

# Reflex Sympathetic Dystrophy Responds

**This often-misunderstood condition presents seemingly causeless agony and confounds patients and doctors alike. It takes a determined and skilled practitioner to bring patients the relief they seek.**

“It all started with a torn tendon in 2001,” says Rita Krzos. “I’d hurt myself at work, and the workman’s comp doctor wrapped my right leg to support and protect the injured area. Instead, my foot and ankle became so swollen that they were as big around as my thigh.”

That wasn’t all. Rita’s leg continued to swell, the skin on her leg turned blue, and she began to experience excruciating pain well out of proportion to her injury. Worse yet, the doctor didn’t take her intense pain seriously.

“I often felt like a burning rod was embedded in my leg, but my skin was ice cold to the touch,” she describes. “I had throbbing pain in my ankle, and a pins-and-needles sensation along my legs. My skin was so discolored that the doctor kept asking if I was bumping into things and getting bruised. The nails on my toes quit growing. I had nerve blocks, epidural steroid injections, and medications that made me so lethargic that my weight increased dramatically.”

Still Rita’s pain increased. She had to quit work. Only in her forties, Rita began relying on a cane to maintain her balance. She didn’t have enough stamina to be active for more than fifteen minutes at a time, and she experienced frequent muscle spasms. Referral after referral failed to bring her to a doctor who could successfully address her escalating problems.

“Finally,” says Rita, “I said, *Enough!* I began searching for pain management doctors on my own, and I found Dr. Pierre Hyppolite. He was the first doctor who checked me from head to toe, and *listened* to me when I described my symptoms. Then he changed the prescription medications I was taking and prescribed a course of physical therapy, including aquatic therapy, and the swelling in my leg began to lessen almost immediately!”

“I’ve been seeing Dr. Hyppolite for more than a year, now, my neuropathy is gone, and I no longer use my cane to walk. I can be active for as much as an hour before needing to regroup, and even though I still have chronic pain, it’s at a tolerable level. It’s still too early to tell if I’ll be able to return to work, but I have faith in God and in Dr. Hyppolite, so I’m choosing to be optimistic!”

## Difficult condition

Pierre R. Hyppolite, MD, of Southwest Florida Rehab & Pain Management Associates, says Rita’s obstacles to finding effective treatment are not unusual.

“Rita had developed Reflex Sympathetic Dystrophy [RSD], and RSD is one of the worst types of chronic pain syndromes,” he remarks.

Because there is no test for RSD, it falls to the treating physician to rule out other causes of the syndrome’s disabling symptoms before establishing a treatment plan.

“When there is a strong clinical reason to suspect RSD, we can perform a triple-phase bone scan, which is highly sensitive for RSD,” says Dr. Hyppolite, “but even this test can return false negative results.”

## Southwest Florida Rehab & Pain Management Associates

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**RELIEF AT LAST!**  
Rita spent four agonizing years consulting doctors who couldn’t offer effective pain relief. Then she met Dr. Hyppolite. Now, Rita’s pain is manageable and she hopes to regain more stamina.

We can also schedule the patient for a lumbar block, which is both diagnostic and therapeutic.”

Because one of the characteristics of RSD is extreme skin sensitivity, the treatment protocol may include soothing paraffin baths. Stretching and range of motion exercises can be introduced gradually to counteract muscle spasms and stiffening joints.

“Another key element is the doctor’s willingness to listen carefully when the patient describes her symptoms and her response to treatment. RSD requires a multi-disciplinary approach,” Dr. Hyppolite reminds, “and only the patient is present for every aspect of treatment. Her observations about each protocol are vital in determining whether to continue or adjust the treatment plan.”

Dr. Hyppolite notes that Rita continues to make progress in controlling her RSD. “She is actively involved in her recovery, and motivated by her desire to avoid the use of opiates to control her pain, and by her desire to return to work.

“Together, we are helping her reclaim her quality of life, and that’s a great thing to see.” **FHCN**—Billie S. Noakes

## Relief at last

*The staff at Southwest Florida Rehab & Pain Management Associates welcomes your questions and comments regarding this article. For additional information or to schedule a consultation, please call or visit one of their conveniently located offices: in Fort Myers at (239) 432-0774, 12700 Creekside Ln., Suite 301; in Cape Coral at (239) 772-5577, 632 Del Prado Blvd., N; and in Bonita Springs at (239) 498-1204, 26800 S. Tamiami Trail, Suite 340.*

Southwest Florida Rehab & Pain Management Associates is a Medicare participant and accepts many insurance plans.



James P. Weiner, MD, is board certified by the American Board of Anesthesiology. He received his medical degree and completed his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, and completed an anesthesia residency and received fellowship training in pain management at the Naval Hospital, Portsmouth, VA. He also received fellowship training in anesthesia at Bowman-Gray Medical Center, Wake Forest University, Winston-Salem, NC. He is a member of the American Association of Electrodiagnostic Medicine, American Association of Physical Medicine and Rehabilitation, American Society of Anesthesiology, Florida Medical Society, Florida Society of Anesthesiology, International Association for the Study of Pain, and International Spinal Injection Society. He has published extensively in his areas of expertise.



Peter S. Schreiber, DO, is board certified in physical medicine and rehabilitation. He completed his undergraduate studies in microbiology at the University of Florida, Gainesville, and received his medical degree from Nova Southeastern University College of Osteopathic Medicine, Davie, FL. He served his internship and a combined residency in internal medicine and physical medicine and rehabilitation at Case Western Reserve University/MetroHealth Medical Center, Cleveland, OH. Dr. Schreiber is a member of the American Medical Association, American Osteopathic Association, and American Academy of Physical Medicine and Rehabilitation.



Keith S. Susko, MD, is board certified by the American Board of Physical Medicine and Rehabilitation with subspecialty certification in pain medicine. Dr. Susko completed his undergraduate studies, with an emphasis in biomedical engineering, at the University of Arizona College of Engineering. He earned his medical degree and completed his medical internship and his residency in physical medicine, serving as chief resident, at Eastern Virginia Medical School, Norfolk. While in Virginia, Dr. Susko founded the medical school’s Habitat for Humanity student volunteer group, organizing workdays for volunteer labor and assisting in the construction of homes for the needy. He has developed numerous presentations and lectures concerning myofascial trigger point evaluations, osteoporosis, electromyography, cerebral palsy, and low back pain. Dr. Susko is a member of the American Academy of Physical Medicine and Rehabilitation, Association of Academic Physiatrists, American Academy of Pain Management, American Medical Association, and American Academy of Electrodiagnostic Medicine.



Robert D. Mehrberg, MD, is a board-certified physiatrist, certified in physical medicine and rehabilitation, as well as in electrodiagnostic medicine. He completed his undergraduate studies and earned his medical degree at Tulane University, New Orleans, LA. He served his internship and his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, where he was appointed chief resident. Dr. Mehrberg has lectured on, written, or coauthored numerous articles, abstracts, presentations, and publications concerned with the treatment and well being of rehabilitation patients. Dr. Mehrberg is a member of the American Association of Electrodiagnostic Medicine, American Academy of Physical Medicine and Rehabilitation, and Association of Academic Physiatrists.



Pierre R. Hyppolite, MD, is fellowship-trained in spinal cord injury through the University of Miami’s Jackson Memorial Hospital/Miami VA Medical Center. He is a graduate of the Faculte De Medicine Et De Pharmacie Universite D’etat d’Haiti, where he earned his medical degree and served his medical internship. Dr. Hyppolite attended Yale University School of Public Health and served an internal medicine internship at the New York Medical College’s Our Lady of Mercy Medical Center. He completed his residency in physical medicine and rehabilitation at NYMC’s Metropolitan Hospital Center. Dr. Hyppolite is an associate member of the American Academy of Physical Medicine and Rehabilitation and the American Paraplegia Society. He is fluent in English, French, and Creole.

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