

Aim

Many specialists from different countries and a variety of branches of medicine are increasingly involved in Pain Medicine. This is certainly a boost to cultural richness. However, this creates a point of weakness in the lack of uniformity of clinical approaches to the patient and in the different uses of the various available diagnostic tools.

The Montescano School will help pain clinicians to refine their clinical neurological approach and to improve their ability to interpret instrumental and laboratory findings.

For the many who do not work in a multidisciplinary team or who rely on external support, the School will also provide the skills for a better understanding of the various diagnostic tests.

Faculty *to be confirmed*

Marijana Bras
Sergio Canavero
Roberto Caporali
Roberto Casale
Pierluigi Chimento
Andrei Danilov
Giuseppe Debeneditis
Giampaolo Desena
Magdi Hanna
Per Hansson
Hans Kress
Marco Lacerenza
Rudolf Likar
Marco Maresca
Marco Matucci Cerinic
Giustino Varrassi

School Venue

The School will take place at
**Montescano Rehabilitation Centre,
Institute for Research and Care (IRCCS)
"Salvatore Maugeri" Foundation**
Via per Montescano - 27045 Montescano (Italy)

General information

Contacts

School's Director: roberto.casale@fsm.it
School's Secretary: sandro.lamanna@fsm.it

More details at:

www.montescanoschool.eu
www.efic.org

ECM and EAECM credits requested



2011 Montescano School

3rd MONTESCANO EFIC SCHOOL FOR:

**NEUROLOGICAL DIAGNOSIS
IN CHRONIC PAIN**

"Clinical and instrumental processes"

10-13 October, 2011



"Salvatore Maugeri" Foundation
Scientific Institute for Research and Care
Montescano (PV) - Italy
Dept. of Clinical Neurophysiology
& Pain Rehabilitation Unit



MONDAY

FROM 8 am TO 1 pm

- Message from EFIC President
 - EFIC initiatives
 - The relevance of pain and the importance of a correct cost/benefit diagnostic procedure in pain medicine

THE OUTPATIENT

In outpatient practice it is important to make a first essential screening (neuropathic, nociceptive, mixed pain). The aim of this section is to give a quick reference flow chart for clinicians mainly working in outpatient clinics.

- The interview
 - Shotgun or gestalt
 - Minimum instrument set needed and how to use it (hammer, tuning fork, Von Frey hairs, heat and cold, dermatographic pencil)
- The clinical examination of the somato-sensory system
 - Mechanical static, dynamic, pinprick
 - Mechanical deep somatic
 - Thermal (heat & cold)
- The associated motor impairment
- Questionnaires and diaries
 - How to make easy and fast recordings of the clinical picture (analogic, semantic, numerical)
 - Complex pain questionnaires and specific disease-oriented questionnaires
 - Quality of life, ADL
- Cartography of pain

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for clinical diagnosis in chronic pain.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

TUESDAY

FROM 8 am TO 1 pm

- The clinical approach to visceral pain
- The segmental neuromyotherapy approach to myofascial (deep somatic) pain
- Diagnostic procedures: what to ask for and how to interpret it
 - Laboratory (blood samples for inflammatory markers, etc.)
 - Standard and routine neurophysiology
 - Neurovegetative tests (non-invasive)
 - Sudomotor studies (SSR; QSART Quantitative sudomotor axon reflex test)
 - Vasomotor studies (Photoplethysmography; LASER Doppler)
 - Skin temperature (Thermography)
 - R-R variability (Valsalva manoeuvre, tilt test,)
 - Quantitative sensory testing
 - Thermal
 - Vibratory
 - Light touch

Pain Tournament "Europe Against Pain"

The First Challenge

A tournament will be organized between participants to verify the level of knowledge acquired after this session. The tournament consists of simulated cases within a range of pain topics from those most frequently seen in the outpatient setting. The aim is to make this an educational exercise while introducing the fun of a competition. The winner will be the participant who obtains the diagnosis in the shortest possible time with the most limited and best use of the laboratory results.

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for clinical and instrumental diagnosis in chronic pain.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

WEDNESDAY

FROM 8 am TO 1 pm

THE INPATIENT: DIFFICULT DIAGNOSIS AND DIFFICULT PATIENTS

A patient is referred to a pain clinic mainly for further investigations, confirmation of the diagnostic hypothesis or to start a given treatment. Quite often they can be defined as "difficult patients". In this setting the clinical and diagnostic tools should be used to define the type of pain precisely and determine the possible sites of action of the therapeutic options.

- Difficult patient or difficult diagnosis
- The multidisciplinary approach to and the critical revision of the highly complex patient's history
- Chronic pain and the psychological profile of the difficult patient
 - Tests
 - Structured interview
- The neuro-psycho-social model
- Special neurophysiology testing (clinical indications and limitations)
 - Microneurography
 - Evoked potentials (LASER, dermatomeric, SSEP)
 - Reflex responses (blink, Ralll)
 - Brain mapping

FROM 2 TO 6 pm

Polling Session

Use of diagnostic work-up algorithm for clinical and instrumental diagnosis in highly complex chronic pain patient.

Afternoon Practical Training

Participants will carry out exercises applying what they have learned in the morning lessons through workshops composed of small groups, interactive sessions, role playing and multimedia simulations.

THURSDAY

FROM 8 am TO 1 pm

- Poorly or non-invasive diagnostic procedures. What they can tell us about pain mechanisms
 - Peripheral nerve blockade
 - Electrostimulation (SCS, PNS, etc.)
 - Bier's blockade with different compounds
- The pharmacological dissection in the clinical understanding of pain models
 - Intravenous
 - propofol
 - lidocaine
 - fentanyl
 - adenosine
 - Intrathecal
 - midazolam
 - baclofen
 - anaesthetics
 - adenosine
 - clonidine
- Neuropathic, Nociceptive Mixed: Rephrasing unclear concepts: uneasy questions from the Participants

Pain Tournament "Europe Against Pain"

The Final Challenge

The "losers" of the First Challenge will have a second chance to tackle more complex and challenging cases of chronic pain. As for the First Challenge, the tournament will consist of simulated cases within a range of highly complex pain topics. The aim is to make this an educational exercise but with the fun of a competition.

FROM 2 TO 4 pm

Polling Session

Use of diagnostic work-up algorithm for pharmacological and poorly invasive diagnostic procedure

Learning questionnaires

In this setting, the clinical and diagnostic tools learned during the School will be discussed and compared, with teachers, in relation to real clinical cases.