

# CRPS: DIAGNOSTIC CHECKLIST

FROM I.A.S.P. ("BUDAPEST" DIAGNOSTIC CRITERIA, 4TH ED.) 2013

<b>PAIN</b> <i>If Y, proceed</i>	Does the patient have continuing pain which is disproportionate to any inciting event? Write Y or N in the box at the right.	<input type="checkbox"/>
-------------------------------------	--	--------------------------

<b>SYMPTOMS</b>	Reported symptoms: <i>Check/tick the symptoms reported in each category, then write the number of checkboxes marked in the shaded box at the right of each line.</i>	
	<b>SENSORY CATEGORY</b> <input type="checkbox"/> hyperalgesia, <input type="checkbox"/> allodynia	/2
	<b>VASOMOTOR CATEGORY</b> <input type="checkbox"/> temperature asymmetry, <input type="checkbox"/> skin color changes, <input type="checkbox"/> skin color asymmetry.	/3
	<b>SUDOMOTOR/EDEMA CATEGORY</b> <input type="checkbox"/> edema, <input type="checkbox"/> sweating changes, <input type="checkbox"/> sweating asymmetry.	/3
	<b>MOTOR/TROPHIC CATEGORY</b> <input type="checkbox"/> decreased range of motion, <input type="checkbox"/> motor dysfunction (__weakness, __tremor, __dystonia) , <input type="checkbox"/> trophic changes (__hair, __nails, __skin)	/3
<i>If Y, proceed</i>	Do at least 3 categories have a number in the shaded box? <i>Write Y or N in the clear box at the right.</i>	<input type="checkbox"/>

<b>SIGNS</b>	Signs observed during diagnostic exam: <i>Check/tick the symptoms reported in each category, then write the number of checkboxes marked in the shaded box at the right of each line.</i>	
	<b>SENSORY CATEGORY</b> <input type="checkbox"/> hyperalgesia (__pinprick), <input type="checkbox"/> allodynia (__light touch, __deep somatic pressure, __joint movement)	/2
	<b>VASOMOTOR CATEGORY</b> <input type="checkbox"/> temperature asymmetry, <input type="checkbox"/> skin color changes, <input type="checkbox"/> skin color asymmetry.	/3
	<b>SUDOMOTOR/EDEMA CATEGORY</b> <input type="checkbox"/> edema, <input type="checkbox"/> sweating changes, <input type="checkbox"/> sweating asymmetry.	/3
	<b>MOTOR/TROPHIC CATEGORY</b> <input type="checkbox"/> decreased range of motion, <input type="checkbox"/> motor dysfunction (__weakness, __tremor, __dystonia) , <input type="checkbox"/> trophic changes (__hair, __nails, __skin)	/3
<i>If Y, proceed</i>	Do at least 2 categories have a number in the shaded box? <i>Write Y or N in the clear box at the right.</i>	<input type="checkbox"/>

<b>EXCLUSION</b> <i>If N, +CRPS</i>	Is there any other diagnosis that better explains the signs and symptoms?	<input type="checkbox"/>
--	---	--------------------------

## Answer Key

Y, Y, Y, N	Positive CRPS diagnosis
Any other pattern	Not CRPS, according to IASP 2013

**Number and type of boxes checked/ticked are clinical clues for providers and caregivers.**

CRPS: Diagnostic Checklist, by biowizardry.info for CRPS Publications, is licensed under the creative commons attribution-sharealike 4.0 international license.

To view a copy of this license, visit <http://creativecommons.org/licenses/by-sa/4.0/>