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Complex regional pain syndrome

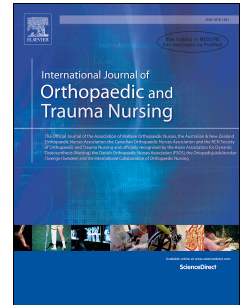
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COMPLEX REGIONAL PAIN SYNDROME

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Practice development enables the practitioner to develop their knowledge and allow the application of evidence based care for their patients. It happens within the practitioners own clinical practice area and enhances personal and professional growth whilst focusing on the patients' specific needs. This is of importance with such a condition as Complex Regional Pain Syndrome (CRPS), with patients seeking correct and timely diagnosis and coping strategies to support them in everyday activities.

This article aims to provide the practitioner with an overview of CRPS, including some information that can be used in identifying signs and symptoms of the condition to support a diagnosis. There is also an introduction to brain retraining techniques which are used in CRPS rehabilitation to restore as much physical function to the patient as possible along with restoration of body perception and ownership of the limb.

Introduction

Complex Regional Pain Syndrome (CRPS) is a debilitating pain condition affecting a limb. It is characterised by pain and also by sensory, motor, autonomic and skin abnormalities. In general, the condition is related to an injury to the limb, albeit possibly a minor injury, but there is no correlation between the severity of the trauma and the development of CRPS; in 9% of cases there is no precipitating trauma (Baron et al 2002). CRPS can be divided into two types:

Type 1; there is absence of any nerve injury

Type 2; it has been identified that there is a lesion to a major nerve.

This distinction has no relevance for management of the symptoms of CRPS, but it may be important in any associated medico-legal case.

Precipitators and Incidence

The most commonly seen precipitators of CRPS are sprains/strains, fractures, limb immobilisation (e.g. plaster of Paris or other cast) and surgery, or even minor medical incidents such as needle stick injury. CRPS represents an abnormal response that magnifies the effects of the injury.

The incidence of CRPS has rarely been studied; however the work by de Mos et al (2007) demonstrated that the estimated incidence of CRPS was 26.2 per 100,000 of the population in the Netherlands; although these figures are commonly accepted as generalisable to Europe at least. Women are at least three times more likely to be affected, and the highest

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