

Hooshmand, an expert in CRPS, is keen on the preventive measures:

1. Early diagnosis: thermography is most helpful; EMG and nerve conduction tests may be normal
2. Early aggressive physical therapy.
3. Avoidance of unnecessary use of braces, crutches etc. and immobilisation for soft tissue injury
4. Avoidance of the use of ice on affected area; it constricts blood vessels and is a factor in instigating, aggravating and perpetuating RSD.
5. "Avoidance of alcohol in any amount
6. Avoidance of narcotics and benzodiazepines in any amount and at any stage, except for clonopin used for seizure disorder"
7. "Avoidance of unnecessary surgery such as cutting and suturing in the area of scars", "unnecessary surgery... for spinal pain" (of nerve root contusion origin or chronic); avoidance of "unnecessary operations such as amputation, sympathectomy and injections with steroids". He also includes surgery for improperly diagnosed carpal tunnel syndrome.

(From: Chronic Pain: Reflex Sympathetic Dystrophy, Prevention and Management, CRC Press, Boca Raton, Florida. 1993 H. Hooshmand, M. D. )

Essentially, treatment of CRPS is broadly similar to that of arachnoiditis: pain relief is effected as best possible using a variety of medications, often the triad of opiates, antidepressants and anticonvulsant.

The sort of therapy which might benefit the inflammatory problems includes:

- Hot/cold compresses
- Joint supports
- A carefully planned exercise regime that is tailored to individual needs and can be adjusted as appropriate in response to 'flare ups'.
- Dietary measures including supplements
- Medication such as anti-inflammatory drugs (NSAIDs) which might include steroids (NOT SPINALLY INJECTED!) at times of major exacerbation.
- Physiotherapy techniques such as ultrasound which can reduce inflammation