Supplements:

Diagnosis of CRPS.

The symptoms were assessed by history taking, and the signs were objectively measured and observed by the attending physicians. CRPS-1 was diagnosed according to symptoms and signs in four different categories: sensory, vasomotor, sudomotor or edema, and motor or trophic. In the sensory category, hypoesthesia and hyperesthesia signs and allodynia were assessed by gently stroking the skin with a cotton swab. If this caused pain, the patient was considered to have allodynia. The sign of hyperalgesia was assessed by means of blunt pinprick. Hyperalgesia was considered present if this caused more pain than was seen on the contralateral side. In the vasomotor category, skin color and temperature asymmetry (blue or red discoloration) was observed. In the edema or sudomotor category, the edema and sweating asymmetry were assessed by history taking and observation. In the motor or trophic category, the reduced range of motion, muscle weakness of the involved limb, tremor, myoclonus, bradykinesia, and trophic abnormalities (i.e., of hair, skin and nails) were assessed by history taking and observation. CRPS-2 (causalgia) was diagnosed as follows: 1). The presence of continuing pain, allodynia, or hyperalgesia after a nerve injury, not necessarily limited to the distribution of the injured nerve; 2). Evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the region of pain; and 3) The diagnosis is excluded by the existence of any condition that would otherwise account for the degree of pain and dysfunction.