

Self-Rated Pain Tolerance in Hip Arthroscopy Patients – If Someone Tells You They Have a High Pain Tolerance, They Probably Don't

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Faculty Disclosure Information

 AAOS: Board or committee member American Orthopaedic Society for Sports Medicine: Board or committee member

Arthroscopy: Editorial or governing board

Arthroscopy Association of North America: Board or committee member

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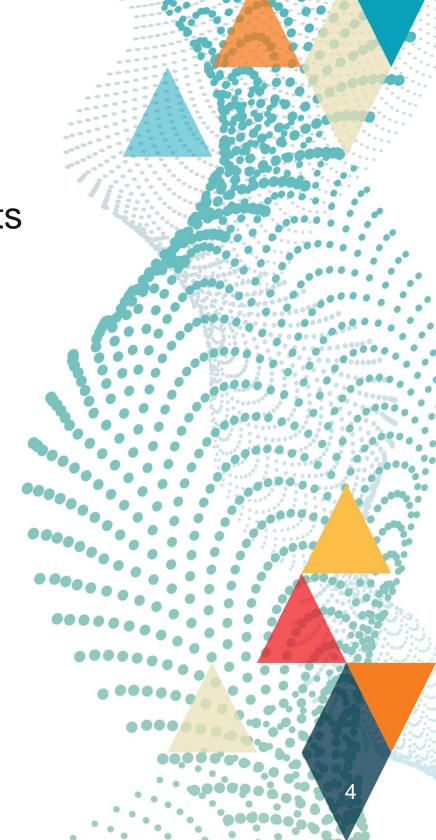


BACKGROUND

- Previous studies have attempted to determine if self-rated pain tolerance correlates with true pain tolerance.¹⁻³
- Limited data exists to quantify the subjective pain tolerance levels in hip arthroscopy patients.
- Many patients report that they "have a high pain tolerance"
- Though one would assume objective quantitative pain tolerance to be distributed normally across a sample, we hypothesize that the Lake Wobegon and Dunning-Kruger cognitive biases⁴ will cause patients to overestimate their own pain tolerance, resulting in the mean subjective pain tolerance significantly above the median.

PURPOSE

- Quantify self-rated pain tolerance among non-arthritic patients that underwent hip arthroscopy
- Determine if differences exist in self-rated pain tolerance between different sexes or age groups







METHODS

- Retrospective case series
- Inclusion criteria: patients undergoing primary hip arthroscopy by single surgeon; above age 18; completed questions regarding selfreported pain tolerance on new patient questionnaires
- Exclusion criteria: previous hip arthroscopy; did not complete new patient questionnaire; underwent concomitant sports hernia repair, hamstring, repair, or gluteal tendon repair
- Percentage of patients who reported themselves having a "high" pain tolerance was calculated
- Data stratified by age, sex, opioid use, and allergies
- Linear regression analysis to evaluate for significance



RESULTS

Age Group (years)		
<20	8	
20-29	53	
30-39	55	
40-49	58	
50-59	26	
≥60	5	
Total	205	

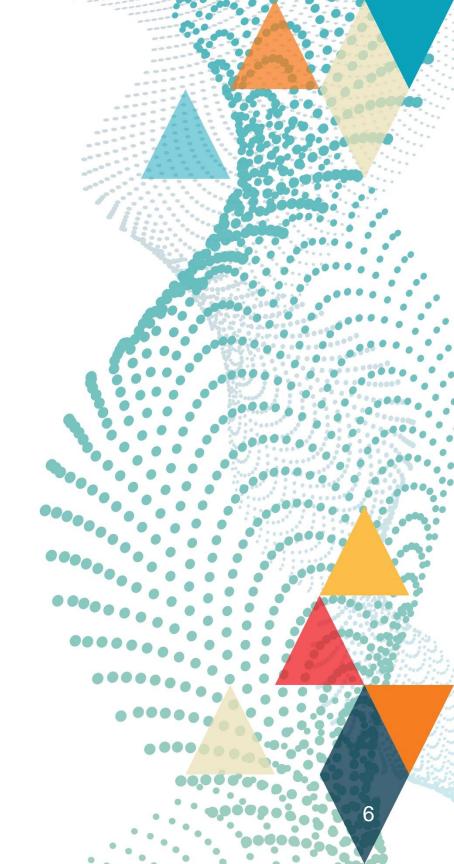
Allergies		
0	94	
1	39	
2	23	
3	10	
4+	39	
Total	205	

Prior Opioid Use (Y/N)	
Yes	101
No	104
Total	205

Sex (M/F)	
Male	66
Female	139
Total	205

Table 1. Demographic data





RESULTS

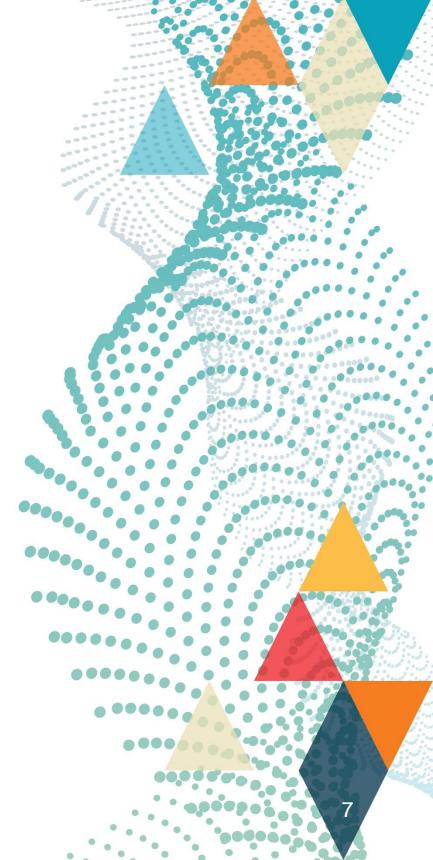
Age (years)		
<20	75.0%	
20-29	83.0%	
30-39	96.4%	
40-49	86.2%	
50-50	84.6%	
≥60	80.0%	
Significance	0.71	
(F)		

Allergies		
Yes No	87.4% 88.3%	
Significance (F)	0.84	
•		
Sex (M/F)		
Sex (M/F) Male	93.9%	
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Prior Opioid Use (Y/N)		
Yes	89.1%	
No	86.5%	
Significance	0.44	
(F)		

Table 2. Subjects with High Self-Rated Pain Tolerance (%)

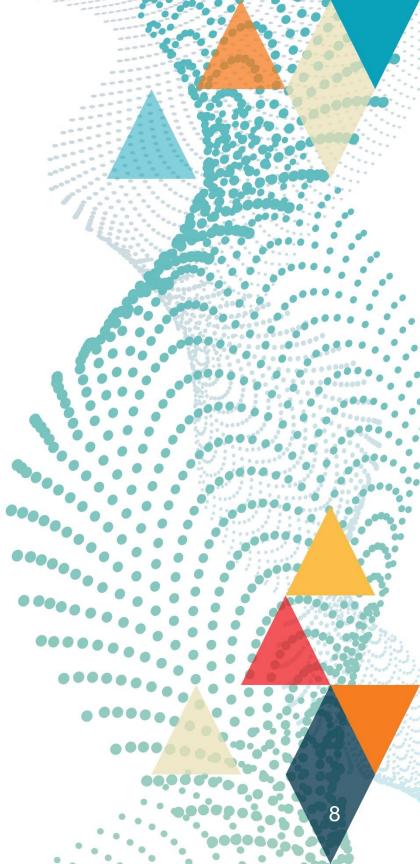




RESULTS

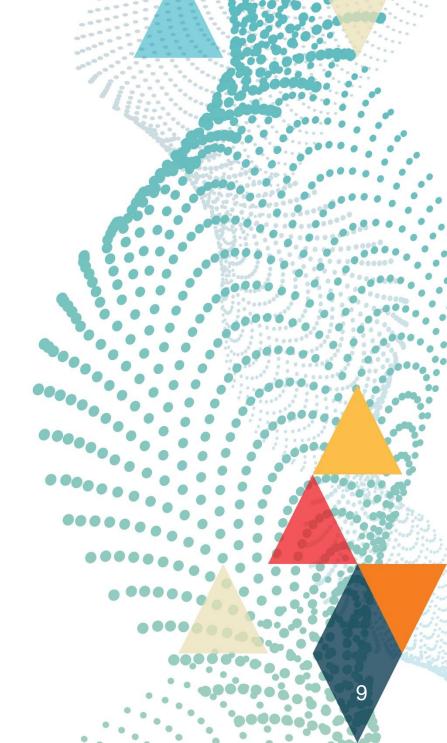
- 205 patients included (139 female, 66 male)
- 88% of patients self-reported a high pain tolerance
- Men reported high pain tolerance more than women
- The 30–39-year-old group had the highest percentage of high self-reported pain tolerance, while <20-year-old group reported lowest percentage
- 89% of patients with prior opioid use endorsed a high pain tolerance
- 87% of patients with allergies endorsed a high pain tolerance.
- No differences between any groups were found to be statistically significant





FUTURE ACTIONS

- Self-rated pain assessments may not be entirely reliable as a true indicator of pain tolerance
- Providers should consider individual factors and the many ways in which these factors interact with one another when planning postoperative pain management.





REFERENCES

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