

Acute vs chronic pain – Medshield

From the momentary sting of a paper cut to the persistent discomfort of chronic conditions, pain is a universal human experience that serves as a crucial warning signal that something is wrong with our bodies. Each individual's encounter with pain varies, manifesting at diverse thresholds. It is a natural response that can become a debilitating condition that impacts your quality of life.

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Understanding the difference between acute and chronic pain can help you understand pain management strategies that suit your health and lifestyle. To start, we need to know how our bodies interpret pain.

Nociceptors are specialised nerve receptors that interpret the sensation of pain in our bodies and send signals to our brain from our muscles, joints, skin and organs. Our fingertips, tongue and skin are full of nociceptors that communicate with our brain to manage how we respond to the feeling of pain. Nociceptors' ability to interpret pain differs from person to person, making it difficult to describe pain and is one of the reasons we experience different levels of pain as being subjective, making it difficult to diagnose.

Pain's persistence – duration – determines if it is acute or chronic

- **Acute pain** is sharp and short-lived. Common examples include a fracture, burn, kidney stones, pulling a muscle or developing an infection resulting from open wounds. Acute pain can last for up to three months (12 weeks) and can impact your daily mobility for up to two months.
- **Chronic pain** persists daily for over three months. It may manifest as a persistent ache, burning, stiffness, numbness or sharp or shooting pains. Consulting a healthcare professional for a formal diagnosis and treatment plan is essential as chronic pain is often linked to an underlying health condition such as shingles, spinal cord injury, osteoporosis, arthritis or lower back pain, among others. Unlike acute pain, chronic pain often evolves into a distinct condition, making it challenging to treat effectively.
- **Subacute pain** is present for less than three months but more than one month. It is often associated with pain experienced during the healing process, such as scar tissue from a burn wound or physical injuries from a car accident that makes physical movement difficult. Your healthcare professional may recommend long-term therapy, li

physiotherapy, to help your healing process.

As subacute and chronic pain are associated with either a healing process or an underlying health condition, they require diagnosis by a healthcare professional who will identify the cause and recommend a suitable treatment plan. Understanding your medical aid cover and the correct claims procedure is crucial to save you time and pave the way to recovery.

Medshield Medical Scheme recommends that members consult their family practitioner (FP) for a physical assessment. The FP may suggest further screening and tests, including X-rays, MRIs or pathology tests. Your FP or healthcare professional will guide you in managing your healing process, including for instance, pain and inflammation medications, physical therapy, surgery, lifestyle changes and meditation.

Living with pain

Pain, whether acute, subacute, or chronic, is a complex and subjective experience that demands individualised treatment. Distinguishing between these types of pain is essential for tailoring effective pain management strategies. Acute pain requires prompt action and may be resolved as the underlying issue heals. Subacute pain may linger but often subsides with proper care. Chronic pain, on the other hand, necessitates a comprehensive approach that includes medical, physical, and psychological components.

If you or someone you know is struggling with pain, it is imperative to consult a healthcare provider to develop a personalised pain management plan. The goal should always be to reduce pain and improve overall wellbeing, allowing individuals to lead a fulfilling and pain-free life.

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