

Propositions belonging to the thesis:

‘Complex Regional Pain Syndrome confined to the Knee, an unrecognized presentation’

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1. Complex regional pain syndrome (CRPS) confined to the knee is until now not often recognized as a legitimate diagnosis, but it should be considered as such, similar to the more frequently described CRPS of the hand/wrist or foot/ankle (this thesis).
2. The phenotypes of CRPS confined to the knee compared to those of CRPS of the ankle/foot are similar, but not identical at the time of diagnosis, probably causing a delay in diagnosing CRPS confined to the knee (this thesis).
3. CRPS confined to the knee appears to maintain its clinical picture over the course of time compared to CRPS of more distal locations and it diminishes health related quality of life to an extent comparable to the effects of CRPS of the other locations (this thesis).
4. CRPS confined to the knee is very therapy resistant for conventional treatments (this thesis).
5. Neurostimulation is a potential effective therapy for CRPS confined to the knee and the majority of patients prefer dorsal root ganglion stimulation over dorsal column stimulation (this thesis).
6. Understanding the pathophysiology of CRPS can result in a more mechanism-based approach in treatment.
7. Different patterns and methods of neurostimulation should be incorporated in one neurostimulation device to achieve a personalized setting, resulting in improved patients' outcomes.
8. Little by little, the pieces of the CRPS puzzle are falling in place.
9. Physicians should be aware of the fact that an improvement in pain score as a result of neurostimulation treatment is, from the patient's perspective, only one aspect of a successful therapy.
10. Pain is only temporary, no matter how long it lasts.
11. A butterfly reminds you that there is always beauty in the end of all pain.