SPINE AND SPORT BIOMECHANICAL REHABILITATION CENTER

Specializing in Biomechanical Correction Techniques through EVALUATION-EXERCISE-EDUCATION
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ASSESSMENT OF RSD / CRPS

Patient Name: ____ **Date:** _________________________

Area of Symptoms: ____

Please check any of the following that apply to the affected region and approximate onset date of symptoms.

Symptoms	Approximate Onset Date
☐ Swelling: mild / moderate / severe Does swelling leave an imprint: YES NO	__________________
☐ Decreased or increased sweating or clamming sensation	__________________
☐ Osteoporosis confirmed with a bone density test	__________________
☐ Abnormal hair or nail growth	__________________
☐ Lack of hair or nail growth	__________________
☐ Changes in skin color or texture. If so where, _______________________________	__________________
☐ Increased / Decreased skin temperature changes	__________________
☐ Abnormal goosebumps. If so where, _____________________________________	__________________
☐ Involuntary movement of the affected region	__________________
☐ Burning, aching or searing pain localized to the site of injury	__________________
☐ Increased sensitivity to touch	__________________
☐ Joint stiffness	__________________
☐ Restricted mobility	__________________
☐ Muscle spasm	__________________
☐ Pain that spread to other areas of the body. If so where, ______________________	__________________
☐ Abnormal sensations of heat or cold	__________________
☐ Muscle pain. Describe ____	__________________
☐ Muscle weakness	__________________
☐ Impaired sleep. Describe ____	__________________