

# Nociceptive, Neuropathic or Nociplastic Pain Phenotypes as Post-COVID Pain States

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## Introduction

Recent high-quality paper and meta-analyses provide ample evidence of the benefits of exercise training for people with fibromyalgia, including a reduction in pain and depression as well as an improvement in global health and physical function. The number and quality of RCTs examining the effects of exercise on fibromyalgia symptoms, function, fitness, and quality of life have increased. Tai chi, chi gong, yoga, Nordic walking, vibration, and lifestyle physical activity are among the exercise options that have recently been investigated. Fibromyalgia sufferers can exercise vigorously or moderately, according to research; However, participants' increased fibromyalgia symptoms have made it difficult for them to perform and maintain routines of a vigorous or even moderate intensity. The art of exercise prescription is unquestionably necessary for success. Exercise-related pain, fatigue, and musculoskeletal injury must be avoided to maximize benefits and ensure long-term adherence. When developing programs, individual characteristics like physical fitness, function and symptom severity, goals, and preferences should be taken into consideration. For deconditioned fibromyalgia sufferers, a gradual increase in intensity toward "moderate" intensity is recommended. Even though multidisciplinary treatment is recommended, primary care providers should encourage and support fibromyalgia patients to adopt active lifestyles that include regular exercise. The fundamental questions posed in the introduction have only partially been answered; however, if the current pace of research on exercise for fibromyalgia continues, clinicians will have the evidence they need to design and recommend the best exercise programs for this population [1-6].

## Description

This section explains how to distinguish between nociplastic pain and the nociceptive, neuropathic, or mixed phenotypes by using the IASP criteria and clinical reasoning process in people with post-COVID pain. It may be most beneficial to first establish whether nociceptive pain is the primary pain type because one patient can meet the criteria for multiple pain phenotypes. The distinction between neuropathic and nociplastic pain can then be made using additional criteria if a nociceptive pain pattern is disregarded.

## Conclusion

Due to a lack of awareness of the problem, post-COVID pain is still underdiagnosed and possibly undertreated. The research that is now available indicates that some of these people may have nociplastic discomfort. By

using the 2021 IASP clinical criteria and grading system to identify distinct pain phenotypes, the worldwide shift toward precision medicine can be used to post-COVID pain to aid in the most efficient treatment planning. The following four factors make it crucial for clinicians to be able to categorise patients with post-COVID pain as having nociceptive, neuropathic, nociplastic, or mixed type: In order to select the most appropriate therapeutic strategies, clinicians must first classify the different forms of pain.

## Acknowledgement

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## Conflict of Interest

None.

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