TABLE 1. Sources and Characteristics of Somatic and Visceral Pain

**Somatic Sources**

**Superficial Somatic Cutaneous Pain**
- Localized but may refer within 6–12 inches
- Aching
- Burning
- Throbbing (e.g., abscesses)
- Neck, hip, or elbow pain with reactive lymph nodes
- Reactive lymph glands are aggravated by pressure or stretching

**Deep Somatic Pain***

**Muscles**
- Localized or may be in referred patterns
- Increases with direct pressure on a tender area or site of lesion, locally or in a referral pattern

**Joints**
- Deep aching that is vague within the area (more common with peripheral joints) and a referred pattern that is felt more distally from the area (especially spinal joints)
- May decrease with rest or when stressful action has stopped
- May increase with activity
- Increases with stress testing or palpation

**Ligaments**
- Deep aching in the region of the ligament but may also be perceived distally
- Increases with stress testing or palpation

**Neurologic Pain**
- Characteristic pain referral patterns based on the site of the lesion
- May be associated with bone pain if the origin of neurologic compression is bone

**Bone Pain**
- Perceived close to the bone (see Table 2)
- Constant and not relieved by rest
- May be worse with walking, jumping, or other impact
- If a tumor is growing in a bone the pain will be gradually increasing and may be worse at night when the patient is trying to sleep

**Visceral Sources**
- Vague pain
- Deep pain
- Aching pain
- Boring pain
- Tearing pain
- If a hollow organ is involved, pain may be more colicky (i.e., crescendo and decrescendo)
- May involve visceral symptoms (see Table 4)
- May be felt deep or referred superficially to a somatic site (see Table 5)

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***Pain may originate in muscles, ligaments, joints, periosteum, vessels, dura, and fascia.

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