Complex regional pain syndrome (CRPS)

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REPORTING INFORMATION
(To be completed by the CPSP)

Report number:	
Month of reporting:	
Province:	
Today's date:	

Please complete the following sections for the case identified above.
Strict confidentiality of information will be assured.

CASE DEFINITION FOR COMPLEX REGIONAL PAIN SYNDROME

Report any new patient presenting between the ages of 2 and 18 years of age (up to the 18th birthday) with a new diagnosis of CRPS, meeting the following criteria:

1. Continuing pain, which is disproportionate to any inciting event
2. Reports at least one symptom in at least three of the following four categories:
   - Sensory: hyperesthesia and/or allodynia
   - Vasomotor: temperature asymmetry and/or skin color changes and/or skin color asymmetry
   - Sudomotor/Edema: edema and/or sweating changes and/or sweating asymmetry
   - Motor/Trophic: decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)
3. Displays at least one sign at time of evaluation in at least two of the following four categories:
   - Sensory: hyperalgesia (to pinprick) and/or allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or joint movement)
   - Vasomotor: temperature asymmetry (>1°C) and/or skin color changes and/or asymmetry
   - Sudomotor/Edema: edema and/or sweating changes and/or sweating asymmetry
   - Motor/Trophic: decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)

Exclusion criteria
There is no other diagnosis that better explains the signs and symptoms

Month first seen_____

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: _____ /_____ /_____ **(DD/MM/YYYY)**

1.2 Biological sex assigned at birth: Male___ Female___ Other ___

1.3 Patient's home postal code-first 3 digits____ ____ ____ 1.4 Province/territory of diagnosis: _____

1.5 Population groups (check all that apply):

□ Arab	□ Black	□ Chinese	□ Filipino
□ Japanese	□ Korean	□ Latin American	□ White
□ First Nations	□ Inuit	□ Métis	□ Unknown
□ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian)	□ South Asian (e.g., East Indian, Pakistani, Sri Lankan)	□ West Asian (e.g., Iranian, Afghan)	□ Other, specify: _____

SECTION 2 – CLINICAL PRESENTATION

2.1 Date of CRPS symptom onset: ____ _____ (MM /YYYY) 2.2 Date of CRPS diagnosis: _____ _____ (MM/YYYY)

2.3 Diagnosed by: General paediatrician___ Pain clinic___ Other, specify: _____

2.4 Weight: _____kg 2.5 Height: _____cm 2.6 Menarche: Yes___ No___ Unknown___ N/A___

2.7 **CRPS Location**: Right___ Left___ Bilateral___ Upper limb___ Lower limb___ Other, specify: _____

2.8 Patient's statement of pain intensity over the past week: Mild___ Moderate___ Severe____

2.9 Inciting/triggering event: None___ Trauma/Injury___ Operation/Surgery___ Other___ Unknown___

Specify details (include date, if casted and type of surgery if applicable): _____

_____

(e.g., ankle twisted and stepped on in soccer, initially casted for possible growth plate injury but did not improve; had tendon release for club foot, new severe post-op pain did not resolve and features noted)

2.10 **Clinical signs and symptoms:**

			Yes	No	Unknown
Symptom reported by patient:					
	Sensory:	Hyperesthesia	___	___	___
		Allodynia	___	___	___
	Vasomotor:	Temperature asymmetry	___	___	___
		Skin colour changes	___	___	___
		Skin colour asymmetry	___	___	___
	Sudomotor/Edema:	Edema	___	___	___
		Sweating changes	___	___	___
		Sweating asymmetry	___	___	___
	Motor/Trophic:	Decreased range of motion	___	___	___
		Weakness	___	___	___
		Tremor	___	___	___
		Dystonia	___	___	___
		Trophic change-hair, skin, or nails	___	___	___
Signs displayed at time of evaluation:					
	Sensory:	Hyperalgesia-pinprick	___	___	___
		Allodynia with light touch	___	___	___
		Allodynia with temperature sensation	___	___	___
		Allodynia with deep somatic pressure	___	___	___
		Allodynia-joint movement	___	___	___
	Vasomotor:	Temperature asymmetry (>1°C)	___	___	___
		Skin colour changes	___	___	___
		Skin colour asymmetry	___	___	___
	Sudomotor/Edema:	Edema	___	___	___
		Sweating changes	___	___	___
		Sweating asymmetry	___	___	___
	Motor/Trophic:	Decreased range of motion	___	___	___
		Weakness	___	___	___
		Tremor	___	___	___
		Dystonia	___	___	___
		Trophic change-hair, skin, or nails	___	___	___

SECTION 3 – PAIN IMPACT SINCE ONSET OF SYMPTOMS

3.1 School missed: Yes___ No___ N/A___ Unknown___

If yes, how long? < 2 weeks___ 2–4 weeks___ 1–3 months___ >3 months___ Unknown___

3.2 Has the child enrolled in a home/cyber/online school as a result of pain? Yes___ No___ N/A___ Unknown___

3.3 Functional impact of symptoms on following (check all that apply): Impact on Physical activity___ Sleep___ School achievement___ Social activities___ Family function___ Mood___ High level sport___, (explain):

_____

_____

SECTION 4 – ASSESSMENT OF HEALTH UTILIZATION SINCE ONSET OF SYMPTOMS

4.1 Health visits for this problem (check all that apply): Emergency department___ Paediatric/hospital admission___ Transfer to tertiary care___ Psychiatric admission___

4.2 Blood work received for this problem:

	Yes	No	Ordered	Unknown	*If yes,* results:
CBC	___	___	___	___	_____
CRP	___	___	___	___	_____
ESR	___	___	___	___	_____

4.3 Special investigations patient received for this problem:

	Yes	No	Ordered	Unknown	*If yes,* results:
Radiographs	___	___	___	___	_____
CT limb	___	___	___	___	_____
CT brain	___	___	___	___	_____
MRI limb	___	___	___	___	_____
MRI brain	___	___	___	___	_____
Bone scan	___	___	___	___	_____
Ultrasound	___	___	___	___	_____
Nerve conduction studies	___	___	___	___	_____
Other, specify: _____	___	___	___	___	_____

4.4 Specialist referrals for this problem:

	Yes	No	Ordered	Unknown	*If yes,* diagnosis:
General paediatrician	___	___	___	___	_____
Paediatric neurology	___	___	___	___	_____
Paediatric orthopedics	___	___	___	___	_____
Paediatric rheumatology	___	___	___	___	_____
Neurology	___	___	___	___	_____
Orthopedics	___	___	___	___	_____
Rheumatology	___	___	___	___	_____
Interventional anaesthesia	___	___	___	___	_____
Multidisciplinary pain clinic	___	___	___	___	_____
Intensive pain rehab program	___	___	___	___	_____
If yes, location: _____					
Occupational therapist	___	___	___	___	_____
Physical therapist	___	___	___	___	_____
Psychologist	___	___	___	___	_____
Other, specify: _____	___	___	___	___	_____

SECTION 5 – TREATMENT SINCE ONSET OF SYMPTOMS

5.1 Pain medications and adjuvants:

	Yes	No	Ordered	Unknown	
Acetaminophen	___	___	___	___	
Nonsteroidal anti-inflammatories (e.g., ibuprofen, naproxen, ketorolac)	___	___	___	___	
Tramadol	___	___	___	___	
Other opioids (e.g., morphine, codeine)	___	___	___	___	
Topicals (e.g., lidocaine, diclofenac)	___	___	___	___	
Compounded topical	___	___	___	___	*If yes,* note drug %: _____
Tricyclic antidepressants (e.g., amitriptyline, nortriptyline)	___	___	___	___	
Gabapentinoids (e.g., gabapentin, pregabalin)	___	___	___	___	
Sodium channel agents (e.g., carbamazepine)	___	___	___	___	
SSRIs (e.g., sertraline)	___	___	___	___	
SNRIs (e.g., duloxetine)	___	___	___	___	
Bisphosphonates	___	___	___	___	
Ketamine infusion (intravenous)	___	___	___	___	
Regional block	___	___	___	___	*If yes,* details: _____
Medical marijuana	___	___	___	___	
Other, specify: _____	___	___	___	___	

5.2 Complementary medicine seen/advised for this problem:

	Yes	No	Ordered	Unknown
Acupuncture	___	___	___	___
Exercise therapist	___	___	___	___
Chiropractor	___	___	___	___
Massage therapist	___	___	___	___
Naturopath	___	___	___	___
Other, specify:_____	___	___	___	___

5.3 Treatments initiated for this problem:

	Yes	No	Ordered	Unknown
Botox injections	___	___	___	___
Bracing/AFO/boot	___	___	___	___
Desensitization	___	___	___	___
Graded motor imagery	___	___	___	___
Orthotic/shoe inserts	___	___	___	___
TENS	___	___	___	___
Pool/hydrotherapy	___	___	___	___
Pain education	___	___	___	___
Psychological strategies	___	___	___	___
Fitness/exercise strategies	___	___	___	___
Yoga	___	___	___	___
Other, specify: _____	___	___	___	___

5.4 Nutritional supplements initiated for this problem:

	Yes	No	Ordered	Unknown
Vitamin C	___	___	___	___
Omega-3	___	___	___	___
Other, specify: _____	___	___	___	___

SECTION 6 – ADVERSE OUTCOMES

6.1 Adverse outcomes related to this problem:

	Yes	No	Unknown
Withdrawal from treatment due to exacerbated pain	___	___	___
Accidental overdose of pain medications	___	___	___
Suicide attempt	___	___	___
Prescription misuse (e.g., diversion, early renewal)	___	___	___
Use of street drugs (e.g., marijuana, gabapentin)	___	___	___

SECTION 7 – PAST MEDICAL HISTORY

7.1 Personal past history:

	Yes	No	Unknown	
Prematurity	___	___	___	*If yes,* gestational age: _____
CRPS	___	___	___	*If yes,* limb and date:_____
ADHD accommodations	___	___	___	
Learning disability/modified class	___	___	___	
Conversion disorder	___	___	___	
Dysmenorrhea	___	___	___	
Hypermobility	___	___	___	Beighton Score = _____/9
Migraine/headache	___	___	___	
Mood or anxiety disorder	___	___	___	
Postural orthostatic hypotension or tachycardia	___	___	___	
Laying blood pressure____ heart rate____				
2 min standing blood pressure P____ heart rate____				
Rheumatologic condition (e.g., JIA, SLE)	___	___	___	
Other pain disorder (e.g., chronic, functional)	___	___	___	*If yes,* specify: _____
Other medical/mental health disorder	___	___	___	*If yes,* specify: _____

	Yes	No	Unknown	
7.2 CRPS affecting first degree relative	___	___	___	*If yes,* relationship to child: _____

SECTION 8 – PATIENT FOLLOW-UP PLAN

8.1 I am a: General paediatrician___ Pain clinic physician___ Subspecialist/other (specify): _____

8.2 I will follow patient ___

Other services to follow patient, specify: _____

Type of therapist to follow the patient, specify: _____

___ **I agree to be contacted by the CPSP for further information.**

___ **I do not wish to be contacted by the CPSP for further information.**

SECTION 9 – REPORTING PHYSICIAN

First name_____ Surname_____

Address_____

City_____ Province_____ Postal code_____

Telephone number_____ Fax number_____

E-mail_____ Date completed_____

Thank you for completing this form.

(CRPS 09/2017)