AAP BRS Podcast: Complex Pain Pathologies

	Myofascial Pain	Fibromyalgia	CRPS
Symptoms	Pain in specific muscles usually localized to one anatomic region	Widespread pain and various symptoms: Fatigue, sleep disturbance, GI upset (IBS), headaches, etc.	Severe pain out-of-proportion to injury (may sound neuropathic), accompanied by vasomotor (temperature or skin color), sudomotor/edema (sweating or swelling), and/or motor/trophic (restricted motion, weakness, tremor, dystonia, hair/skin/nail) signs and symptoms
Diagnostic Criteria and PE Findings	 Clinical diagnosis Jump sign: Sudden involuntary jerk or wince in response to pressing on a trigger point. Taut muscle band in area of pain on exam 	 Diagnosis of exclusion 3 main criteria: Widespread pain (Widespread Pain Index and Symptom Severity Score) Symptoms present >3 months No other medical disorder can explain the pain 	 Budapest Criteria: Persistent pain disproportionate to the original injury At least 1 symptom in 3 out of 4 categories: a. Sensory: reported increased sensitivity to painful (hyperalgesia) and non-painful stimuli (allodynia) b. Vasomotor: reported changes in color or temperature of the skin c. Sudomotor/edema: reported edema, sweating changes d. Motor/trophic changes: reported decreased ROM, weakness, tremor dystonia, changes in nail/hair/skin At least 1 physical exam sign in 2 of the following four categories a. Sensory: hyperalgesia or allodynia on exam b. Vasomotor: temperature asymmetry, skin color changes, asymmetry c. Sudomotor/edema: edema, sweating changes, sweating asymmetry d. Motor/trophic changes: decreased ROM, weakness, tremor dystonia, changes in nail/hair/skin
DDx	Muscle strain, tendinitis, bursitis, fasciitis, fibromyalgia	Myofascial pain syndrome, polymyalgia rheumatica, hypothyroid myopathy, rheumatoid arthritis, lupus, CRPS	DVT, compartment syndrome, peripheral vascular disease, neuropathy, Raynaud's phenomenon, infection
Tx	PT, stretching, low impact physical activity, massage, ice packs, anti- inflammatories as needed.	 Patient education/empowerment to address mental health and lifestyle changes Regular low intensity aerobic exercise 3 FDA approved medications: Duloxetine, milnacipran, pregabalin 	 PT/OT Upper extremity -> Stellate ganglion block Lower extremity -> Lumbar sympathetic block Initial treatments: Steroids, bisphosphonates, nasal calcitonin Neuromodulation (SCS, DRG)
Fast Facts	Thought to be due to mechanical disruption of muscle fibers. Occurs secondary to injury or repetitive motion.	Occurs most commonly in women 30-50 years old. Multifactorial pathophysiology, believed to be due to increased sensitization of the CNS.	 2 Types CRPS: Type 1: Reflex Sympathetic Dystrophy (RSD)=No evidence of peripheral nerve injury. 90% of CRPS cases Type 2: Causalgia= Peripheral nerve injury is present. 10% of cases Stages of CRPS: (each lasts up to 5 months) Stage 1: Acute phase -> Edema, vasomotor dysregulation, and allodynia Stage 2: Dystrophic stage-> Skin and muscle atrophy, mottled skin, intense pain, and hair/nail changes Stage 3: Atrophic stage -> Skin becomes pale, smooth, shiny, and cyanotic. Decreased pain, no more vasomotor changes. Most common etiologies: 1. Fractures 2. Blunt trauma 3. Surgery

CRPS Acronyms:				
CRPS 123 Budapest	STAMP			
Color/Celsius- changes/asymmetry	Sensory- hyperalgesia or allodynia			
Reduced motor function or keratin health	Trophic- skin, hair, nails changes			
Pain- out of proportion	Autonomic- swelling, edema, sweating			
Swelling	Motor- reduced ROM, weakness, tremor			
1 Pain + 2 signs + 3 symptoms	Pain			