

Sample Report

Complex regional pain syndrome type 1 of lower extremity, unspecified laterality (G90.529)

• LOWER BODY SYMPATHETIC SKIN RESPONSE

Autonomic reflex testing can be accomplished through sympathetic galvanic skin response studies. Skin galvanic impedance can be measured with infrared detectors and then mapped upon the skin. Results are both recorded and stored in digital format.

The patient was allowed to equilibrate for 15 minutes in a temperature and draft-controlled environment prior to the study. The study was performed three times. The patient was allowed to re-equilibrate for 15 minutes prior to repeating the study each time. All studies performed were resting and under cold stress.

While galvanic impedance asymmetries correlate to skin temperature, they do not necessarily describe dermatomes, myotomes or sclerotomes. Localized pathology may represent either peripheral nerve irritation, sympathetic dysfunction syndromes, peripheral vascular abnormalities or localized inflammatory and myofascial conditions. At least 25% of a dermatome must be asymmetric in at least two areas to be consistent with radiculopathy. Clinical correlation is necessary to make this determination.

This infrared sympathetic galvanic skin response study included evaluation of the back and buttocks, the anterior, posterior, medial and lateral aspect of the legs and feet.

Sympathetic Skin Response Findings: There is a sympathetic skin response asymmetry pattern over the dorsum of the foot. The rest of the areas studied showed a symmetric profile.

Sympathetic Skin Response Impression: Compared to the surrounding areas localized SSR findings are present over the dorsum of the foot.

Clinical Impression: Sympathetic dysfunction should be considered. The left is cold compared to the contralateral side.