

Complex Regional Pain Syndrome (CRPS)

What you're feeling

You are likely experiencing pain that feels much stronger than it should be for your injury. This is a hallmark of Complex Regional Pain Syndrome, or CRPS. It is a multifactorial condition, meaning many different factors contribute to how your body reacts. The pain is highly debilitating and can significantly limit your daily life. You may notice that simple touches, like clothing brushing against your skin, feel uncomfortable or even painful.

The pain often flares up at night or after you have been active during the day. You might also feel it most strongly when you first wake up. These changes in pain are linked to altered pain mechanisms in your nerves. Your doctor will look at your history and physical exam to confirm this diagnosis. It is important to recognize these signs early. Prompt treatment helps minimize permanent loss of function, though some patients may still experience lasting impairment despite treatment.

Daily tasks become difficult because of this heightened sensitivity. You might struggle with reaching behind your back to fasten a bra. Tucking in a shirt can feel like a chore. Lifting objects or sleeping on the affected side may cause sharp discomfort. These functional limitations are real and measurable. Tools like the Hamilton Inventory help your care team understand how these symptoms affect your daily life and mental well-being.

While the pain is intense, there are ways to manage it. High-intensity laser therapy has shown conclusive evidence of pain reduction, even after just a few sessions. For chronic cases, stronger options like ketamine may be considered. In some settings, steroids like prednisolone are used as a treatment option. An active approach to your care can help lower the risk of the condition worsening. Remember, CRPS is a diagnosis of exclusion. Your doctor will rule out other causes, such as glomus tumors, before confirming CRPS. Early recognition is your best path to recovery.

What's actually happening

Your body's pain system is sending mixed signals. In Complex Regional Pain Syndrome (CRPS), the nerves that carry sensation become overly sensitive. This is not just in your mind. Tests show that your pain processing works differently than in people without this condition. The signals are amplified, making normal touch or movement feel painful.

This reaction often starts after an injury or surgery. Your doctor may notice this if you are female, older, or do manual labor. It can also happen if you had prior nerve issues or severe pain before the procedure. Even after common surgeries like carpal tunnel release or rotator cuff repair, a small number of people develop these symptoms. For example, about 0.33% of patients develop CRPS after cubital tunnel surgery. After rotator cuff repair, hand lesions related to CRPS appear in 19.4% of cases.

The cause is complex and involves many factors. Researchers are still studying how genetics and psychology play a role. However, we know that early action helps. Prompt treatment can reduce the risk of permanent loss of function. While some patients may still face long-term challenges, catching it early gives you the best chance to recover fully.

Your doctor diagnoses this based on your history and physical exam. There is no single blood test or scan that confirms it. We look for specific patterns of pain, swelling, and skin changes. If left untreated, the altered pain mechanisms can lead to lasting stiffness and weakness.

Treatment focuses on calming the nervous system. Options include medications like prednisolone or ketamine for severe cases. High-intensity laser therapy has also shown strong evidence for reducing pain. An active approach to rehabilitation is key. Moving your limb gently and consistently helps retrain your brain and nerves. This prevents the condition from becoming chronic and disabling.

What we can do about it

Early recognition and prompt treatment of CRPS are important to minimize permanent loss of function. You may still experience permanent impairment and disability, but acting quickly gives you the best chance for recovery. Your doctor will rely on a clinical diagnosis based on your history and physical examination. To track your progress, we use the Hamilton Inventory to assess your symptoms, functional limitations, and psychosocial impacts. This helps us see how the condition affects your daily life.

Self-management and physiotherapy form the foundation of your care. An active treatment approach seems to lower the incidence of CRPS-1. We aim to keep you moving safely to prevent stiffness and weakness. While the methodological quality of non-pharmacological treatment approaches for upper limb CRPS is overall poor, staying active remains a key part of your routine. You should give these conservative measures time to work. Consistency is vital for reducing pain and improving your ability to use your hand or limb.

Medical management offers additional options if self-care is not enough. Prednisolone has potential as a treatment option for CRPS, particularly in resource-limited settings where more specialized interventions may be unavailable. High-intensity laser therapy (HILT) offers conclusive evidence of pain reduction in CRPS-I, even after the third treatment session. For patients with chronic or refractory CRPS, strong consideration should be given for the use of ketamine. Quantitative sensory testing outcomes indicate altered pain mechanisms in complex regional pain syndrome compared to controls. This confirms that your pain signals are being processed differently by your nervous system.

If symptoms are severe and persist despite the above, a doctor may refer you for specialist assessment. In some specific conditions, a procedure may occasionally be considered. For example, a large percentage of patients diagnosed with and treated for CRPS type 1 can have full resolution of their symptoms with carpal tunnel

CQ HAND + UPPER LIMB

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release. Similarly, the positive outcome for a patient with Dupuytren's contracture and CRPS-I after collagenase clostridium histolyticum (CCH) injection is encouraging. Your doctor will discuss whether such interventions are appropriate for your specific situation.

When to see someone

See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you notice weakness, instability, or if your joint locks or gives way. Seek care if symptoms interfere with your sleep or work. Contact your doctor immediately if you experience a sudden worsening of pain. Early recognition is important to minimize permanent loss of function in Complex Regional Pain Syndrome (CRPS). Although CRPS is a clinical diagnosis based on your history and physical examination, it is a diagnosis of exclusion. Prompt treatment can help, but some patients may still experience permanent impairment despite early care.