

Reflex Sympathetic Dystrophy (RSD) is a type of Complex Regional Pain Syndrome (CRPS) nerve disorder. RSD is sometimes known as Type I CRPS, which is triggered by soft tissue injuries, like strains or sprains, where there is no obvious underlying nerve injury. Type II CRPS describes where a heavy impact (like a gunshot wound) created the injury, and is more clearly associated with a nerve injury. RSD is a unique nervous condition because it negatively impacts the muscles, nerves, blood vessels, skin and bones all at once.

RSD has no obvious cause. Originally, doctors thought the condition was caused by nervous system malfunction. Symptoms of RSD are non-stop, extreme pain disproportionate to the kind of the injury (if there was an injury at all). Type II was first recognized in the 19th century by the pain that Civil War veterans endured, long after their battle wounds had healed. It worsens over time and in extreme cases, RSD can prevent a person from performing everyday functions. The condition is accompanied by:

- Stiffness and swelling
- “Burning” pain
- Increased sensitivity to touch
- Increased inability to move the affected part(s)
- Changes in skin temperature, texture or skin color
- Excessive perspiration

There is currently no single test to diagnose RSD. Without a single decisively determinative test, doctors must base their diagnosis on a somewhat vague constellation of symptoms. Physical therapy is a chief element of RSD treatment. There are several types of medications or surgeries. Treatment is often individualized to the patient, and multi-faceted. Early diagnosis is crucial. Currently, RSD has no cure. However, if patients begin treatment within the first three months after symptoms appear, the condition can often go into remission. Research for a cure continues.

Within the northeastern Pennsylvania area, Rosenn Jenkins and Greenwald LLP is a leader in helping RSD victims with experienced legal guidance.