

A TWO YEAR RETROSPECTIVE ANALYSIS OF THE OCCURRENCE RATE OF COMPLEX REGIONAL PAIN SYNDROME IN A CHIROPRACTIC SPORTS MEDICINE PRACTICE.

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BACKGROUND: Complex regional pain syndrome (CRPS) is a form of neuropathic pain that can be initiated by trauma, surgical procedure, or other noxious stimulus. CRPS is largely characterized by pain out of proportion to the injury with allodynia that is often described as burning in nature. Additional clinical findings include: pain that is non-dermatomal, extreme skin sensitivity, edema, erythema, hyper or hypoesthesia, changes to skin, hair, and/or nails, and alterations in blood flow. CRPS also results in loss of range of motion, loss of function, and loss of strength. Patients with CRPS generally do not respond to and may worsen with physical therapy, rehabilitation, stretching, cyrotherapy, soft tissue mobilization, and will also exacerbate with physical exercise and daily activities. Disuse secondary to pain will result in increased loss of motion, increased stiffness, and joint contractures. The physiologic manifestation of CRPS may spread proximally, distally, or to other extremities as it progresses. The sequelae of CRPS often results in failed rehabilitation programs, patient frustration, and compromised doctor-patient relationships. A one year retrospective analysis of occurrence rate of CRPS in a sports medicine practice performed last year with 2009 patient data revealed an occurrence rate of 2.7% of 261 new patients.

OBJECTIVE: This investigation serves at a repeat retrospective analysis of the occurrence rate of CRPS in a chiropractic sports medicine practice over two years duration with patient data from 2009-2010. New patient evaluations over two years were totaled (n = 533). Patients that met the criteria for suspected CRPS (n = 14) were referred for further evaluation and diagnostic sympathetic blocks. 100% of the suspected cases had relief of symptoms from the blocks, thus confirming CRPS. The occurrence rate of CRPS in two years was 2.6%.

RESULTS: An occurrence rate of 2.6% of CRPS in a chiropractic sports medicine practice over a two-year period suggests that this may be a similar occurrence rate in other chiropractic sports medicine practices. Additionally, a difference of 0.1% in occurrence rate between one-year and two-year comparisons suggests that CRPS may be found with some regularity and consistency in a sports medicine practice. Patients with symptoms of CRPS should be considered for referral to a chronic pain management specialist.

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