Measuring Progress in CRPS-1/RSDS

Center for
Integrated Therapy

This progress sheet helps provide:

- A baseline severity for the disease.
- An instrument to show progress in response to treatment.

Use this form by marking the scores that apply within each modality. Each score box corresponds with a score from zero to three. After evaluation, add the scores and write the total in the spaces provided at the top. The overall scores represent intensity of disease. Repeat the test at each visit to follow progress. You can also mark the page after therapy to show immediate response to treatment. Patients are able to use the form on their own. Scores measured by the therapist are usually very close to those measured by the patient alone.

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 pain on a scale of zero to 10. 10/10 is the maximum pain possible. 0 – 1 earns zero points. 2 – 4 earns 1 point. 5 – 7 earns 2 points and 8 – 10 earns 3 points on this scale. 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, and sensitivity to deep pressure fades last.

4. Burning sensation is the characteristic pain of RSD/CRPS. Many patients are able to reduce this sensation using techniques related to therapeutic imagery. Other medications are also effective to treat burning sensations.

5. 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.

6. Perception of warmth or cold: This question asks about how the affected areas feels to the patient from within, not how skin temperature may be monitored by a thermometer or examining hand.

7. Joint flexibility: Joints can become immobile and fixed in RSD/CRPS and much of the stiffness comes from muscle spasm, not from tight ligaments or joint capsules. Shrinkage and calcification of 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.

8. Sudomotor changes: "Sudomotor" refers 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.

9. 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.

10. 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 strong and healthy. While rehabilitative exercises are important for regaining strength, be careful—exercise that is too vigorous can set the patient back. The patient must be empowered to govern the rehabilitative process.

11. Use of an extremity: Loss of function in RSD/CRPS is a standard feature of the disease. Long term remission can follow restoration of movement and strength. As the condition improves, function will improve. Easy movement is among the best indicators of progress.

12. Medications: The more chemical analgesia is needed, the more weaning needs to occur before long term remission can be established. 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).

13. Nicotine: Recovery is made almost impossible by nicotine because it stimulates sympathetic activity and muscle spasm. No treatment for RSD/CRPS is likely to help in the presence of nicotine. Quitting is an important first step to recovery from RSD.

14. Function: Function at home, school and in the work environment. Is generally impaired by CRPS. Rate ability to work as suggested on the form.

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 an immediate cause for insomnia in RSD/CRPS, and frequently, patients become anxious and depressed which worsens the insomnia. Adequate treatment for insomnia is an important therapeutic goal. Be especially careful with obstructive sleep apnea–powerful opiates such as methadone can depress breathing at night increasing the risk of apnea and death during sleep.

16 Psychological issues: CRPS is associated with anxiety, depression, dissociation and symptoms such as panic disorder and post traumatic stress disorder. Dissociation has many features such as deja-vu, derealization, depersonalization, positive and negative hallucinations, forgetfulness and others. Dissociation is a major maintaining factor for CRPS. Dissociation requires adequate treatment, firstly for events that might have triggered dissociation, secondly, for the dissociative mechanisms themselves.

Careful psychological evaluation and appropriate management is vital to recovery.

CRPS Progress

Name		#	
Date today		Score today	
Prev. eval date		Prev. score	
Difference ±		Comment	

1. DISTRIBUTION OF SYMPTOMS

Symptoms limited to one extremity or trunk	O	
Spread to another extremity and/or part of trunk	O	1
Multiple extremities and/or extensive spread to trunk	O	2
Whole body involvement	O	3

2. PAIN: Before intervention: /10. After: /10

0 - 1	O	
2 - 4	O	1
5 - 7	O	2
8 - 10	O	3

3. SENSITIVITY

No increased tenderness to touch or pressure	O	
Deep pressure hurts more than it should	O	1
Light stroking or touch causes pain or dysesthesia	O	2
Extreme pain with even a breath of air	O	3

4. BURNING SENSATION

No burning sensation	O	
Mild burning sensation	O	1
Moderate burning sensation	O	2
Severe and intolerable burning	O	3

5. EDEMA

No edema	O	
Minimal edema	O	1
Moderate pitting edema	O	2
Grossly swollen extremity	O	3

6. PERCEPTION OF INAPPROPRIATE WARMTH OR COLD

No inappropriate sensations of warmth or cold.	O	
Limb perceived as warm or cold	O	1
Perception of freezing cold or throbbing heat	O	2
Perception of heat or cold causes pain	O	3

7. JOINT FLEXIBILITY

Unlimited movement in affected joints	O	
Movement is limted by pain and/or stiffness	O	1
Movement is restricted by pain and/or stiffness	O	2
Joints are fixed by pain and/or stiffness	O	3

8. SUDOMOTOR CHANGES

No abnormal sweating	O	
Occasional or mild increased sweating	O	1
Frequent or profuse increased sweating	O	2
Constant increased sweating	O	3

9. LABILITY OF PERFUSION

Symmetrical and appropriate skin perfusion	O	
Mild or occasional vasoconstriction or vasodilation	O	1
Marked or constant skin flow changes	O	2
Vasospasm threatens viability of tissue	O	3

10. TISSUE ATROPHY (SKIN NAILS HAIR MUSCLE)

No observable atrophy or hypertrophy	O	
Minimal atrophy or hypertrophy	O	1
Easily observed or measured atrophy	O	2
Limb has the apperance of skin and bone only	O	3

11. USE OF EXTREMITY

Normal gait or use of arm	O	
Dysfunctional gait or dexterity	O	1
Walking aid required - No effective arm or hand use	O	2
Requires wheelchair - Requires arm protection with padding	O	3

12. MEDICATIONS

No medications	O	
Mild analgesics NSAIDs relaxants antidepressants	O	1
Opiate analgesics	O	2
Opiate analgesic dose exessive	O	3

13. NICOTINE CAFFEINE ALCOHOL RECREATIONAL DRUGS

None	O	
Use, but not increased sinces onset of pain	O	1
Moderately increased use because of pain or stress	O	2
Heavy use of these or other drugs	O	3

14. ABILITY TO WORK or FUNCTION AT HOME

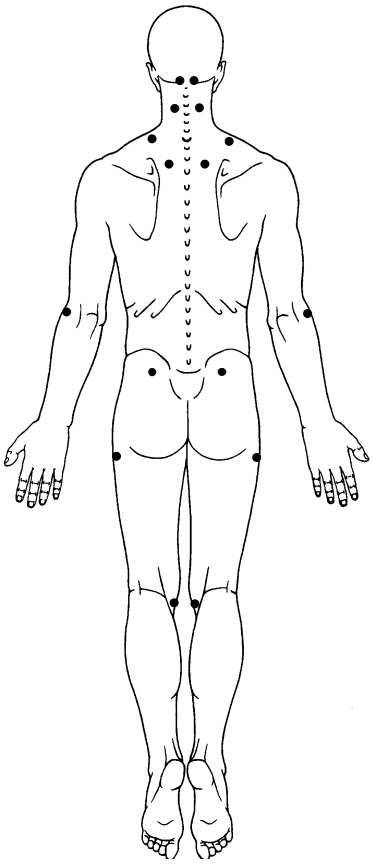
Able or ready to function full time	O	
Able or ready to function part time	O	1
Volunteer or self determined scheduled work only	O	2
Unable to function in any work related capacity	O	3

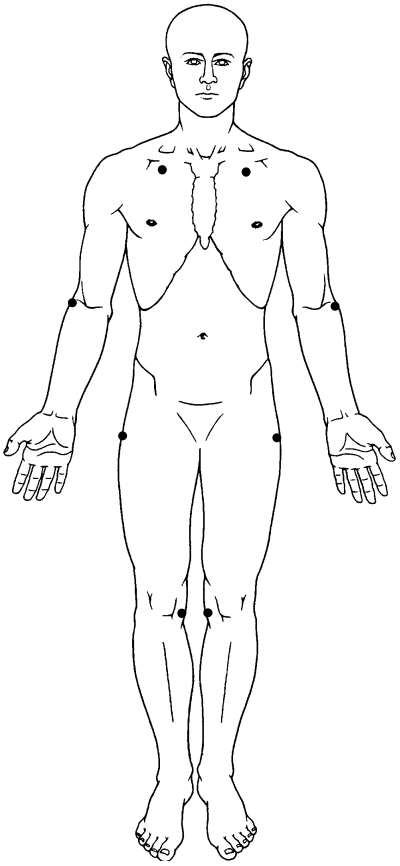
15. SLEEP AND FATIGUE

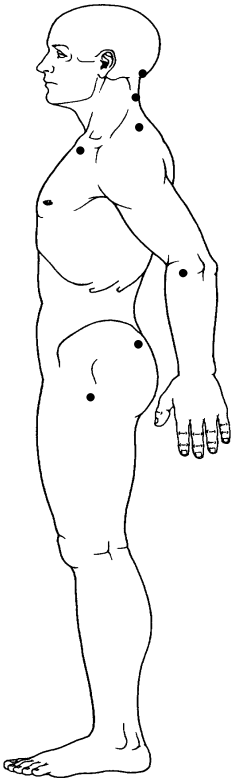
Sleep well, wake rested	O	
Adequate sleep hours, wake tired	O	1
Inadequate sleep hours, disturbed sleep	O	2
Total or near total insomnia	O	3

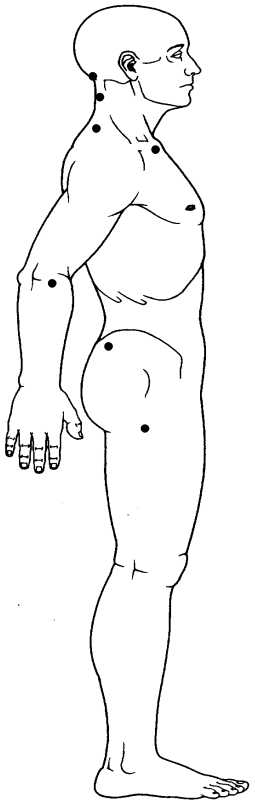
16. PSYCHOLOGICAL ISSUES **Anxiety Depression Dissociation (p2)**

None - mild	O	
Moderate but does not affect function	O	1
Intrusive	O	2
Incapacitating	O	3







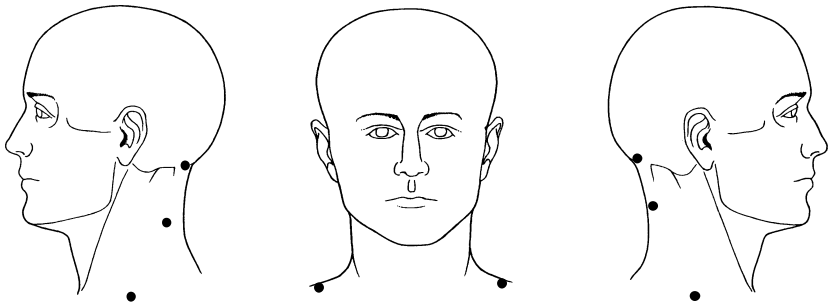


Use the appropriate symbols to indicate the location of described

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

Mark with an X to show the present intensity of pain

None 0 ——————————— 10 Unbearable



Dissociation: Consider amnesia, de-realization, de-personalization, disorientation, confusion, concentration problems, negative hallucination, flash-backs, *deja-vu.*