Experts continue to differ about the pathology (if any) of Diffuse RSI. This paper describes a proposed method for differentiation between nerve injury pain and pain arising in pain sensors (nociceptors); the latter being associated with injury to tissue.

30 cases of nerve injury and 30 cases with nociceptive pain were examined for signs, symptoms and, responses to palpation. Diagnostic combinations of signs and symptoms were derived from these findings and then tested on 40 new cases of unknown diagnosis.

Most of the neuropathic injury cases were amputees or mechanical injury, 3 were complex regional pain syndrome. A high proportion of the nociceptive pain cases were people "diagnosed" with low back pain or RSI (16/30).

The proposed method of differentiation highlights the finding that nerve injury cases were more likely to have pins and needles and allodynia. The sensitivity and specificity of individual variables was not reported.

The diagnostic method in which variables were combined was found to have a sensitivity of 83% and specificity 87% with a corresponding positive predictive value of 86% and a negative predictive value of 84%.

Comment

It is debatable whether the author's differentiation between nerve injury cases and pain sensation cases would be universally accepted. There is growing conviction among pain specialists that back pain and RSI would be classified as examples of a central nervous system problem, the origin of the pain being neither nerve injury or nociceptive.

However, if valid, the report describes a remarkably accurate and convenient diagnostic tool that would tend to be used as evidence of tissue damage in RSI and back pain cases. In our view, a much more thorough study would be required to validate the underlying assumptions made during this study.

The diagnostic test should also be validated in a more general population setting and among people with co-morbid conditions.

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