COMPLEX REGIONAL SYNDROME:
A Devastating Nerve Syndrome that Causes Severe Pain and Reduced Function

by Kevin D. Cairns, MD
Florida Spine Specialists

Complex Regional Pain Syndrome (CRPS) is a relatively common nerve disorder that can dramatically change a person’s life. CRPS has been referred to with several different names including Reflex Sympathetic Dystrophy (RSD), Sudeck’s atrophy, and Causalgia reflecting the complexity of the disorder itself. CRPS begins with an inciting event that can vary from nerve trauma to a ligament sprain in the hand that ultimately results in pain out of proportion to the initial injury. Instead of the involved extremity going through the normal healing process, the affected area undergoes several changes resulting from “nerves taking on a life of their own” including swelling, hypersensitivity, color changes, and weakness. Patients often report excruciating pain with light touch and avoid using the involved hand as much as possible.

The diagnosis of CRPS is made on clinical grounds and is based on Bruehl’s criteria whereby a patient has at least three of the following symptoms:

- Persistent pain
- Hypersensitivity to touch
- Hyperhidrosis
- Color changes
- Disturbances of temperature
- Hyperathyrosis

Communicating sensory and motor impairments may also be present.

The treatment of CRPS is challenging and often includes pharmacological and nonpharmacological approaches, such as physical therapy, occupational therapy, psychological support, and sometimes surgical interventions. It is important to consult with a specialist in the field to develop an individualized treatment plan.

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(About the Contributor)

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Dr. Kevin Cairns was born in Los Angeles, received his M.D. from New York Medical College and fulfilled his residency at Harvard Medical School. He also received a fellowship in neurology from Harvard as well as a fellowship in Interventional Spine Physiatry from Georgia Pain Physicians, Emory University in Atlanta. He is an expert in Peripheral Nerve Field Stimulation and stays on the leading edge of innovation in noninvasive and minimally invasive spinal treatments.

He is married. An outdoor enthusiast, he is a triathlete who also enjoys windsurfing, fishing, music and theatre.
HANDY TIP:

Consider the lumbrical with carpal tunnel splints

Roslyn B. Evans, OTR/L, CHT is the owner and director of Indian River Hand and Upper Extremity Rehabilitation in Vero Beach, Florida

It is common to splint CTS cases as part of a conservative treatment plan and for the patient to wear the splint while they are sleeping to maintain a wrist position that reduces median nerve pressure through the carpal canal. The accepted splint for a CTS case is generally considered to be a wrist immobilization type splint with the wrist in neutral (0°). This is good for the wrist position but it does not address lumbrical incursion forces when the hand is in composite flexion. One option to address this issue is to fabricate a wrist immobilization type splint with the wrist in neutral (0°) and the MP’s blocked into extension. This splint option will limit FDP excursion enough to prevent full lumbrical incursion into the carpal canal. Due to the more restrictive nature of this splint it is not appropriate in all cases.


COMPLEX REGIONAL SYNDROME

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and signs: skin color changes, swelling, hypersensitivity to touch, increased sweating, weakness, and muscle atrophy. There is no definite diagnostic test for CRPS although triple phase bone-scan may show some specific changes that support the diagnosis. For this reason, the diagnosis is often delayed with an average time of diagnosis of 11.3 months. Studies have shown the longer an individual does not use an affected extremity like a hand, the more severe the pain itself can become, in addition to worsening impairments such as weakness and reduced range of motion. In many ways, CRPS is like a fire and the longer it goes untreated, the worse it becomes. Treatment of CRPS is tailored to reducing the pain itself through physical modalities, medications, injections in combination with an aggressive physical therapy program. One of the most effective treatments of CRPS involves combining a type of injection called a stellate ganglion block with physical therapy often on the same day which can “desensitize” painful nerves and result in long lasting relief. Physical therapists with specific training in CRPS such as certified hand therapists can improve function and reduce pain by specific exercises and modalities tailored for CRPS. Injections are most effective within six months and the efficacy drops significantly after this time period. Individuals with CRPS often develop depression as it is difficult for others to understand the severe pain the individual is experiencing as there are very few visible signs of disease. Often a multidisciplinary treatment plan including physical therapy, medication management, and psychologic assessment is most successful. In rare cases when all treatments fail, a more advanced implantable treatment called spinal cord stimulation can dramatically alleviate a patient’s symptoms and lead to improvement in function.
CMS: Enrollment Revalidation Required By 2013

The Centers for Medicare & Medicaid Services (CMS) has announced that all providers and suppliers who enrolled in the Medicare program before Friday, March 25, 2011, will be required to revalidate their enrollment under new risk screening criteria required by health care reform legislation.

Under section 6401a of the Affordable Care Act, new providers/suppliers who enrolled on or after Friday, March 25, 2011, have already been subject to this screening and thus need not revalidate. This new screening criteria is designed to reduce fraud, waste, and abuse. Due in part to AOTA advocacy, occupational therapists fall in the category representing the lowest risk: the “limited” category. Providers and suppliers are encouraged to begin the revalidation process as soon as you hear from your MAC. CMS allows for 60 days from the date of the notice to submit complete enrollment forms. Failure to submit the enrollment forms as requested may result in the deactivation of Medicare billing privileges.

Therapy Cap Exceptions Process & Medicare Payment Rates

On February 22, 2012, President Obama signed into law the Middle Class Tax Relief and Job Creation Act of 2012. This new law prevented a scheduled March 1, 2012, payment cut for physicians and other practitioners who treat Medicare patients, keeping Medicare rates the same through the end of 2012 and also extending the therapy cap exceptions process through 2012.

Regarding the therapy cap, to ensure that appropriate KX modifiers are on Medicare claims starting October 1, 2012, a manual medical review process will be implemented for beneficiaries whose annual spending for therapy services furnished in calendar year 2012 reaches $3,700 in PT and SLP or $3,700 in OT. In addition, each request for payment must include the national provider identifier of the physician who currently periodically reviews the Plan of Care after October 1, 2012.

If this legislation had not passed payments to therapists and physicians under the Medicare fee schedule would have been cut by 27.4%, and the arbitrary therapy cap provisions would have been fully implemented.

On one hand, the good news is that Medicare payment rates will remain unchanged through 2012 but, on the other hand, we will face a 32% cut in January 2013 unless Congress takes action.
FLORIDA HAND SOCIETY
The next annual meeting of the FLORIDA HAND SOCIETY will be held in Orlando on May 11 and 12, 2012 at the Marriott Orlando Airport Hotel. Cynthia Harding MD, the Program Chair will be responsible for putting together the academic program for 2012. She can be reached at hands@simedpl.com. Anyone wishing to present or attend may contact either Dr. Harding for presentations or the FHS administrative office for membership/attendance information. Remember to “Save the Date” for this educational and fun meeting.

AMERICAN SOCIETY FOR SURGERY OF THE HAND (ASSH)
The 67th Annual Meeting of the AMERICAN SOCIETY FOR SURGERY OF THE HAND (ASSH) will be held September 6-8, 2012 in Chicago, Illinois.
The 68th Annual Meeting will be held October 3-5, 2013 in San Francisco, California.
The 69th Annual Meeting will be held September 18-20, 2014 in Boston, Massachusetts.

AMERICAN SOCIETY OF HAND THERAPISTS (ASHT)
The 35th Annual Meeting of the AMERICAN SOCIETY OF HAND THERAPISTS (ASHT) will be held October 18-21, 2012 in San Diego, California.
The 36th Annual Meeting will be held October 24-27, 2013 in Chicago, Illinois.

AMERICAN SOCIETY OF HAND THERAPISTS (ASHT) and AMERICAN ASSOCIATION FOR HAND SURGERY (AAHS)
This combined meeting will be held on September 18-20, 2014 in Boston, Massachusetts.

AMERICAN ASSOCIATION FOR HAND SURGERY (AAHS)
The 2013 Annual Meeting of the AMERICAN ASSOCIATION FOR HAND SURGERY will be held at the Naples Grande Resort & Club on January 9-12, 2013 in Naples, Florida.
The 2014 Annual Meeting will be held at the Grand Hyatt Kauai Resort & Spa on January 8-11, 2014 in Kauai, Hawaii.

UPCOMING GRANT AND FELLOWSHIP DEADLINES

THE AMERICAN HAND THERAPY FOUNDATION GRANTS:
AHTF grant submissions are now due on February 28 of the calendar year awarded. Applications for any of the AHTF grants can be accessed at http://www.ahtfgrants.com. If you miss the deadline, revisit for updated submission requirements for the 2013 funding cycle.

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ANNOUNCEMENTS

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BURKHALTER YOUNG INVESTIGATOR GRANT FOR CLINICAL RESEARCH IN HAND AND UPPER LIMB REHABILITATION
The AHTF BURKHALTER NEW INVESTIGATOR GRANT was established in honor of Dr. William Burkhalter (1928-1992), a long time advocate and promoter of hand therapy. AHTF established the grant in 1993 for any hand therapist to provide seed grants to therapists conducting scientific clinical research related to hand and upper extremity rehabilitation. Because of the generous unrestricted contributions received by the Foundation in 1996, the Burkhalter Grant was increased to $4,000 from the initial amount of $1,000.

THE EVELYN MACKIN GRANT FOR EDUCATION BY A TRAVELING HAND THERAPIST
The grant is designed to facilitate travel for a visiting therapist to a clinical setting(s) in anticipation of observing and learning what Ms. Mackin referred to as “pearls”, techniques or concepts of care that would not be routine in traditional practice. Recipient must be a current member of the American Society of Hand Therapists or a Certified Hand Therapist actively practicing hand therapy and having the freedom to travel for a minimum of five business days. Recipient may not be concurrently applying for any other AHFT grant, nor be the recipient of an AHTF grant in the past five years.

THE AMERICAN HAND THERAPY FOUNDATION “GRAB THE EVIDENCE” GRANT FOR BASIC RESEARCH SCIENCE AND EVIDENCED BASED STUDIES
The purpose and design of this award, which is dependent on available funding, is to serve as a catalyst for a skilled researcher and/or research team to develop their role as principal investigators and to obtain seed money for procurement of larger external funding. Hand fellowship students may apply when supported by a faculty member in an occupational or physical therapy program.
OUT OF HAND STAFF NOTES

The Fort Lauderdale Hand Clinic is both proud and sad at the same time to announce the departure of Robert W. Franceskino, OTR/L, CHT, who is returning to Connecticut and Quinnipiac University to continue his education and achieve his next career goal of becoming a physician assistant.

We are also very happy to announce the welcome addition of Heidi S. Lipshutz, OTR/L, CHT to our professional staff.

HANDS UP NEWS

U.S. News lists occupational therapy as one of its 50 best career choices in 2011. “With an aging baby boomer generation, healthcare continues to make a strong showing,” writes Alexis Grant. “It pays to be smart, particularly now that the job market is [slowly) improving.”

Owner/Clinical Director
Robin E. Miller, OTR/L, CHT

Assistant Clinical Director
Chris W. Smethie, OTR/L, CHT

Communications Director
Lesley R. Sankin

Therapists at the Fort Lauderdale Hand Clinic are certified by the Hand Therapy Certification Commission (HTCC).

Established in 1981, by Robin E. Miller, OTR/L, CHT, the Fort Lauderdale Hand Clinic is therapist-owned and specializes in upper extremity custom orthotics and rehabilitation.