



Assessment: Neuroplastic Pain

The following are positive indicators of neuroplastic pain. The more indicators that are present, the more likely that the symptoms are neuroplastic. While no single factor may be decisive on its own, the broader profile often clarifies the diagnosis.

1) Symptoms Originate Without Injury

The pain first came on without any preceding injury, or started several days after a possible injury.

Note: Even if pain began with an injury, if the pain persists after the injury has healed, it's likely neuroplastic. In most cases, the body heals within weeks to months after an injury.

- Did your symptoms originate after an injury? How long ago was your injury? What do medical physicians say about the normal course of healing following these sorts of injuries?

2) Symptoms Begin During Time of Stress

Stress puts the brain on high alert and can trigger pain.

- Did your symptoms begin during a stressful time? What was going on in your life when your symptoms began?

3) Symptoms Are Inconsistent/Vary

When there is variation in symptom location and/or intensity, it is more likely to be neuroplastic.

a) Symptoms Move/Spread

b) Delayed Onset: symptoms occur after, but not during, an activity/exercise

- Are your symptoms always the same? Are your symptoms always in the same location? Are there times that your symptoms are worse/better?

4) Symptoms are Unexplainable by Known Structural Conditions

a) Lack of a Physical Diagnosis: If doctors are unable to find any clear cause for the pain, that's a pretty solid indicator that it's neuroplastic.

Note: Even with the patient has a diagnosis, it is possible that it's neuroplastic.

- What do doctors say about your symptoms? How do you feel about what doctors have told you? Have you gotten different explanations from different providers? What do you think is the cause of your pain?

b) Multiple Symptoms: Assuming you don't have a systemic disorder such as multiple sclerosis, cystic fibrosis, or lupus, this points to neuroplastic pain. Having 3 or 4 unrelated medical conditions is extremely unlikely. If symptoms occur in many different parts of the body, or there is a history of multiple somatic symptoms, a single underlying cause - neuroplastic pain- is a far more plausible explanation.

- Have you ever had any other physical symptoms/chronic issues? Do you experience any other physical symptoms/pain now?

c) Symmetrical Symptoms: Brain processes can cause symptoms to be mirrored on both the right and left sides of the body.

- Are your symptoms always in your right hand/leg? What about the other side?

d) Symptoms on One Whole Side of Body/Face/Head/Torso: When symptoms cover an entire side of the body (e.g., left arm and left leg), or do not follow a dermatome (e.g., entire leg, front and back), they are unlikely to be structural.

5) Symptoms Triggered by Factors that Have Nothing to Do with the Body

a) Stress: Pain is triggered by/increases during times of stress. Conversely, the pain goes away/decreases and when you're authentically engaged in something enjoyable.

- Does your pain get worse when you're feeling stressed? Are you aware of your symptoms when you are engaged in something enjoyable?

b) Conditioned responses: In instances where pain becomes linked with a neutral trigger such as physical positions, activities, smells, sounds, light, the time of day, the weather, etc., it is likely that the pain is neuroplastic.

- When are your symptoms the worst? Does the pain increase during a specific time of day or activity?

6) History of Childhood Adversity

People who have experienced trauma in their childhood, such as abuse and neglect, are more likely to develop chronic pain as adults. But it isn't just *major* trauma that can lead to neuroplastic pain. Anything that made you feel unsafe growing up can predispose you to chronic pain.

When you have these kinds of experiences growing up, it can cause you to see the world through a lens of danger which makes you more susceptible to neuroplastic pain.

7) Presence of Common Personality Traits

There are certain personality traits that are common in people with neuroplastic pain. These are also common in people without chronic pain, but may be an additional indicator of neuroplastic pain. These traits all put the brain on high alert:

- Perfectionism
- Conscientiousness
- People Pleasing
- Anxiousness

8) Co-Occurring Mental Health Conditions

Neuroplastic pain and other mental health conditions (e.g., depression, anxiety, PTSD, OCD, eating disorders, and more) share common vulnerabilities and mechanisms. When one or more of these are present, neuroplastic pain is more likely.

9) Family History of Chronic Pain

A family history of seemingly unrelated pain conditions is an indicator of neuroplastic pain, due to shared psychological/neurobiological vulnerabilities. For example, a history of maternal headache, aunt with stomach pains, brother with hip pain, etc.