



**Behavioral Medicine Clinic**

**Children's Hospital**  
300 Longwood Avenue  
Boston, MA 02115  
617-355-6720

**Pain Treatment Service**  
**Dept. of Anesthesia**

June 10, 1998

**Patient: Lisa Shore**  
**MR: 1261743**  
**DOB: 11/20/87**

**Treatment Summary:**

Lisa Shore was evaluated in the Pain Treatment Service on May 13, 1998 and was subsequently seen in hospital for the week of May 18, 1998. During this time she was given a one-hour psychiatric evaluation and individual, 50-minute sessions over the course of her hospitalization. On initial evaluation Lisa was diagnosed with Reflex Sympathetic Dystrophy by the three separate divisions of the Pain Treatment Service (Medicine, Physical Therapy and Behavioral Medicine).

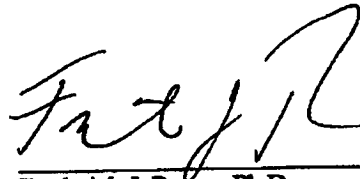
Based on the initial evaluation of Lisa and her parents and the ensuing sessions during her hospitalization, Lisa did not exhibit any psychiatric symptomatology that warranted any diagnosis other than R.S.D. On first meeting Lisa was rather shy and quiet, but after about 10 minutes of conversation she became more animated and engaging. She adjusted well to the hospital setting and was able to separate from her parents appropriately. Throughout the course of her hospitalization Lisa remained appropriate in her behavior and did not exhibit any significant psychiatric symptoms. She expressed feelings of frustration and anger about her pain, but demonstrated reasonable coping strategies for her situation.

Lisa's mother, who remained in town during her hospitalization, maintained appropriate visits and boundaries with her daughter and followed our treatment plan and recommendations to the letter. All interactions involving the family were well modulated. There was no evidence of clear secondary gains for Lisa or other behavioral or psychological family dynamics, which could in any way account for her present condition.

The Pain Treatment Service at Children's Hospital has specialized in treating patients with R.S.D. for many years and is currently funded by the National Institute of Health to investigate efficacious treatment modalities for R.S.D. Many times children with diagnoses of R.S.D. exhibit a variety of psychological symptoms which impact on and are impacted by this particular disorder, but Lisa does not appear to be among these children. Her medical and physical therapy examinations were consistent with a diagnosis of R.S.D. and her psychiatric evaluation was benign.

Certainly, Lisa's long-standing pain and her physical limitations have made her somewhat sad, frustrated and mistrustful of the medical system all of which is certainly reasonable considering her present situation and previous experiences. These feelings are well within the normal range of experience for children with chronic pain.

Given her chronic pain and physical limitations, Lisa is at risk for becoming depressed and withdrawn, like any child in her circumstances. Continued work with a psychologist or social worker familiar with pain management is recommended to help Lisa cope with her chronic pain.



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