# Digital pain drawings differ between persons with greater trochanteric pain syndrome and the clinician

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#### Background

Minimising differences in how pain distribution is depicted by patients with chronic, musculoskeletal conditions and clinicians may improve communication and may benefit management. Greater trochanteric pain syndrome is one of the most commonly presenting tendinopathies in middle-aged females and has a diverse pain presentation.

#### Aims

Pain drawings were compared between patients with GTPS and clinician (physiotherapist).

*Specific aims were* 1) To assess the agreement of

#### Methods



Digital pain drawings of front, back, left and right charts were completed



- Age 50 (SD 10) years
- 91% female
- Duration of symptoms







 Musculoskeletal physiotherapist with >20 years of clinical

the area of pain using Bland-

2) To assess any differences in pain drawings using overlay images, with the bounding box

(shape ) and by using the

Jaccard index (location  $\heartsuit$ ).

median 12 (IQR 8 - 24) months

 Average pain median 4/10 (IQR 3 – 5) experience

A single clinician completed all n=23 drawings

1. Agreements in area ()



### 2. Differences in pain drawings



The mean differences (limits of agreement [LOA]) in the area between clinician and patient drawings were less than -0.5% (LOA ranged between -2.35% to 1.56%) of total pixels for all charts (Bland-Altman plots). There was minimal overlap between patient and clinician drawings (Jaccard index range 0.09-0.18 out of 1). Bounding box showed similar overall shape in drawings for front (A), back (B), left (C), and right (D) views (p>0.17).

#### Conclusions

These findings suggest differences in
location, but not in
area or shape

#### Discussion

The use of digital pain drawings may improve patientclinician communication.

Impact of these findings on the decision-making and management of patients remains to be determined. Acknowledgements
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