

Introduction

Nerve injury may result in multiple changes within the central nervous system that perpetuate the pain experience. Increased numbers of the signals called action potentials cause hypersensitivity to pain. Redistribution of synapses, which connect the nerve cells establishing a circuit allowing the cells to communicate with each other, for mechanoreceptors, have generally receive pain signals, cause perception of pain to non-painful stimuli [1]. Increased receptive fields, especially in the dorsal horn cells, a group of nerve cells situated in columns in the back of the spinal cord, result in spread of pain. This happens because of neural plasticity, which is the flexible ability of the nervous system to modify their connections or circuits to accommodate to circumstances, in the central nervous system. The use of exercise and psychological treatments may be effective in persistent or chronic pain because these treatments retrain the nervous system to re-establish more normal neural connections [2]. Neurophysiologic assessment forms a part of a multidisciplinary approach to the management of persistent pain. Therefore the neurophysiologist is a member of the multidisciplinary team working towards a common goal [3]. Effective outcomes are achieved with open and on-going communication among the various team members. Examination of the central nervous system and musculoskeletal system is done if necessary. Most patients who have already undergone detailed examinations by the referring surgeon or physician and who have records of skeletal alignments. Mental status examination gives a comprehensive idea of the patient's present state of mind [4]. Assessment of function abilities and deficits, mobility, self-care, physical performance, energy levels, vocational, familial, social and self-function. Rating scales and instruments are objective measuring devices that are used in the initial assessment