THE PURPLE BUCKET FOUNDATION CRPS Awareness & Support	The Purple Bucket Foundation Inc. 1A 40446 ABN 31 318 791 600 Membership Application Form
Title First Name	Surname
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Suburb	State P/Code
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Skype D.O.B	
Confidentiality is an extremely important part of confidentiality goes as far as kn communications. True confidentiality goes as far as kn what has been said in one discussion will not be broug even hinted at, in any other discussion on the same d otherwise. All communications of a personal nature, between all members of The Purple Bucket Foundatio unless stated otherwise, are confidential. I hereby apply for membership of The Purple I by the Rules and Constitution by the Rules and Constitution	Sent and the sent laws against bullies; cyber bullies included. There are laws against bullies; cyber bullies included. If someone manipulates you, you are a victim, if you act upon the up or cyter and intimidate or attempt to manipulate others; you are not only a victim but a bully yourself. If you perpetuate a scenario or situation to provoke ill thought from others towards another, you're not only participating in bullying you're inciting others to do the same. The Purple Bucket Foundation Inc., will NOT tolerate bullying. Of The Purple Bucket Foundation Inc.
Signature Type of Membership: NEW Individual International Associate \$10 P/	
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Payments: Donations over \$2.00 to The Purple t Cheque / Money Order (Please make payable t Direct Deposit / Electronic Transfer Donation: \$ Receipt Number for any Electronic or Branch	ofe Bucket Foundation Inc. are tax deductable. The Purple Bucket Foundation Inc.) The Purple Bucket Date of Deposit: / / 20 Foundation Inc. BSB 014-585 Date of Deposit: / / 20 A/C 2071-27703 Deposits:
Additional Information: I live with CRPS type 1 (RSD) I live with CRPS (don't know which one) I live with Chronic Pain Diagnos I live with Chronic Pain Diagnos I'm a family member or carer of someone living I'm a concerned member of the public, I'm a Registered Australian Medical Profession	T live with CRPS type 2 (Causalgia) Year Diagnosed: is Diagnosed: with CRPS, or Corporate offering my support. al - (please specify)
The Purple Bucket foundation collects and uses personal inform about CRPS and Chronic Pain, from management to research. Your information will not be shared with anyone beyond The Pt Please post completed form to: The Purple Bucket Foundation Inc. PO Box 5607 <i>The Purple Bucket Foundation Inc. is endorsed as a dedu</i>	tion for member management, and to provide members with information rple Bucket Foundation Inc. , Torquay, Qld 4655. or email to: members@tpbf.org.au table gift recipient under 1.1.6 registered health promotion charity.
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Scrambler Therapy

The Scrambler device is a U.S. FDA cleared and European CE mark-certified pain therapy device, for the non-surgical, non-invasive and non-pharmaceutical treatment of severe, chronic, neuropathic pain including: Chemo Induced Peripheral Neuropathy, CRPS/RSD, Phantom Limb Pain, Post Surgical Neuropathy, Low Back Pain, Pain from Shingles, Sciatica, Oncologic Pain, Trigeminal Neuralgia, Fibromyalgia, and Diabetic Neuropathy.

Scrambler therapy uses mild EKG-like electro stimulation through an artificial neuron (electrode) by substituting the pain information for non-pain information. The device digitally synthesizes 16 different algorithms, which simulates normal nerve action potentials. The algorithms have variables in outputs, frequency, duration and amplitude of modulations that are generated. As a result, the brain perceives these as normal transmissions of the artificial "no pain" replacing the present.

Patients typically undergo 10 treatments, one / 55minute treatment per day. Scrambler: The Purple Bucket Foundation Inc., look to ensure that all Australian providers are thoroughly trained and certified.

What is the difference between TENS and Scrambler Therapy?

In 1965 two researchers at MIT wrote about their "Gate Control Theory for Pain", (Ronald Melzak and P.D.Wall). To prove that ACUTE PAIN is controlled by a "gatekeeper" they invented the TENS unit. This device bombards the "gatekeeper of pain" with an electrical stimulus at very high speed so that it catches ONLY our "Beta" nerve fibres which only conduct our feeling of touch. These fibres have nothing to do with pain. They are surface touch receptors and conduct touch impulses to the brain at 75 meters per second! This sensation only blocks the pain temporarily at the "gate". The device starts at 30 milliamps of current and has to be continuously adjusted to higher and higher amperage to a max of 150 milliamps. At this level it is quite bothersome to the patient and can cause muscle contraction. The signal itself is not human in form. It is a square or rectangular monotonous pulse wave that the brain eventually recognizes as artificial and outright rejects it. The electrodes are placed directly over the pain site so as to tie up the "gate keeper" from that specific sensory skin site.

In a nutshell they believed that chronic pain is a failure to communicate the message of recovery to the Central Nervous System by our pain receptors. We call the receptors of long term pain "C-fibres". These are responsible for the dull, throbbing, aching pain and for temperature (our injury feels hot). After years of research, the team identified 16 waveforms found in humans that have something to do with the perception in the brain of "non-pain". A device was invented that could generate a wave form that is physiologically identical to human waveforms of "nonpain". An algorithm was developed (patented) that could physically assemble these 16 waveforms into every conceivable "string sequence" and transmit them through the surface "Cfibres". By simple probability we expect one of these string sequences will SHUT OFF the pain maladaptive malfunctioning c-fibre system. This "string sequence" is unique to each of us just like our DNA is. If the brain receives the patient specific "string sequence", it will recognize the signal AS "SELF" AND "NON-PAIN". It is essential for the signal to be perceived as "self and non-pain" or else the brain will reject the transmission as nonhuman. When the specific string sequence is recognized by the CNS the patient feels immediate relief of the pain. By a concept known as "Neuroplasticity" the device "remodels" the brain centre that is responding as "painful" to "non-pain".

"a provider dependent therapy".

A specially trained clinician places each of the leads on the patient, sets the voltage, monitors response minute-by-minute and day-by-day, and makes ongoing adjustments based upon the patient's response. The Scrambler therapy administering healthcare professional **must have extensive expertise, training and understanding** to accurately diagnose the precise location of the pain site/s.

Why? Because the placement of the leads (patches) which are attached to each of the algorithms must be precisely placed in order to alleviate pain.

From: calmaretherapynj.com



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Essentially the only thing Scrambler has in common with TENS, is electricity.

From: Calmare Vs Tens - The Opinion of Stephen J. D'Amato, MD FACEP

Raising awareness in the broader community is the first step to fulfilling our purpose and in turn supporting those who suffer with CRPS and chronic pain, their families, carers and friends.

It is the difficulty in diagnosis, treatment and ongoing care that creates the gaps for those suffering from CRPS and other Chronic Pain conditions; these are the gaps we at TPBF hope to fill.

diagnosis.

Purpose is to optimize their lives; and why?

CRPS and other Chronic Pain conditions. Our Because CRPS and chronic pain are life shattering, and not only for the person living with the

Foundation?

Our vision is to fill the gaps for those living with

What is The Purple Bucket

asymmetry. skin colour changes and/or skin colour Vasomotor: temperature asymmetry and/or

Sensory: hyperaesthesia and/or allodynia.

- Motor/trophic: decreased range of motion changes and/or sweating asymmetry. Bniteswa nolune emsbso : emsbso/rotomou2.
- or, dystonia) and/or trophic changes (hair, and/or motor dysfunction (weakness, trem-
- to emit et the stress of the time of the time of the time of the stress of the time of the stress of .(nisk ,libn).
- Sensory: hyperalgesia (to pinprick) and/or allo-:səliog examination in 2 or more of the following cate-
- Vasomotor: temperature asymmetry and/or pressure and/or joint movement). dynia (to light touch and/or deep somatic
- Sumotor/oedema and/or sweating skin colour changes and/or asymmetry.
- changes and/or sweating asymmetry.
- or, dystonia) and/or trophic changes (hair, and/or motor dysfunction (weakness, trem-Motor/trophic: decreased range of motion
- .smotqmys No other diagnosis can explain the signs and .(nixls, libn).

principally a clinical diagnosis. There are no specific tests to confirm CRPS. It is



Contact Us





BUCKET FOUNDATION CRPS Awareness & Support

10% of cases. are no identifiable precipitating events in about cular accidents, or myocardial infarctions. There tions, venepuncture, infections, burns, cerebrovastating event at 20%. Other etiologies include injeccases. Surgery is the next most common precipimajor trauma; fractures account for about 60% of dystrophy (RSD), is often triggered by a minor or Type1 CRP5, formerly known as reflex sympathetic

tions, can also cause type 2 CRPS. nerve injury, such as surgery, fractures, or injecup 75% of cases. Yet any process that results in related to high-velocity, blunt injuries, which make Type 2 CRPS, formerly known as causalgia, is often

Information sourced from: PAIN MEDICINE NEWS -

CRPS Pathophysiology Diagnosis and Treatment.

ria as the current diagnostic criteria for CRPS. Study of Pain (IASP), approved the Budapest crite-Diagnosis: The International Association for the

least 1 symptom in 3 of the 4 following categories: te əved trum traiteq Α. trave gritioni γne ot ete -RPS is defined as continuing pain disproportion-

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THE PURPLE BUCKET FOUNDATION

or presence of a nerve injury. ally divided into 2 types, reflecting the absence ed with autonomic disturbances. It is occasionmusculoskeletal pain disorder, often associatvltrenic, predominantly neuropathic, and partly e si (29A2) emorbnys nied lenoiger xelqmo2

or spasticity) also can be present. decreased range of motion, paralysis, tremor function (such as weakness, muscle atrophy, to the skin, hair, and nails; and altered motor changes in skin temperature); trophic changes tered sweating, changes in skin colour, or -le se douz) noitonuted vyfunction (such as alor allodynia with an element of musculoskeletoms such as burning pain, hyperalgesia, and/ Patients with either type may exhibit symp-

. Asir tse with postmenopausal women having the greatwomen are 3 times more likely to be affected, 100,000 individuals. The study also found that tients, suggests an incidence of 2.6.2 per Netherlands (2007), involving 600,000 padebated, a large epidemiologic study from The Although the incidence rate of CRPS is often



Chronic Pain

CRPS and chronic pain affects the whole person, biologically, psychologically, socially and spiritually.

In 2007 it was said that one in five Australian's under the age of 65 lived with chronic pain, the rate increased to one in three for those over 65.

Persons in the workplace, insurers, government regulators, public policy makers, neighbours, and many others have an incredible ability to help or harm all those who suffer.

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Registered health promotion charity. Donations over \$2 are tax deductible. The Purple Bucket Foundation Inc. BSB: 014-585 Account: 2071-27703

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CRPS / RSD & Chronic Pain

Awareness & Support

The Purple Bucket Foundation Inc., is committed to providing support and concise information relating to Complex **Regional Pain Syndrome and other Chronic Pain conditions.**

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