Station 1

A lady aged 45 years suffers from pain reaching her right thumb & middle finger despite repeated medications.

She has also pain in the tip or right shoulder with tenderness in the upperback of the middle of the right scapula associated with clear muscular tenderness present medially in the root of the neck.

MRI reads CENTRAL DISC HERNIATION at C5-6 level with degenerative spondylotic changes.

1- Describe the test to confirm radicular pain?

How can you differentiate it from facetal pain?

2- Figure 1 shows an intervention:

Where is the site of skin entrance &

which nerve is closest to the tip of the needle ?

3-Figure 2 shows a second intervention:

What is the name given to the second intervention?

Describe the technical procedure?

Station 2

A 59 years old non diabetic stunted lady suffers from pain on walking, standing, & sitting. She has also right leg pain reaching small toe & sole of the foot.

On examination:

+ve SLR on the right side.

Paravertebral tenderness at the level of L5 spine but clearly more evident in the pelvis at posterior superior iliac spine.

Pain & Numbness shooting to the right leg on flexion of right hip & knee with medial rotation of the knee.

Describe how to elicit SLR?

Which nerve is covering the dermatome described?

What is the intervention performed in Figure 1&2?

Radiofrequency machine is used figure 3 to denervate the offending pain .Which nerves are aimed at by the presenting RF needles?

What is the intervention in figure 4?

Mention the drugs which can be used?

Station 3

An 82 years old diabetic lady is suffering from long standing (more than 10 years) thoracic post herpetic neuralgia (PHN). Despite being on anticonvulsant & antidepressant drugs pain is beyond any control.

Mention which nerve fibers are predominantly destructed in PHN.

Is Transcutaneous Electric Nerve Stimulation (TENS) justified for alleviation of pain in PHN? & Why?

Intervention is performed in Figures 1 2 3 4 in order to modulate her pain.

What is the likely procedure?

Station 4

A 73 years old lady is suffering from acute Pain affecting left Mandibular & Maxillary distribution of trigeminal nerve; later an eruption appeared (figure 1)

Despite early antiviral, anticonvulsant treatment pain is excruciating & beyond control. She came to the pain clinician 2 weeks after the eruption.

What is the ideal block recommended to shorten the life span of the disease?

Patient undergone a block while in supine position:

What is the view in figure one?

Which vertebra is needled (fig 1 & 2)?

What is the distribution of the dye (fig 2 & 3)?

Before eruption patient was diagnosed idiopathic trigeminal neuralgia;

what is the standard drug & dose used for treatment ?

Station 5

Which of the following statements is (are) true T or false F regarding PEC 1 & PEC 2

PEC 1 Block:

Needle insertion in-plane & local anaesthetic spread between pectoralis major & pectoralis minor ( )

Involves the block of medial & lateral pectoral nerves ( )

Useful in more extensive breast surgery like mastectomy ( )

PEC 2 Block

Needle insertion is medial to PEC 1 block ( )

Local anaesthetics is deposited between pectoralis minor & serratus anterior muscles( )

Aims to block the lateral branch of the T2-4 spinal nerves ( )

It is performed usually at the level of the third rib ( )

Station 6

A middle age diabetic patient is suffering from acute low back pain spasm on movement early morning & on walking mainly on the left side. She has difficulty in prolonged standing & develops bilateral whole leg numbness on walking which is relieved by sitting.

On examination Tender L5 spine, bilateral paravertebral tenderness & bilateral pain on both greater trochanter.

Plain Xray (see Figure) reports:

First degree lytic spondylolisthesis of L5 over S1 vertebra.

Narrowing of L5-S1 disc space.

The musculoskeletal pain necessitated usage of both conventional RF & Botulinum A for muscular relaxation .

What are the relevant pain generators.

Describe your detailed pain management.

Station 7

A 48 years old male patient has left iliac fossa mass causing pain radiating to inner and anterior aspect of left thigh.

Pain is exaggerated in cold winds & relieved by hot bath.

Figures 1 2 3 4 5 demonstrate successful interventions.

Describe the name of the intervention, the site of dye deposition for proper technique & the site & volume of drug deposited?

He needs to continue on supplementary analgesics;

Write a proper prescription.

Station8

Answer by true or false for each statement

1-Visceral pain:

(a) Actual cutting of the intestine may not be perceived as painful. ( )

(b) Mostly felt at source rather than being referred. ( )

(C) Most afferents are thinly myelinated Aδ fibres and unmyelinated C fibres. ( )

(D) Referred pain is because of convergence.( )

2- Occipital Neuralgias:

(A) Mostly seen with position causing hyperextension of the head ( )

(B) Continuous dull ache is typical( )

(C) Nerve blockade is diagnostic ( )

(D) Radiofrequency lesioning can increase the duration of pain ( )

Station9

Requested to prepare an opioid tolerant patient for total hip replacement under 75mg clopidogrel for recent coronary stent.

Mention :

- **Drug therapy & duration prior to regional intervention.**
- **Acute pain service in association with central neuro-axial blockade using nerve stimulator or Ultrasound & PCA.**

Station 10

Answer by true or false for each statement

CENTRAL PAIN

a- Is always unilateral ( )
b- Can manifest as diabetic neuropathy ( )
C-Most common pain is burning type ( )
d- Most patients with allodynia get relief on movements of the limb ( )

PELVIC PAIN

a- Genitofemoral neuralgia presents as pain & burning sensation in inguinal region ( )
b- Dyspareunia is a feature of adenomyosis ( )
c- Pelvic venous congestion can cause pain ( )
d- Presacral neurectomy is helpful in endometriosis ( )