



## Letters to the Editor

### **A survey of pain during rehabilitation after acute spinal cord injury. *Spinal Cord*; Vol 35 No 10, October 1997; 658–663**

In the article 'A survey of pain during rehabilitation after acute spinal cord injury, it would be helpful to know whether the physical modalities applied listed as tens, ultrasound and dry needling, were done at the level of injury or below the level of injury given that the injuries assessed ranged from tetraplegia to cauda equina lesions. Our own recent experience has been persons with complete tetraplegia presenting with shoulder girdle pain of greater intensity than had been described in years past. Few interventions have been of benefit. The most significant finding is gradual resolution (partial) over time.

Patrick J Potter, MD, FRCPC  
Chief, Physical Medicine & Rehabilitation

### **In reply to Dr PJ Potter**

I thank you for your interest in our paper.

Regarding the physical modalities of TENS (transcutaneous electrical nerve stimulation), ultrasound and dry needling, these were used at different levels, depending on the type(s) of pain experienced by the patient.

Neuropathic pain was the commonest type of pain and the most difficult to treat. Generally TENS was the only modality used, either at the level of injury or below.

Myofascial pain usually resulted in pain at the level of injury or above. TENS, ultrasound and dry needling all underwent trials, either at the level of injury or above.

Orthopaedic pain was usually experienced at the level of injury or above, and was treated with TENS and ultrasound, also at the level of the injury or above.

Shoulder girdle pain in patients with tetraplegia is not uncommon, and can have significant functional implications. My experience is that there are a diverse range of causes for this problem, and I agree that few interventions are of significant benefit.

Dr P New