CHRONIC PAIN?

The simple description is pain that lasts longer than 3 months and interferes with a person's ability to participate in activities of daily living.

WHAT IS CRPS/AMP?

Either is a condition of severe localized pain. It is difficult to diagnose and is usually diagnosed by ruling out other possible conditions or diseases. Its prevalence is probably under identified in children and adolescents. It occurs in girls more often than boys. It involves the lower extremities more often than upper extremities. It can move from one extremity to another.

INDICATORS OF AMP/CRPS:

A known cause or event that starts the pain cycle, but not always in children

Severe pain with light touch or skin, pain response which is disproportionate to injury or continuous pain

Changes to the area affected such as swelling, blood flow, hair growth or skin color

No other clear cause of pain or inability to move

No obvious nerve damage

EVIDENCE BASED TREATMENT:

Elusive pain disorders can be very upsetting for families. Traditional medical care may fail when there is no designated reason for the pain, customary techniques are not beneficial or medications cannot or should not be sustained over a period of time. A multidisciplinary approach is often recommended, including:

Physical Therapy

Occupational Therapy

Psychological Intervention

Physician-prescribed mild medications

Treatment strategies include:

Child and caregiver education

Relearning normal use of the affected body part

Desensitization

Strengthening of the affected body part

Coping skills to manage emotional components such as relaxation and mindfulness

Mobilizing community resources

Outcomes include:

Restoration of function

Pain relief

Reduced school absenteeism

Social inclusion, not isolation

Improved self awareness

**HAVE A CONCERN?
CALL CHILD & FAMILY
DEVELOPMENT TO SCHEDULE
A FREE PHONE INTAKE!**

Child & Family Development physical therapists, occupational therapists and psychologists can help your child get back to his/her healthy, happy self. You will be amazed at the ability to retrain the brain and body!