Physical Medicine and Rehabilitation for Complex Regional Pain Syndromes Follow-up

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FOLLOW-UP

Further Outpatient Care

See the list below:

- Patients with RSD generally are treated on an outpatient basis and require a variety of health care professionals to optimally manage their condition. Please refer to the Treatment section for a discussion of proper rehabilitation methods and other treatment options.

Further Inpatient Care

See the list below:

- Hospitalization usually is not required for patients with RSD, but it depends on how invasive the treatment choice is for pain control and the severity of the case. Sometimes, a short hospitalization is necessary for individuals who need a continuous nerve block. Patients with RSD also may have other associated orthopedic conditions that may be amenable to surgery and that require further inpatient care.

Deterrence

See the list below:

- Recognition of RSD at the early stage is very important to achieve the best result and to prevent spread and progression toward the chronic stage (which is usually more difficult to treat).

Complications

See the list below:

- Chronic edema (occasionally chronic lymphedema)
- Chronic relapsing infections and ulcers resistant to treatment
- Brown-gray, scaly pigmentations of the skin
- Recurrent, unexplained, spontaneous hematomas
- Dystonia, tremor, and other movement disorders
- Clubbing of fingers or toes and hourglass nails
- Depression and other psychiatric disorders
Prognosis

See the list below:

- Dumitru's report suggests that, in comparison with adults, children are less disabled from and have more favorable prognoses with RSD. [38]

Patient Education

See the list below:

- Patient education is very important in the treatment of individuals with RSD. The patient with chronic, debilitating pain usually tries to protect the affected body part and keep it immobile, which leads to further stiffness and a possible frozen joint. The patient's physical and occupational therapists need to educate him/her in the use of the affected extremity through activities of daily living (ADL). Patients with RSD also need to learn about ways to minimize pain. A home exercise program and instruction in the use of a TENS unit may be beneficial. Education and counseling relating to coping with and managing pain are important in patients with RSD, because depression and narcotic dependence can develop.

- For excellent patient education resources, see eMedicineHealth's patient education article Chronic Pain.

References


Media Gallery

- A 29-year-old woman with reflex sympathetic dystrophy in the right foot demonstrates discoloration of the skin and marked allodynia.
• This photo shows the same patient as in the above image, following a right lumbar sympathetic block. Marked increase in the temperature of the right foot is noted, with more than 50% pain relief.
• A 68-year-old woman with complex regional pain syndrome type II (causalgia).
• A 36-year-old woman with right arm reflex sympathetic dystrophy and dystonic posture (movement disorder).
• Normal laser Doppler study of the upper extremities. When the patient performs inspiratory gasp repeatedly during laser Doppler image acquisition, the transient capillary flow decreases are displayed easily and dramatically (as dark bands) in the pseudocolor image.
• Laser Doppler study of the upper extremities in a patient with right hand reflex sympathetic dystrophy.
• Laser Doppler study of the lower extremities in a 25-year-old woman with reflex sympathetic dystrophy in the right foot.
• Algorithm for the management of chronic regional pain syndrome (CRPS). Resolution of this syndrome does not commonly occur, and the patient will need chronic pain management.

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