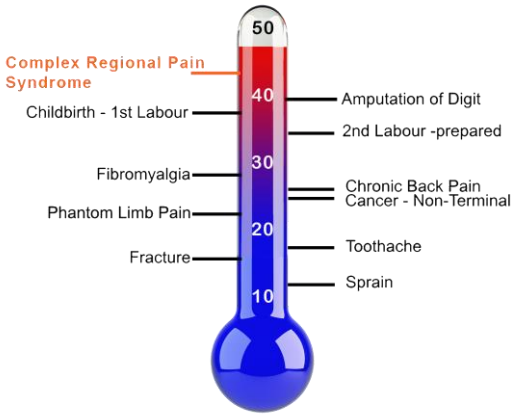
CRPS DIAGNOSIS

A CRPS diagnosis may be delayed as it might take some time for this somewhat uncommon condition to be recognised by your Healthcare Professionals. There is no definitive test for CRPS and your doctor has to exclude all other conditions that may appear to be similar to CRPS.

A Diagnosis is based on '**The Budapest Criteria**' which is a set of clinical observations made by your GP or a pain specialist.

If you are experiencing a high level of unexpected pain and touching, moving the affected body part seems unbearable, or if any of the other symptoms listed here apply to you, please seek help immediately and get a second opinion if you are not satisfied. Early diagnosis is vital for the best possible outcome.

The McGill Pain Index



NB: The McGill Pain Index is a rigorously tested scientific pain scale. Overall score is determined by compiling various numerical and cross-referenced descriptive words, allowing direct comparison across different conditions.

Prevent CRPS

500 mg of Vitamin C for 50 days following a fracture of the wrist or ankle, or a nerve surgery such as carpal/tarsal tunnel surgery, can reduce your chance of contracting Complex Regional Pain Syndrome (CRPS) – a severe, persistent pain condition.

Find more information about

Complex Regional Pain Syndrome at:

admin@CRPSnetworkAustralia.org.au

www.instagram.com/crps_network_australia

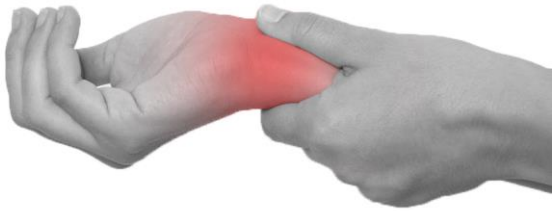
www.facebook.com/CRPSnetworkAustralia

www.CRPSnetworkAustralia.org.au

IF YOU HAVE PAIN THAT IS MORE INTENSE THAN IT SHOULD BE OR LASTS LONGER THAN IT SHOULD

IT COULD BE

CRPS



Complex Regional Pain Syndrome

is a debilitating pain condition that usually affects an arm or a leg, but can occur anywhere in the body. It typically occurs after a trauma, such as an accident, a fracture or a surgery, or following a medical emergency such as a heart attack or a stroke, but CRPS can also occur after a very trivial incident or immobilisation and, on occasion, can develop spontaneously.

What is CRPS?

The cause of CRPS is unknown, however, it is believed that CRPS occurs as a result of damage to, or a malfunction of the nervous system and the immune system at the site of the injury.

It is a multi-system disorder that affects the musculoskeletal system, the peripheral nervous system and the central nervous system.

The onset of CRPS symptoms usually appear within one month of the inciting event.

Main Features:

The pain is often described as continuous and burning or throbbing in nature and is made worse by movement, mechanical or thermal stimulation or by stress.

The level of pain is rated as one of the most severe on the McGill University Pain Index. The intensity of the pain may fluctuate, and allodynia (a painful response to non-painful stimuli) or hyperalgesia (increased sensitivity to pain) may be present.

Changes in skin colour or temperature may occur as well as unusual swelling and sweating. There may also be changes to the skin, hair, nails or bone growth. A decreased ability to move the affected body part and a loss of joint mobility are frequently seen, and this can include weakness, tremors, spasms and in some cases dystonia (involuntary muscle contractions or repetitive movements).

In many chronic patients CRPS spreads to other limbs and other areas of the body.

CRPS Prognosis

CRPS must be diagnosed and treated early for the best possible outcome.

The disorder varies from mild and self-limiting to a chronic, progressive disease. CRPS can lead to sleep disturbances and emotional stress, both of which exacerbate the symptoms.

It is often associated with substantial disability, loss of quality of life and great personal and societal economic burden.

CRPS Incidence:

- 3 – 4 times more women than men are affected.
- The arm is affected in about 60% of cases and the leg in about 40%
- The estimated incidence is 1 in every 3800 people
- CRPS affects all races; no difference in incidence or prevalence have been observed.
- CRPS reaches its peak incidence in adults between 37 – 50 years of age
    - CRPS affects more adolescents, compared with children
    - The mean age of onset in children is 12.5 years of age
    - In paediatric patients the lower body is affected in 75% of cases
    - 30% of paediatric patients also have dystonia or movement disorders

- Fractures account for approximately 45%
- sprains 18%
- elective surgery 12%.
- Spontaneous onset is uncommon < 10%

*NB Spontaneous cases/unknown causes may be explained by minor injuries that have been forgotten.

Common symptoms include:

- Severe pain, lasting longer than expected and being disproportionate to the original event – described as burning, freezing, deep, throbbing, stabbing, tingling
- Hypersensitivity to touch and/or pain from non-painful stimuli (such as from breezes, sheets, the shower etc)
- Abnormal swelling
- Colour and/or temperature changes in the affected area (eg. mottled, red/blue skin; hot/cold)
- Pain & sensitivity to changes in the weather
- Increased or decreased sweating
- Skin, nail or hair growth changes
- Limb weakness, numbness, spasms or tremors
- Contractions of the hand or foot, abnormal muscle postures or clumsiness
- Limited range of movement of the limb or joint