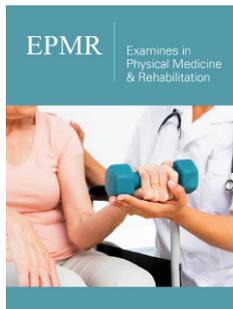


# Overlooked Symptoms of Chronic Pain

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ISSN: 2637-7934



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**Submission:**  September 20, 2022

**Published:**  September 23, 2022

Volume 3 - Issue 4

**How to cite this article:** Nelson Howard Hendler. Overlooked Symptoms of Chronic Pain. Examines Phy Med Rehab. 3(4). EPMR. 000570. 2022.  
DOI: [10.31031/EPMR.2022.03.000570](https://doi.org/10.31031/EPMR.2022.03.000570)

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## Opinion

Pain is a poorly understood component of medicine. Despite the fact that pain is one of the most common reasons a patient seeks medical assistance, there is limited understanding of this process. Pain often produces a great deal of anxiety for patient because it signals that something is wrong within the body. This is further complicated and compounded by the fact that pain is a totally subjective experience. There is no way to accurately and consistently measure pain. However, one of the first questions most physicians ask a patient is “How much pain do you have?” This inanity has been perpetuated by the advent of the most useless of all medical assessments which is an attempt to quantify this subjective experience-the fifth vital sign. Nowadays, a physician asks a patient “How much pain do you have on a scale of one to ten?” and then dutifully records the answer. This has no diagnostic value.

Research from Johns Hopkins University School of Medicine documents that 40%-80% of chronic pain patients are misdiagnosed [1]. An extreme example of this mislabeling of patients is fibromyalgia. In one recent study, the authors found that 37 of 38 patients (97%) told they had fibromyalgia did not meet the diagnostic criteria for this disorder. In the 37 patients who really did not have fibromyalgia, the authors found 133 other medical disorders, documented by objective medical tests, who needed surgery to improve [2]. Likewise, 71% to 80% of patients told they had Complex Regional Pain Syndrome (CRPS) or Reflex Sympathetic Dystrophy (RSD) were found to have just undiagnosed nerve entrapment syndromes [3,4]. As the result of being misdiagnosed and having chronic and persistent pain, patients go through four stages of psychological responses, spanning 3-12 years [5]. Eighty-nine percent of these patients get depressed, and the suicide rate in this patient group is 2 to 3 times higher than the general population [6,7]. To address this high rate of misdiagnosis in chronic pain patients, researchers from Johns Hopkins University School of Medicine developed an “expert system” diagnostic program, which produces diagnoses with a 96% correlation with diagnoses of Johns Hopkins Hospital doctors [8]. This system can also predict with 100% what a neurosurgeon will find when he operates [9]. This system used pattern recognition, and Bayesian analysis to interpret the 2008 possible answers to the 72 questions asked by the “expert system.” [8]. The system is available on several websites, including [www.PainValidityTest.com](http://www.PainValidityTest.com), [www.AllLabsPS.com](http://www.AllLabsPS.com), [www.DiagnoseThePains.com](http://www.DiagnoseThePains.com) and [www.MarylandClinicalDiagnostics.com](http://www.MarylandClinicalDiagnostics.com). Outcome studies document that when this “expert system” is used, narcotic use is reduced 89% of the time, tranquilizer and hypnotic use is reduced 85% of the time, and there is a 45% reduction in doctors’ visits [10]. The system is available to physicians for use in research without costs. Email Nelson Hendler, MD, MS at [Docnelse@aol.com](mailto:Docnelse@aol.com) to received free access.

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