

**Screening & Diagnosis**



**Diagnosis informed by:**  
 1) Complete Patient History; 2) Physical Examination; 3) ISCIPI; 4) Investigations.  
**Supplemental Tools:** SCIPi & NPSI

**Assess New or Worsening Neuropathic Pain**

**Address patient concerns, expectations, needs**

Electric shock, shooting, squeezing, burning pain. Segmental pattern, located at NLI and/or within 3 dermatomes, or involves cauda equina

Electric shock, shooting, squeezing, burning pain. Located more than 3 dermatomes below NLI (but may include them)

Neuropathic pain indirectly related or unrelated to SCI, such as carpal tunnel syndrome, postherpetic neuralgia

**At-Level Neuropathic**

**Below-Level Neuropathic**

**Other Neuropathic**

**Treatment Recommendations**

**General Treatment Principles**

G1. Those with NP after SCI should be encouraged to pursue self-management strategies that they find beneficial for pain intensity reduction, coping with pain, and improving functional abilities.

G2. A comprehensive pain management strategy should address issues with activity, sleep, and mood that result from, or may worsen, pain. This could include both pharmacologic and non-pharmacologic strategies, as appropriate.

G3. Consider referral for specialized expert multidisciplinary SCI rehabilitation management to address functional limitations. (activity, mood, sleep).

G4. An interdisciplinary pain program that may consist of patient education, CBT, self-management strategies, group discussions, exercise, or guided relaxation could be considered in those with SCI and NP.

G5. CBT could be considered to improve coping skills and reduce pain interference.

**Reassessment**

Reassess & Document new or worsening pain

ISCIPIBDS should be used

NPSI can be used to supplement

**1<sup>st</sup>-Line**

**Pregabalin  
Gabapentin**

*Should be used*

**Amitriptyline**

*Can be used*

Treat appropriate to condition (e.g. carpal tunnel release, neuropathic pain medications)

**Non-1<sup>st</sup>-Line**

<p><b>B Options:</b></p> <p>Oxcarbazepine</p> <p>Lamotrigine (for incomplete SCI)</p> <p>Tramadol</p> <p><i>Can be used</i></p>	<p><b>C Options:</b></p> <p>tDCS</p> <p>Combined tDCS and visual illusion</p> <p>Botulinum toxin A</p> <p><i>May be Considered</i></p>	<p><b>D Options:</b></p> <p>TENS</p> <p>Oxycodone</p> <p>Cannabinoids</p> <p>DREZ (last resort)</p> <p><i>May be Considered</i></p>
---	--	---

**Treatment Response Assessment**

**Standardized Evaluation**

ISCIPIBDS for evaluation of changes in pain intensity, mood, and function.

NPSI can be used to supplement evaluation