Symptom Magnification Somatoform Disorder Malingering

AKA Hysteria / Embellishment / Psychologic Illness / Conversion Disorder

R. Evans. Illustrated Orthopedic Physical Assessment, 2nd Edition (2001)

Learning Objective

- Understand early warning signs and implement early recognition of various "nonorganic components" which may be present in the evaluation and treatment of neuromusculoskeletal injuries

Learning Objective

- Understand how to manage and when to refer "psychosomatic / nonorganic pain syndromes"

Definitions

SOMATOFORM DISORDER

- Group of mental disorders in which physical symptoms suggest the presence of a medical disorder but are not fully explained by a general medical condition, the direct effects of a psychoactive substance, or another mental disorder.
- ***Symptoms are not under voluntary control.***

CONVERSION DISORDER

- An ***unconscious defense mechanism*** by which the anxiety that stems from intrapsychic conflict is altered and expressed in a symbolic physical symptom such as pain, paralysis, loss of sight, or some other manifestation that has no organic basis.

Definitions

HYSTERIA

- Psychological disorder whose symptoms include conversion of psychological stress into physical symptoms (somatization), selective amnesia, shallow volatile emotions, and overdramatic attention-seeking behavior.
- The term has controversial meaning as it was formerly regarded as a disease specific to women.

MALINGERING

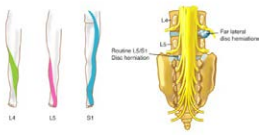
- Act of intentionally feigning or exaggerating physical or psychological symptoms for personal gain.
- ***Conscious Deception***

Nonorganic Signs Indicating Illness Behavior

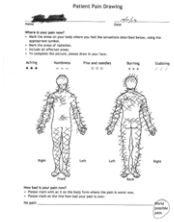
- Pain
  - Normal
    - Anatomic Distribution
  - Abnormal
    - Entire Extremity
    - Nonanatomic Distribution
- Numbness
  - Normal
    - Dermatomal
  - Abnormal
    - Stocking / Glove
- Weakness
  - Normal
    - Myotomal
  - Abnormal
    - Giveway Weakness in Entire Limb
- Time Pattern
  - Normal
    - Varies with Time / Activity
  - Abnormal
    - Never Free From Pain
- Response to Treatment
  - Normal (Variable Benefit)
  - Abnormal (Intolerant / ER Visits)

Pain

NORMAL



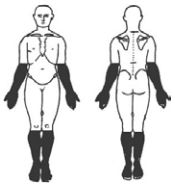
ABNORMAL



Numbness

NORMAL

ABNORMAL



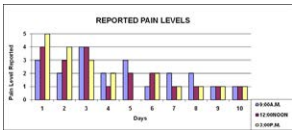
Weakness

NORMAL

ABNORMAL

Time Pattern

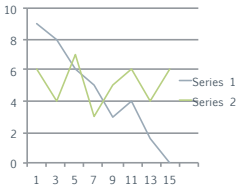
NORMAL



ABNORMAL

Response to Treatment

NORMAL



ABNORMAL

Specific Tests

- Libman's Sign
- Magnuson's Test
- Mannkopf's Sign
- Waddell Signs
- Flip sign
- Burn's Bench Test
- Plantar Flexion Test
- Regional Anesthesia Test
- Romberg's Sign

Libman's Test

- Assesses Patient's Pain Threshold
- Procedure:
  - Apply gradually increasing pressure to mastoid process.

Magnuson's

- Test for Lower Back Pain
  - Can be used for other regions
- Procedure:
  - Patient points to site of pain
  - Patient is distracted
  - Examiner then assesses if pain location changes greater than 1-2 cm.

Mankopf's Sign

- Activates ANS "Flight or Fight" Mechanism
- Procedure:
  - Examiner establishes resting pulse
  - Applies mechanical pressure over painful area
  - Should increase pain 10 bpm or more

WADDELL'S SIGNS

0-2 Waddell Signs is negative for nonorganic components

3-5 Waddell Signs positive for nonorganic components

What are Waddell Signs actually testing?

CATEGORY	SIGNS
Tenderness	Superficial: light pinching causing pain = positive Nonanatomic: deep tenderness over a wide area = positive
Simulation	Axial loading: downward pressure on the head causing low back pain = positive Rotation: Examiner holds shoulders and hips in same plane and rotates patient. Pain = positive
Distraction	Straight leg raise causes pain when formally tested, but straightening the leg with hip flexed ninety degrees to check Babinski does not
Regional	Weakness: multiple muscles not enervated by the same root Sensation: glove and stocking loss of sensation.
Overreaction	Excessive show of emotion

Waddell Signs as part of a physical exam

- Waddell signs are five physical tests, like hitting a patient on the head to see if their low back hurts, etc.
- Fishbain, et. al., (Pain Medicine, vol. 4, '03) did a meta analysis of 61 studies that reported using Waddell signs.
- Positive Waddell signs do not correlate with malingering, secondary gain, hysteria, psychological distress, abnormal illness behavior, nor somatic amplification
- They **do not** discriminate organic vs. non-organic problems, but they are misused that way.
- They do predict poor treatment outcome.
- There may be a real organic basis for positive signs.

Waddell signs as part of an IME

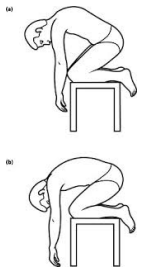
- The original article lists five Waddell's signs. (Waddell G, McCulloch HA, Kummel E, Venner RM. Non-organic physical signs in low-back pain. Spine 1980; Mar-April (5):2: 117-25)
- 1. Superficial and Widespread tenderness or non-anatomic tenderness –subjective (*seen in CRPS I*)
- 2. Stimulation tests: Axial loading (*actually a Spurling test which really is pathological*) and Pain on simulated rotation, i. e. bending and turning.
- 3. Negative distracted straight leg raise (*seated straight leg raising, rather than supine-not valuable for facet syndrome*)
- 4. Non-anatomic sensory changes: stocking or glove anesthesia. (*Peripheral neuropathy, carpel tunnel or Lymes disease may manifest as this*)
- 5. Overreaction-totally subjective. (*Seen with fear of pain*)
- *In reality, many Waddell signs really are found in other diseases as indications of pathology, and cannot be used to detect malingering*

Flip Sign

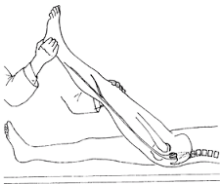
- Compare Supine SLR to Sitting SLR
- In my opinion, often misused by DME's.
  - Should be for radiating pain only, not localized lumbosacral pain.
  - LumboPelvic region is "fixed" in seated position
  - Lumbopelvic region is "mobile" in supine position (Goldthwaite's)

Burn's Bench Test

- Procedure:
  - Patient kneels on bench and bends trunk forward attempting to touch fingers to the floor.
- Patients should be able to perform with sciatica, sacralization, spondylolisthesis, and compression fractures of vertebra.



Plantar Flexion Test



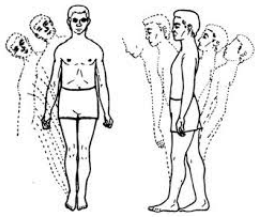
- Procedure:
  - Similar to Braggard's only plantar flexion is performed instead of Dorsiflexion.

Regional Anesthesia Test

- Procedure:
  - Define regional complaint of numbness and delineate where claimed numbness ceases.
  - With peripheral neuritis, upper border of anesthesia / paresthesia is "blurry" and different for each sensation tested, e.g., pain, touch, heat, and vibration.
- All sensations terminating at same location suggests nonorganic basis.

Romberg's (AKA Station Test)

- Perform Romberg's
  - With organic sensory ataxia, patient will sway the body from the ankles.
  - Swaying from the hips, toward a wall to catch one's self in the "nick of time", suggests malingering.



Case Exercise

- 8 months post MVC
- Low back pain belt line distribution
- Left lower extremity pain
- MRI performed 2 weeks post MVC revealed annular tear L5-S1
- Prior 6 months chiropractic care
- Condition overall worse since MVC
- Exam:
  - Diffuse paresthesias and patchy +1/2 sensation L4, L5, and S1 dermatomes
  - Weakness plantarflexion and eversion. No calf atrophy.
  - ROM diminished flexion and extension
  - Reported positive Triad
  - Allodynia
  - Hyperalgesia