rsdsa community update

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INSIDE THIS ISSUE

Join us in the Big Easy this June for our Young Adult Weekend *(page 14)*

INSIDE THIS ISSUE

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CALL FOR AUTHORS & IDEAS

Do you have a personal story, art, or knowledge to share with the CRPS community? Did one of these articles resonate with you? Is there a special topic you would like to see included in the RSDSA Community Update? We would love to hear from you. Please email your thoughts to info@rsds.org.

SPECIAL THANKS

We would like to acknowledge our Corporate Partners whose generosity has helped to underwrite this issue of the RSDSA Community Update. Our Corporate Partners include Abbott, Aetna, Arkansas Pain Center, LTD, Baker Family Charitable Trust, Center for Pain Management, Edelman, Krasin & Jaye PLLC, Grünenthal, Neurologic Relief Center, NoPainHanna, Oska, Pope/Taylor National CRPS/RSD Lawyers, Shirley Ryan Ability Lab, Vitalitus.

CRPS and The Dentist *"You Don't Have to Be Afraid"*

BY **GLENN L. GITTELSON, DDS**

Complex Regional Pain Syndrome (CRPS) is a disease of the sympathetic nervous system and can therefore affect any part of the body receiving a sympathetic nerve supply, which is to say CRPS can affect any part of the body. The sympathetic nervous system is charged with regulating and maintaining all bodily functions and when under duress, the so called *"flight and fight"* response occurs. The sympathetic nervous system controls blood pressure, pulse, respiration, body temperature, and all immune system and body glandular function. If the sympathetic nervous system becomes dysfunctional, no matter the reason, the resultant symptoms of the CRPS disease process can become horrific and devastating to the sufferer. Symptoms such as high-level pain, swelling, muscle spasm, and skin changes can follow a thermatomal distribution (see diagram#1) and/or involve any of the internal organs. Symptoms can change in location, presentation and intensity. Due to this, CRPS is often referred to as *"the disease with a mind of its own."*

Early diagnosis is critical, as the potential for extended abatement and remission of symptoms is possible if CRPS is diagnosed and properly treated with in the first few months of onset of symptoms. Subsequent to this, treatments are often geared toward potential attempts at abatement of symptoms, with the risk being ongoing flare ups and exacerbation of any CRPS based symptoms. This is what makes CRPS such a horrible disease. The goal of treating the person with CRPS then is to recognize, eliminate, minimize and/or prevent the spread of this disease process.

The definitive literature on CRPS dates back to 1864, with the definitive diagnostic guidelines for CRPS most recently organized and published in 2007 and 2013 and known as "The Budapest Criteria for CRPS". (References available upon request).

An excellent reference book for CRPS is Hooshmand H. Chronic Pain-Reflex Sympathetic Dystrophy Prevention and Management. Boca Raton, CRC Press, 1993.

People who have CRPS are aware of the potential for acute flare ups of their symptoms secondary to any inciting event. Specifically, going to the dentist can be viewed as a stressful, uncomfortable and possibly painful experience. These concerns do have merit. Going to the dentist for any procedure whether it be a routine dental cleaning and check- up, filling a cavity, the cosmetic bonding of a tooth, orthodontics, root canal, extraction or an implant can lead to a CRPS flare up which can cause new CRPS symptoms or make existing symptoms worse. It must be understood, however, that it is not so much the procedure being done, but rather the CRPS patient's reaction to the procedure that can cause an exacerbation of new or existing symptoms. CRPS to the head, neck, face and mouth is also well documented in the literature. (References available upon request)

Another concept that must be understood is that mechanical injury and sensory-based pain input into the brain is what triggers the body's sympathetic response. Therefore, it becomes critical to identify all potential sources of injury, discord and pain when treating the CRPS patient. It is the author's adage that *"all pain can be traced to its source."* If one is able to eliminate, minimize or control source pain, the body's sympathetic responses should also be able to be controlled and/or minimized. However, the longer the CRPS patient has symptoms and the more centralized the sympathetic symptoms, the more difficult it becomes to try and abate those symptoms. Early

Hooshmand and Hashmi: Complex Regional Pain Syndrome

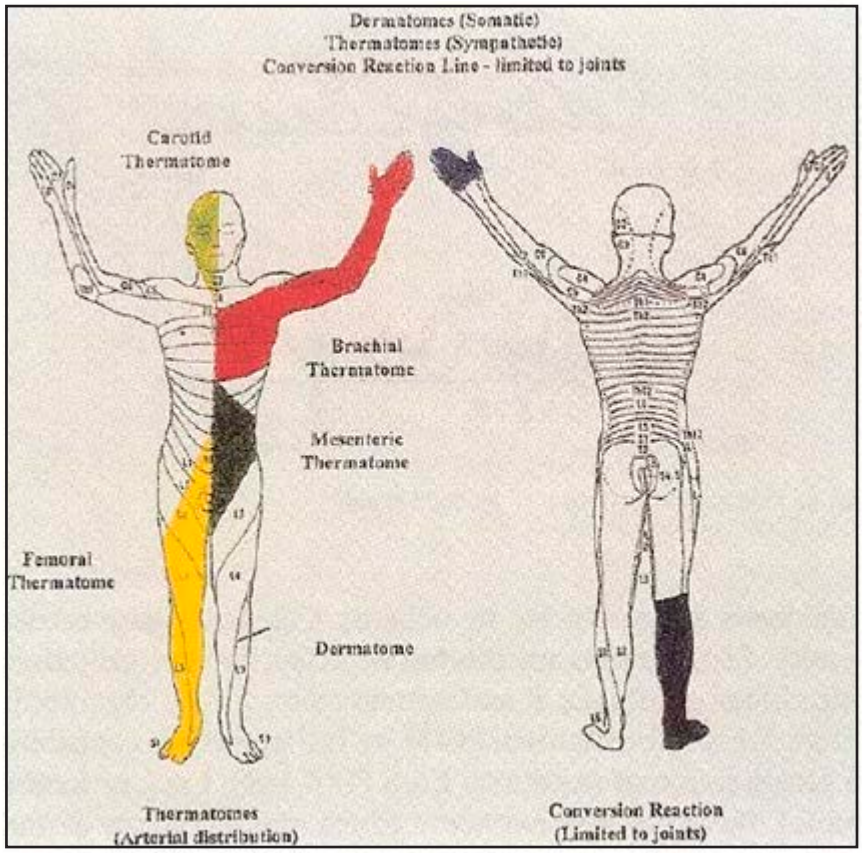

DIAGRAM #1

Any of the symptoms listed can occur in any combination in one or more of the four color diagramed thermatomal areas. All symptoms can change location, intensity, and duration in any given thermatome on any given day without warning or reason. As such, CRPS/RSD is often referred to as "THE DISEASE WITH A MIND OF ITS OWN.

recognition and proper diagnosis of the CRPS patient is critical, as is the initiating of treatment and therapy.

Knowing that early diagnosis of the CRPS patient is important and proper routine dental care is essential to one's overall health, the questions now become *"what can the dentist do to identify the CRPS patient, and what can the dentist do to minimize, control and/or eliminate the CRPS patient's sympathetic response to any dental procedure?"*

Patients who present with high level disproportionate pain, non-resolving pain, muscle dysfunction,(tightness, spasm to jaw muscles), unexplained swelling to the face, heat and/or cold intolerance, color changes to the skin, thermatomal distribution of symptoms, inflammatory responses such as unexplained rashes or inflammation in the mouth or face should alert the patient and dentist to the possibility of a CRPS diagnosis.

Any history of or presentation of trauma or injury to the Temporomandibular Joints, (TMJs) and/or cervical spine is cause for concern for the CRPS patient, as these injured or damaged areas can be ongoing triggers to the sympathetic nervous system. Further investigation of the TMJs and cervical spine with advanced imaging, the standard of care being an MRI is called for. Only with an MRI can all hard and soft tissue anatomy be properly visualized for structural damage and/or alteration. There is a tremendous sensory and sympathetic communication between the TMJs, the trigeminal nerve that innervates it and the cervical spine. Pain patterning can be overlapping from neck to jaw and face and vice versa.

It must also be realized that the absence of pain does not mean there is no problem with the TMJs. Distorted growth of the face in a growing child, facial skeletal distortions and facial skeletal changes occurring in the adult, changes to the bite and how the teeth align are all potential signs of jaw joint (TMJ) issues. The significance of this is that the disruption of normal function as it relates to the jaw joints and bite can be a trigger for ongoing sympathetic dysfunction. Misalignment of the cervical spine can be a trigger for various types of headaches and facial pain which can then be a trigger for further ongoing sympathetic dysfunction. More often than not, TMJ and cervical spine issues go hand in hand, as

the two are often injured together and therefore must be evaluated together and treated together.

Any and all potential dental-related pathology should always be identified and treated. Knowing that there is a tremendous sympathetic nerve supply to the mouth and structures contained therein, how then can the dentist minimize, if not negate, the sympathetic response to any dental procedure?

It must be realized that the sympathetic nerves that supply the mouth have their origins in the upper cervical spine. These nerves branch out from the cervical spine and ultimately are located on either side of the neck, below the lower jaw or just under the skin in a specific location. These nerves are identified as the Greater Auricular and Transverse Cervical nerves, (GA, TC). They are easily reached and can be easily blocked with the use of local anesthetic while the patient is in the chair prior to any dental procedure thereby preventing any sympathetic awareness or response to the dental procedure. These nerve blocks take effect within minutes, last for several hours, can be repeated when necessary and have minimal risk associated with them. The author has used these nerve blocks successfully for many years to treat the dental needs of the CRPS patient.

The author uses these nerve blocks to prevent sympathetic responses to dental procedures as described and also to treat CRPS patients who present with CRPS symptoms previously described to the Carotid and Brachial Thermatomes (Diagram #1).

In particular, the author has had much success in treating sympathetic maintained symptoms such as pain, muscle spasms, edema and skin alterations to the head, neck, face and upper torso with the use of these nerve blocks. As the treatment of the CRPS patient must be multifactorial, often these nerve blocks are supplemented with the use of certain medications, physical therapy and CRPS diet modification to maximize control over the dysfunctional sympathetic nervous system.

The two main sympathetic nerve blocks that can be administered to allow treatment of the mouth, head and face are the Greater Auricular nerve blocks, (GA) and Transverse Cervical nerve block, (TC). It is the author's contention that any practitioner who is licensed to administer injections can be trained to administer these types of nerve blocks to help and better serve the CRPS population in an easy and ongoing manner.

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Dr. Gittelson has been in private practice for more than thirty five years as a restorative dentist. For the last eighteen years, his practice has focused primarily on diagnosing and treating TMJ related disorders, as well as head, neck, facial pain and CRPS/RSD disorders in children, adolescents and adults.

Dr. Gittelson has extensive and ongoing training in the science of jaw joint and facial pain diagnostics, as well as TMJ MRI and Maxillo-Facial CT interpretation. He received this training at the prestigious Piper Education and Research Center, in St. Petersburg, FL under the direct tutelage of Mark Piper, M.D., D.M.D.

Dr Gittelson offers educational seminars to the general public on CRPS.

Dr Gittelson also offers courses to doctors and qualified practitioners on the science of CRPS diagnostics and treatment including nerve blocks.

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THE RSDSA provides support, education and hope to everyone affected by the pain and disability of CRPS/RSD while we drive research to develop better treatment and a cure.

RSDSA 2019 EVENTS CALENDAR TO DATE

MARCH	
3/15/19	**4th Annual CRPS Awareness Night with the Colorado Avalanche**
APRIL	
4/27/19	**3rd Annual Tame the Pain Golf Event, Galena, OH**
MAY	
5/12/19	**3rd Annual Stomping Our the Flame, Manassas, VA**
5/18/19	**Treating the Whole Person, Optimizing Wellness, Houston, TX**
JUNE	
6/1/19	**1st Annual Walk in the Park for Courageous Kids, Newark, DE**
SEPTEMBER	
09/07/19	**4th Annual Long Island Awareness Walk Eisenhower Park, Long Island, East Meadow, NY**
9/22/2019	**1st Annual Walk in Ocean Township New Jersey**
9/29/2019	**6th Annual Fight the Flame 5k, Charlotte, NC - Beth and Steven Stillitano**
9/29/2019	**4th Annual Knock Out Pain 5k - Easton, PA - Sarah O'Steen**
NOVEMBER	
11/4/19	**Color the World Orange, Worldwide**

PEER TO PEER

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- **Please contact LindaLang@rsds.org**
- **Please provide your email, phone number and a little bit about yourself.**

Don't see an event near you?

Contact Jim Broatch
info@rsds.org
to discuss planning an event in your area!