

LIVING WITH CRPS PRESENTS MANY DAILY challenges; it can leave you feeling lonely, frustrated, and in despair, especially when dealing with insurance and with workers' compensation (WC).

As a nurse and patient advocate, I would have never believed the unprofessional and unethical behavior I have encountered since becoming an injured worker. Since being diagnosed with CRPS in 2001, I have suffered re-injury from an Independent Medical Examiner (IME) and encountered 2 treating physicians, who, since reporting them to the medical board have lost their medical licenses, one resulting in a prison sentence.

Several years ago, I was introduced to another nurse who, although not suffering from CRPS, voiced the same experiences and concerns regarding WC since her injury in 2000.

Together we learned these to be the normal experiences for many injured workers. We have composed an information sheet on the rights of the injured worker, plus tips on what you can do when faced with an unethical practitioner, a few of which are listed below:

- 1 You have the right for a family member to be present when being examined by any physician.
- 2 If writing is difficult for you, or if you are being examined for psychological reasons and have difficulty writing, you have the right to have someone fill out forms and write for you.
- 3 You have the right to request and obtain a copy of all medical opinions and records.

- 4 You have the right to correct and amend any incorrect medical data noted.

Example: An IME reports that a patient's left arm was slightly swollen, when it is actually the right arm that was injured.

Example: You indicated symptoms to the IME during the physical examination, yet the physician did not record them.

Dealing with Workers' Compensation while Living with CRPS

By Rhonda Guglielmi

The day of your exam your left leg was covered in pustules, or a rash and you showed it to the physician, yet he did not document this. You could write this down on a separate sheet of paper, have the person who was present at the time of the exam sign it, and then have it notarized. Send a copy to your attorney and request the document be added to the record. Always keep the original on file for your own records.

Tip: Every symptom you have is evidence that will be presented at a hearing before a hearing officer. If it is not written, it does not exist.

I have personally read every opinion in my file and have a copy of every

correction. On the copy, I make the necessary correction and send the addendum to my attorney. If the opinion has incorrect information, I send a copy with a formal letter of complaint to the medical board.

By doing this, you are providing a tracking record for the medical board. They are the only institution which has the authority to penalize doctors who practice unethical

medical documentation or behavior. Also, if this doctor is reported by another patient, he will fall under the watchful eye of those whose job it is to protect the public from such behavior.

The good news is that "we are not alone." There are politicians and ethical healthcare providers who realize this system is flawed. In 2008, I was introduced to a group of physicians who

work as a task force to investigate the ways in which the Bureau of Workers' Compensation (BWC) operates, and then give recommendations on how to decrease costs and improve the delivery system set up to assist injured workers, such as:

- 1 A quality assurance (QA) program that covers mental health and physical health services that attempts to clarify how BWC services are done. Attempts to evaluate the Miller Criteria need to be updated or revised regarding which services are considered for approval to patients. We would also like to see a QA program to develop a model as to how to do an independent medical evaluation in a reliable way.

② A comprehensive pain program that develops an interdisciplinary usage of the ICD-9 coding system in a clinically integrated holistic model, which emphasizes noninvasive methods whenever possible, as the first line of treatment for those with pain conditions as a part of their injury.

③ A diagnostic coding system that is updated to at least the DSM-IVR level. The current usage of the ICD-9 coding system, in part or all of the BWC system, is not appropriate for delivering quality care, since mental health conditions are not properly conceptualized in the old system.

As healthcare consumers, we can do our part by writing to our political leaders and keeping our own records. When encountering unprofessional behavior we need to report it. Living with CRPS is a challenge, and even more difficult when being challenged by an insurance system, yet it is not one we need go up against alone. ■

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Physical therapy tasks may range from touching the affected area with various cloths and textures to pushing, walking, or carrying. Something as seemingly benign as touching is often as difficult as any other physical task you may do—but the more consistent you are with the task, the sooner it will feel less painful.

Therapeutic activities that involve walking, stepping, carrying, or lifting present their own challenges. The aim

An Overview of Physical Therapy for Treating CRPS

By Anita L. Davis, PT, DPT, MSM, D-AAPM

BEFORE DEVELOPING CRPS, CHANCES ARE you have never had a major injury or illness, but now you may find yourself going from doctor to doctor and have a shelf full of medications. Some have worked, some have not, and others had such side effects that you had to stop taking them. The doctors have talked about injections and maybe neurostimulators—and, by the way, now you need to start physical therapy.

The intent of therapy is to help you regain your strength and mobility, and even reduce your pain. The path to this recovery can be filled with challenges and pain. Rehabilitation is the toughest job you may encounter. There will be days you would rather not follow the home program or go to therapy and moments that your pain increases and you question the reason for making yourself hurt even worse. In those moments, let your hope of recovery and the support of close ones cheer you to continue.

of these types of tasks is to simulate a normal, functional motion while allowing your nerves to adapt to the sensation by readjusting their sensitivity. The pain will increase with these tasks, since your nerves have become so sensitive that they overreact to what used to be normal. It takes time and repetition to retrain this response. Medical literature and clinical experience tell us that this ultimately leads to less pain within 10 to 14 days.

In the midst of performing these painful activities, you should have strategies to reduce the flare-up. Your therapist may share relaxation techniques, imagery, breathing, or other movements that can ease the pain. Learn these and use them—for in this you can gain confidence in your ability to control what has otherwise seemed uncontrollable. Keep your eye on the prize and do keep your next therapy appointment! ■