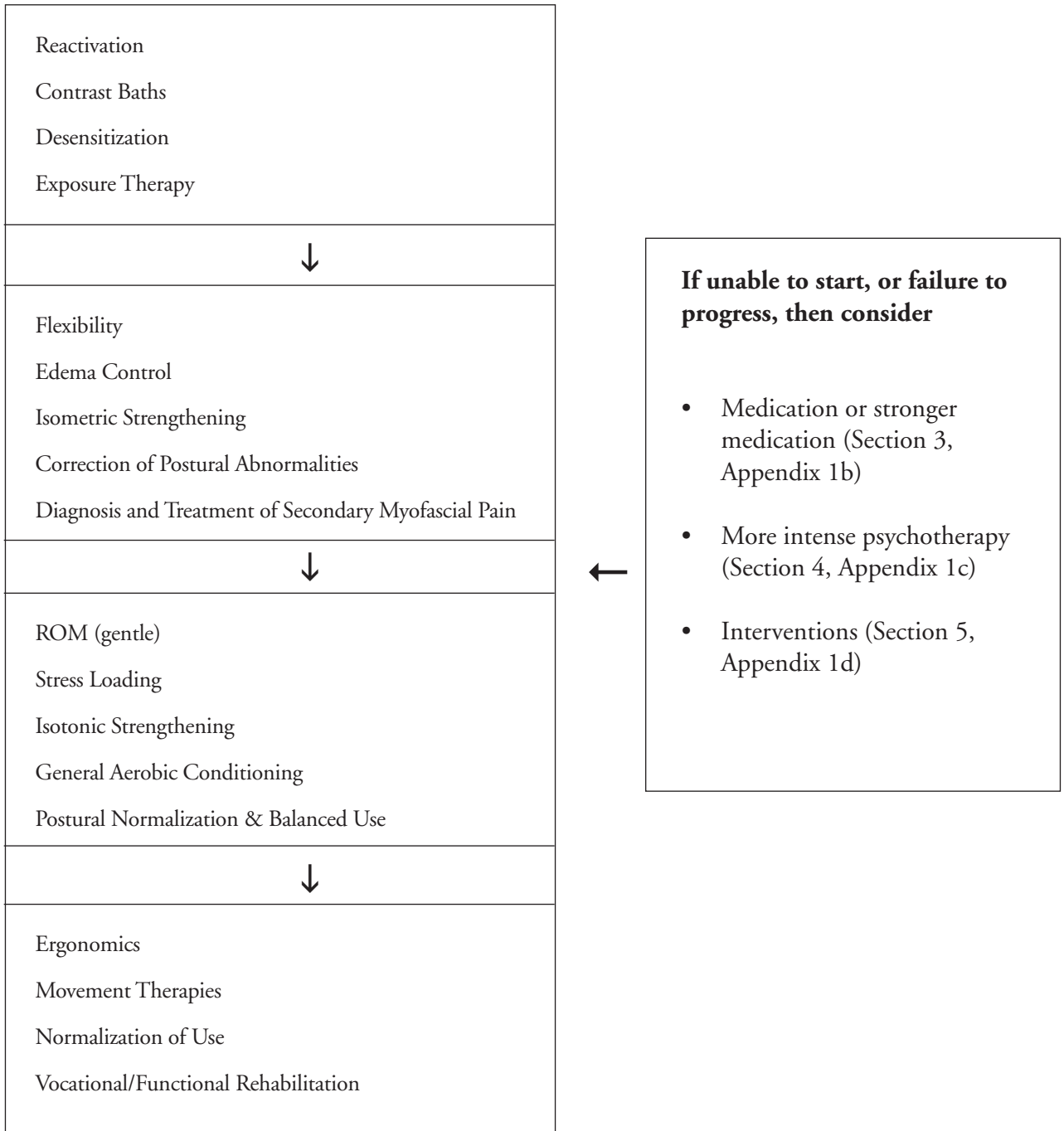


## APPENDIX 1A: OVERALL TREATMENT ALGORITHM



From the outset, in appropriate cases, the patient should have access to medications and/or psychotherapy and/or injections. If the patient cannot begin, or fails to progress, at any step or in any regard, the clinical team should consider starting (or adding) more or stronger medications (section 3) and/or more intensive psychotherapies (section 4) and/or different interventions (section 5). (Extrapolated and modified from the three clinical consensus meetings: Malibu, Minneapolis and Budapest, see section one, <sup>3,9,11</sup>)

## APPENDIX 1B. PHARMACOTHERAPY GUIDE.

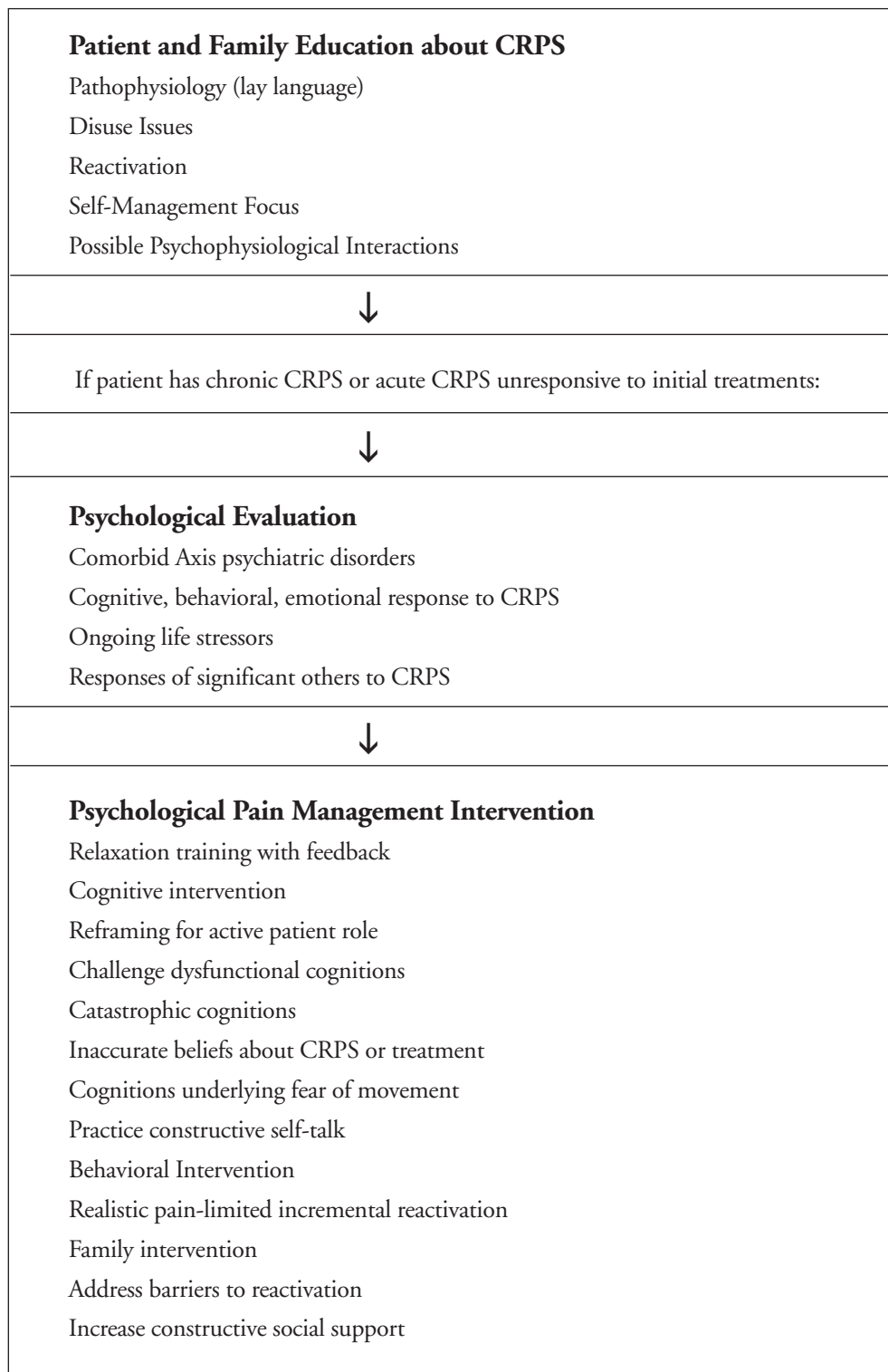
The following strategies are suggested for patients who have been diagnosed with CRPS but who cannot begin or progress in the functional restoration algorithm\*:

Reason for inability to begin or progress	Action
Mild-to-moderate pain	Simple analgesics and/or blocks (see section 5)
Excruciating, intractable pain <sup>†</sup>	Opioids and/or blocks or later, more experimental interventions (see section 5)
Inflammation/swelling and edema	Steroids, systemic or targeted (acutely) or NSAIDs (chronically); immunomodulators
Depression, anxiety, insomnia	Sedative, analgesic antidepressant/anxiolytics and/or psychotherapy (see section 4)
Significant allodynia/hyperalgesia	Anticonvulsants and/or other sodium channel blockers and/or NMDA-receptor antagonists
Significant osteopenia, immobility and trophic changes	Calcitonin or bisphosphonates
Profound vasomotor disturbance	Calcium channel blockers, sympatholytics and/or blocks (section 5)

\*It is important to remember that these suggestions are overruled by individual patient presentation.

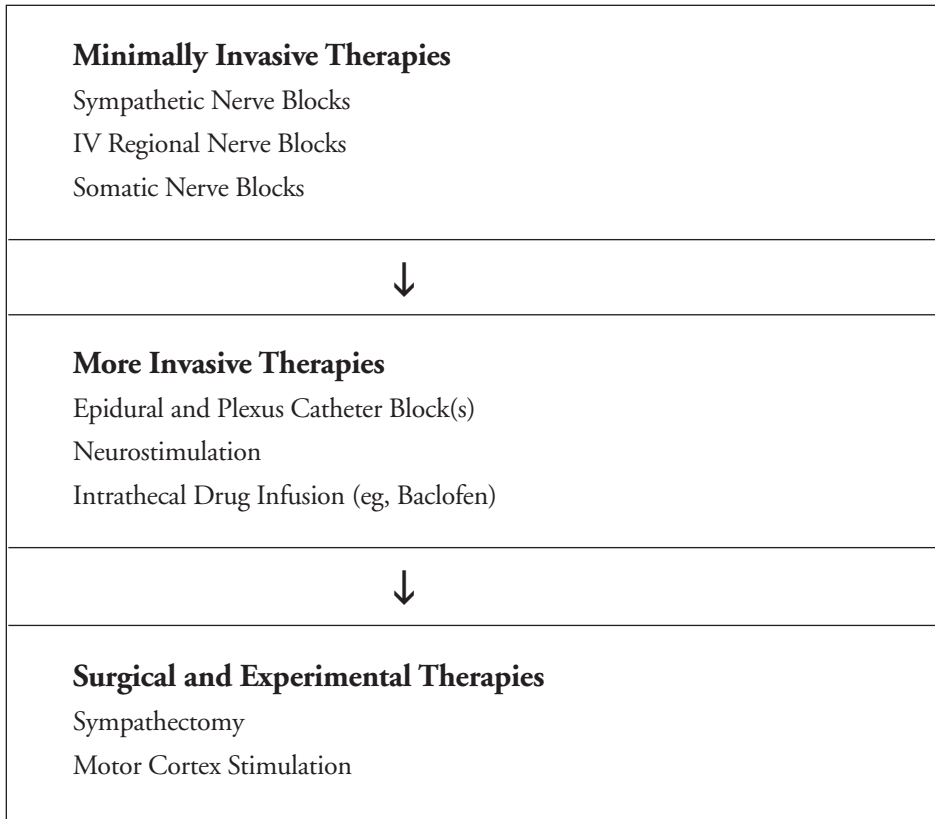
<sup>†</sup>It is also important to note that certain drugs, such as bisphosphonates, may be associated with analgesia as well as the more primary action.

## APPENDIX 1C. PSYCHOLOGICAL INTERVENTION TREATMENT ALGORITHM.



If Axis I disorders or major life stressors are identified, conduct focused cognitive behavioral therapy targeting these issues.

**APPENDIX 1D. INTERVENTIONAL PAIN TREATMENT ALGORITHM FOR CRPS\***

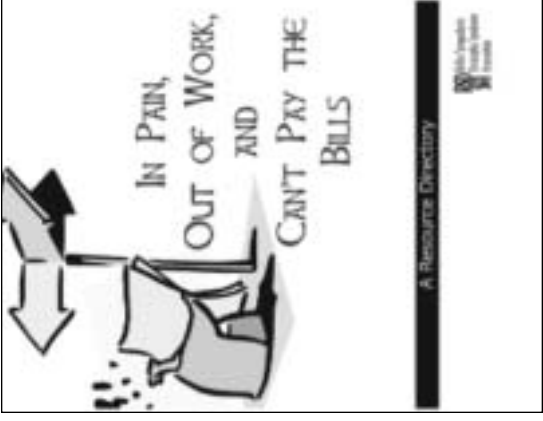


\*Adapted from Reference 1, see section 5.

Inadequate or partial response to any given therapy should lead to a stepwise progression down through these modalities (moving from less to more invasive) in conjunction with other noninterventional treatments.

## **ACKNOWLEDGEMENTS**

The authors would like to extend their gratitude to James Broatch and the Board of Directors of the Reflex Sympathetic Dystrophy Syndrome Association for sponsoring this work, their guidance, and their continued support of this project. They would also like to thank Henry Andrew Caporoso for his assistance in editing and preparing this manuscript for publication; and Dr. Bradley S. Galer, Dr. Donald Manning, and Dr. Srinivasa N. Raja for their meticulous review of this manuscript.



**In Pain, Out of Work, and Can't Pay the Bills**, a resource directory, contains information on government programs, patient assistance programs, insurance, community and faith-based sources of help, resources for veterans, and much more.

**Recognizing, Understanding, and Treating CRPS/RSD** is a quick overview of the syndrome, its telltale signs and symptoms, and treatment ideas. It is particularly valuable for those newly-diagnosed and their families.

**Helping Children with RSD Succeed in School** is a practical guide for parents, teachers, school nurses, and administrators on accommodating the school environment for children and adolescents who have CRPS/RSD.

**Treating Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy** information on evaluation of CRPS/RSD for functional rehabilitation, treatment protocols

**CRPS/RSD and Sports Injuries: Prevention is the Name of the Game** addresses the development of CRPS to some of the sports injuries. This brochure is a must-read for athletes, parents, coaches and athletic medicine.



**Telltale Signs & Symptoms** tioners. The laminated, credit-card sized CRPS on one side and a pain diary on the other side has been a great hit among health care providers who have CRPS/RSD.

CRPS/RSD is a diagnosis made based on the history and physical examination. There are no laboratory tests or imaging studies that can confirm the diagnosis. The following are the most common signs and symptoms of CRPS/RSD:

- Pain is localized to the affected limb, but may spread to adjacent limbs.
- Swelling of the affected limb.
- Changes in skin color (red, white, or blue).
- Changes in skin temperature (hot or cold).
- Changes in skin texture (shiny or cracked).
- Changes in nail growth.
- Changes in hair growth.
- Changes in sweating.
- Changes in blood pressure.
- Changes in heart rate.
- Changes in breathing.
- Changes in vision.
- Changes in hearing.
- Changes in taste.
- Changes in smell.
- Changes in voice.
- Changes in bowel or bladder function.
- Changes in sexual function.
- Changes in menstrual function.
- Changes in pregnancy outcomes.
- Changes in fertility.
- Changes in miscarriage or stillbirth rates.
- Changes in infant health.
- Changes in child development.
- Changes in adult health.
- Changes in life expectancy.

## **RSDSA**

The Reflex Sympathetic Dystrophy Association of America (RSDSA), founded in 1984, is a national not-for-profit organization that promotes greater public and professional awareness of Reflex Sympathetic Dystrophy Syndrome (RSD), also known as Complex Regional Pain Syndrome (CRPS), a painful neurologic syndrome that affects between 200,000 and 1.2 million Americans.

### **Mission Statement**

Our mission is to promote public and professional awareness of CRPS/RSD and to educate those afflicted with the syndrome, their families, friends, insurance and healthcare providers on the disabling pain it causes. We encourage individuals with CRPS/RSD to offer each other emotional support within affiliate groups. And finally, we are committed to raising funds for research into the cause and cure of CRPS/RSD.

**We fund research.** Since 1992, RSDSA has funded \$723,665 in fellowships and research grants in four areas:

- basic, laboratory research on the mechanisms of disease in CRPS/RSD
- clinical research on the symptoms, signs and treatments for CRPS/RSD
- epidemiological studies of the occurrence, prevalence and natural history of CRPS/RSD
- projects that translate advancing knowledge into improved guidelines for the care of people with RSDS/CRPS.
- For information on applying for an RSDSA research grant, please visit [http://www.rds.org/3/research/rsdsa\\_revised\\_research\\_guidelilnes.html](http://www.rds.org/3/research/rsdsa_revised_research_guidelilnes.html)

### **Rachel Tobias Young Investigator Award**

RSDSA recently established the Rachel Tobias Young Pain Research Investigator Award. The Fellow should have a MD and/or PhD or comparable health science training, (post-doc/4th year resident through assistant professor), and have an interest in Complex Regional Pain Syndrome (CRPS) research.

Applicants must identify a specific project that is achievable over the course of the funding (up to 2 years). The fellowships will provide funding up to \$50,000 per year for two years and are renewable after the first contingent on overall satisfactory progress towards project completion. Funding is intended for salary support and direct project-related expenses and does not provide institutional overhead. For more information, please visit [http://www.rds.org/5/news/2006/rachel\\_tobias\\_award.htm](http://www.rds.org/5/news/2006/rachel_tobias_award.htm)

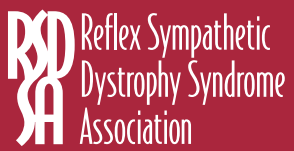
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