Name	Patient ID	
Scores and treatment:	Before	After
Previous evaluation date		
Today's date		
Change in score +/-		

CRPS/RSD Score Sheet

1. DISTRIBUTION OF SYMPTOMS		Before intervention	After interven-	
Symptoms limited to one extremity, or area of onset	0			
Proximal spread of symptoms to involve trunk	1			
Multiple extremities and/or extensive spread to trunk	2			
Whole body involvement	3			

2. PAIN: Report before and after intervention				
0 - 1	0			
2 - 4	1			
5 - 7	2			
8 - 10	3			

3. SUPERFICIAL SENSITIVITY				
Light touch feels unremarkable	0			
Light touch causes mild pain or dysesthesia	1			
Light touch causes severe pain or dysesthesia	2			
Even a breath of air causes severe pain	3			

4. SENSITIVITY TO DEEP PRESSURE				
Pressure feels unremarkable	0			
Pressure causes pain at the site of touch	1			
Pressure refers pain elsewhere	2			
Pressure causes intolerable pain	3			

5. COLD SENSITIVITY – alcohol drop test				
Coldness perceived as normal	0			
Coldness causes hypersensitivity	1			
Coldness causes marked pain	2			
Cold temperatures cause intolerable pain	3			

6. PERCEPTION OF INAPPROPRIATE WARMTH OR COLD				
No inappropriate sensations of warmth or cold	0			
Limb perceived as warm or cold	1			
Limb perceived as freezing cold or throbbing with heat	2			
Perception of heat or cold causes pain	3			

7. EDEMA				
No edema	0			
Minimal edema	1			
Pitting edema	2			
Grossly swollen extremity	3			

8. SKIN PERFUSION—SKIN TEMPERATURE & COLOR				
Symmetrical and appropriate skin perfusion	0			
Mild or occasional vasoconstriction or vasodilatation	1			
Marked & constant skin flow changes	2			
Vasospasm threatens viability of tissue	3			

9. BURNING SENSATION				
No burning sensation	0			
Mild burning sensation	1			
Moderate burning sensation	2			
Severe and intolerable burning	3			

10. JOINT FLEXIBILITY				
Unlimited movement in affected joints	0			
Movement is limited by pain and/or stiffness	1			
Movement is restricted by pain and/or stiffness	2			
Joints are fixed by pain and/or stiffness	3			

11. SUDOMOTOR CHANGES				
No abnormal sweating	0			
Occasional or mild increased sweating	1			
Frequent or profuse increased sweating	2			
Constant increased sweating	3			

12. USE OF EXTREMITY				
Normal gait or use of arm	0			
Dysfunctional gait or dexterity	1			
Walking aid required - no effective arm or hand use	2			
Requires wheelchair - or arm suppport with padding	3			

13. DEPRESSIVE SYMPTOMS				
None — mild	0			
Moderate but does not affect function	1			
Severe depression — suicidal ideation	2			
Incapacitating depression — suicidal gestures	3			

14. ANXIETY				
None to mild	0			
Moderate, infrequent panic attacks	1			
Severe, frequent panic attacks	2			
Incapacitating – delusional	3			

15. DISSOCIATION, FLASHBACKS, AMNESIA, FOCUS				
None - mild	0			
Moderate but does not affect function	1			
Intrusive	2			
Incapacitating	3			

16. DISSOCIATION: PARESTHESIA, LOSS OF FUNCTION				
None - mild	0			
Moderate but does not affect function	1			
Intrusive	2			
Incapacitating	3			

17. ATROPHY OF SKIN, NAILS OR HAIR		
No observable atrophy or hypertrophy		0
Minimal atrophy or hypertrophy		1
Easily observed or measured atrophy		2
Skin, nails and hair are severely atrophic		3

18. ATROPHY OF MUSCLE		
No observable atrophy or hypertrophy		0
Minimal atrophy or hypertrophy		1
Easily observed or measured atrophy		2
Limb has the appearance of skin and bone		3

19. NICOTINE USE

None		0
Equivalent of $^1/_2$ ppd cigarettes (include nicotine patch)		1
Equivalent of up to $1^1/_2$ ppd cigarettes		2
Equivalent or 2 or more ppd cigarettes		3

20. PAIN MEDICATIONS

No medications		0
Mild analgesics NSAIDs, anti-opiate analgesics		1
Opiate medications		2
Opiate medications in high doses		3

21. SLEEP AND FATIGUE

Sleep well, wake rested		0
Adequate sleep hours, wake tired		1
Inadequate sleep hours, disturbed sleep		2
Total or near total insomnia		3

22. ABILITY TO FUNCTION AT HOME

Functions without limit		0
Functions much of the time		1
Functions intermittently		2
Unable to be consistently effective in any capacity		3

23. ABILITY TO WORK or ATTEND SCHOOL

Able or ready to function full time		0
Able or ready to function part time		1
Self determined scheduled work only		2
Unable to function in any work-related capacity		3

24. FAMILY CONTROL ISSUES

Illness has no effect on family dynamics		0
Illness enables control of family dynamics		1
Illness reduces chance of breakup or physical abuse		2
Illness prevents family breakup or physical abuse		3

25. FAMILY DYNAMICS

Appropriate family involvement		0
Family tasks are impeded by the illness		1
Family over-supportive or in denial		2
Family totally enmeshed or disengaged		3

26. SUPPORT SYSTEMS

No support group		0
Web-based education		1
Member–active local or web-based support group		2
Leader of an illness support group		3

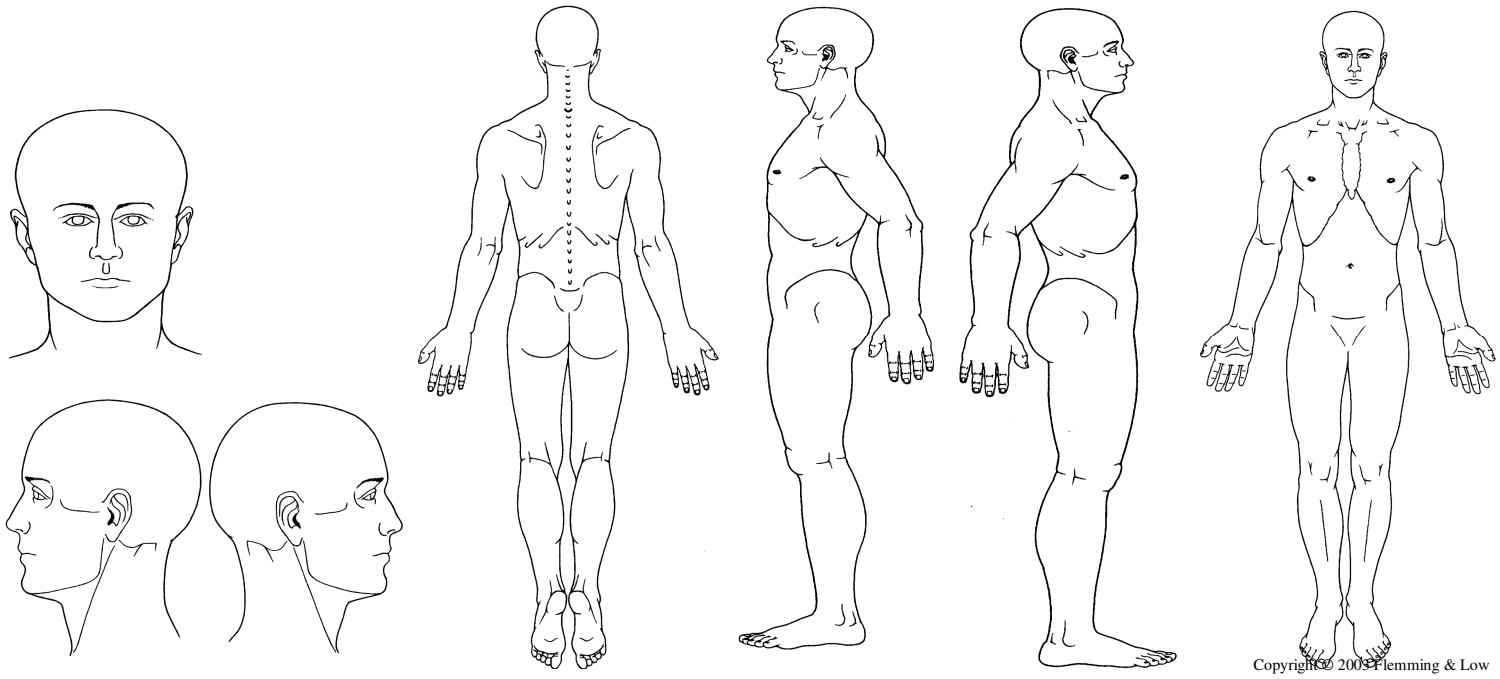
Notes:

Use the appropriate symbols to indicate the location of described sensations. Include all affected areas.

Numbness	Pins & needles	Burning	Stabbing
********	OOOO	XXXX	///////

Mark with an X to show the present intensity of pain

None 0 ———————————— 10 Unbearable



Notes for therapists:
Complex Regional Pain Syndromes

Center for
Integrated Therapy

This progress sheet helps provide:

- A baseline for comparison with future changes.
- Discovery of parts of the illness worthy of special attention.
- Goals of therapy.
- Demonstration of progress.

Use this form by marking the scores that apply. Some symptoms and signs are able to change within a treatment session, and these have two checkable boxes, one for use before treatment, one to demonstrate response to treatment. Each box corresponds with a score from zero to three. Add the scores and write the total in the spaces provided at the top of page 1. The overall scores represent intensity of disease. Repeat the test at each visit to follow progress.

CRPS/RSD

1. Distribution of symptoms: CRPS/RSD may begin at the site of an injury or operation. It can extend and ultimately become a whole body disease. Symptoms in only one extremity rates 0 points on this scale. All-over disease rates 3 points.

2. Pain level: Rate the pain on a scale of zero to 10. 10/10 is the maximum pain possible. Note how pain is relieved by an intervention such as an exercise in therapeutic imagery, medication or nerve block.

3. Sensitivity to touch: The lightest touch or stroking can cause severe pain in RSD/CRPS. Sensitivity tends to fade with improvement. Dysesthesia describes uncomfortable sensations without obvious cause.

4. Sensitivity to deep pressure is often associated with muscle involvement and is a characteristic of RSD/CRPS. Massage and exercises in association with relaxation techniques are often helpful with these issues.

5. Sensitivity to cold is usually intense in RSD/CRPS, and again diminishes as the disease retreats. The alcohol drop test is an objective way to evaluate for this.

6. Perception of warmth or cold: This question asks about how the affected areas feels to the patient from within, not how an observer might feel skin temperature on examination, or how the patient responds to a cold stimulus.

7. Edema is swelling caused by fluid retained in the tissues. Sometimes the fluid can be displaced by finger pressure, leaving a pit. (hence, pitting edema) There may be many possible causes and some patients are able to shrink tissues within minutes using medications, therapeutic imagery or specialized forms of medical hypnosis.

8. Lability of Perfusion: Perfusion means blood flow. Too much causes increased warmth and too little causes coldness. Mark 0 if the color and temperature is normal. Mark 3 if the area is very cold, white or dusky (gray) in color. Also mark 3 if the limb is frequently very hot. Many patients are able to alter perfusion using medical hypnosis or therapeutic imagery. it is important that this capacity is sought.

9. Burning sensation is the characteristic pain of RSD/CRPS. Many patients are able to reduce this sensation using techniques related to therapeutic imagery.

10. Joint flexibility: Joints can become immobile and fixed in RSD/CRPS and much of the stiffness comes from muscle spasm, not from ligaments or joint capsules. Shrinkage and calcification of such fibrous tissue is a late finding in RSD/CRPS. Patients who have a high capacity for therapeutic imagery or medical hypnosis can often use these to relax stiff muscles. Be careful not to over stretch muscles which have been in spasm. One indication for nerve blocks is to differentiate between stiffness from muscles and ligamentous tissue.

11. Sudomotor changes: "Sudomotor" refers to the neurological mechanisms of sweating. Increased sweating is very common in RSD/CRPS and ranges from mild increase in dampness of the palms, to water dripping off affected areas. Hypnosis can change sympathetic nerve function, and patients with a high capacity for this can use it to dry their skin and restore circulation towards normal.

12. Use of an extremity: Loss of function in RSD/CRPS is common and until very late in the disease, long term remission is assocated with good return of movement and strength. As the condition improves, function will be increased. Easy movement is among the best indicators of progress.

13—16 RSD/CRPS may be intertwined with a variety of psychological issues as reflected in this group of questions. These issues may:

- Result from the disease's severity.
- Become a maintaining factor for the disease.
- Antedate and present a predisposing factor for the disease.

As such, careful psychological evaluation and appropriate management is important.

17—18. Tissue atrophy: In RSD/CRPS, tissues frequently thin out and atrophy. This may be caused by changes in blood flow, or because pain prevents the movement needed to keep tissues in good repair. Other factors may include that: weak, atrophied muscles tend to hurt, and may become a maintaining factor for RSD/CRPS. While rehabilitative exercises are important for regaining strength, be careful—exercise that is too vigorous can set the patient back. The patient must feel empowered to govern the rehabilitative process.

19. Nicotine: Recovery is made almost impossible by nicotine—it forms a significant barrier to recovery. No treatment for RSD/CRPS is likely to help in the presence of nicotine. Quitting is an important first step to recovery from RSD.

20. Medications: The more chemical analgesia is needed, the more weaning needs to occur before long term remission can be effective. Sometimes opiates are the only way possible to help with the pain of RSD/CRPS, and patients should receive what they need. A group of patients is unresponsive to opiates, and other medications may be more effective in reducing pain. These can be especially useful to help with pain during withdrawal from opiate and sedative medications, including benzodiazepines (e.g. Valium, Ativan, Xanax).

15. Sleep and fatigue: Exhaustion prevents sensible application of thought and actions, and without good treatment for insomnia, treatment is unlikely to be ineffective. Pain is the usual cause for insomnia in RSD/CRPS, so pain management becomes specially important for this. Be especially careful with obstructive sleep apnea–powerful opiates such as methadone can depress breathing at night increasing the risk of apnea during sleep.

22—23. Function: Distinguish between function at home and at school or in the work environment. Improvement in function is another good measure of recovery from RSD/CRPS. As the illness improves it will become easier to perform tasks that involve movement without aggravating symptoms.

24—26. Relationship of the disease with the patient's society: RSD/CRPS can impact on family and societal dynamics in a way that can become a maintaining factor for the disease.