

## Dr. Herbst's Questionnaire for Patients

Please choose any of the following connective tissue conditions or associated conditions that you are seeking care for:

Lipedema

Who initially diagnosed you with your condition?

I have a dysautonomia diagnosis (POTS spectrum) from a functional neurologist. I have not been able to find a doctor nearby in the next year for an Ehlers-Danlos Syndrome diagnosis or thorough lipedema assessment.

How did you hear or learn about Dr. Herbst?

g. Family member or friend

When did your condition start or when do you think it started?

childhood for dysautonomia and EDS, not sure about potential lipedema

Have you ever noticed your legs were larger than the rest of your body or larger than people of your same age? At what age?

I hadn't thought much about it until a friend told me about lipedema last year, and then something just didn't seem right about my upper legs. I recall my aunt having larger hips and legs than her top half. I think she may have lipedema.

Is your tissue painful?

Yes

If yes, at what age and/or after what event did the pain start?

I can't recall, I have a lot of chronic pain. I will try to answer the questions below just on tenderness.

Which areas of the body are you experiencing pain?

f. Lower back

h. Back of thighs

k. Back of calves

m. Ankles

Are there areas of your body that are tender to the touch? If yes, where?

a. Upper arms

b. Lower arms

h. Back of thighs

m. Ankles

On a comparative pain scale of 1-10 (10 being the most painful), what pain level are you experiencing on a daily basis?

4 / 10

What pain level do you experience on a bad day?

8 / 10

What pain level do you experience on a good day? 2 / 10

Do you experience swelling?

Yes

If yes, where on the body do you experience swelling?

m. Ankles

Do you swell more standing for long periods of time?

Yes

How long (minutes) can you stand without swelling, pain or other issues?

e. 21-40 minutes

Do you swell sitting for long periods of time?

Yes

How long can you sit without swelling, pain or other issues?

f. 41-60 minutes

Do you swell or does your swelling worsen in the heat?

Yes

Do you elevate your legs to make them feel better?

Yes

Does any swelling you have resolve with elevation or sleeping overnight?

No

Are there any areas of your body that you don't lose fat tissue from by diet or exercise? (choose all that apply)

a. Upper arms

b. Lower arms

d. Abdomen

e. Upper back

f. Lower back

g. Chest

i. Front of thighs

j. Back of thighs

k. Inner thighs

Have you been able to lose weight on an eating plan?

No

Have any of the following medications or supplements been helpful for your signs and symptoms? (Choose any that apply)

Phentermine	
Dextroamphetamine/Adderall	
Diosmin, MPFF or Vasculera	
Ozempic, Wegovy or other	
GLP-1 agonist	
Metformin	Helpful

**What eating plans have you tried that improved your symptoms, including swelling and pain?**

None

**What activities are you unable to perform?**

This is hard to answer because there are a lot of things I avoid now due to how I feel- any outdoor activities in the heat/humidity for more than a short period, hiking- I can do some walks in the woods, biking unless the bike is electric with a step through frame, walking the dog for long periods, "regular" gym exercises- I am working one-on-one with a physiologist as pretty much any exercise makes me feel worse in some way

I can travel, but it is very fatiguing and usually increases migraines. Even if it's a car trip and I am the passenger.

For the fatigue question below- I do have periods of chronic fatigue, and occasionally days or periods where I have a bit more energy. I have a LOT of conditions that cause fatigue.

**What exercise do you do?**

Walking

exercises with bands suggested by physiologist

**Do you experience extreme fatigue defined as a lingering tiredness that is constant and limiting; in other words, unexplained, persistent, and relapsing exhaustion.**

Yes

**Do you have brain fog?**

Yes

**Choose all parts of your body where you have heavy tissue:**

Upper arms

Abdomen

Front of thighs

Back of thighs

Inner thighs

**As a child did you amuse your friends by contorting your body into strange shapes OR could you do the splits?**

Yes

**Can you now (or could you ever) bend your thumb to touch your forearm?**

Yes

**Can you now (or could you ever) place your hands flat on the floor without bending your knees?**

Yes

**As a child or teenager did your shoulder or kneecap dislocate on more than one occasion?**

No

**Do you consider yourself double-jointed?**

Yes

**Do you wear compression garments?**

Yes

How long have you worn compression?	One month – 6 months
What are the benefits of wearing your compression garments?	Reduction in swelling      Improved mobility
Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?	Yes
If you tried MLD, did it improve your symptoms?	No
Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolfing, Swedish massage, Thai massage, etc.	No
Do you have an intermittent pneumatic compression (IPC) pump?	No
Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):	Acupuncture Foam rollers, gua sha tools, other rollers or tools
Does your physical health interfere with your social activities?	Yes
What do you do for work?	local food systems program manager
Does your physical health interfere with your work?	Yes
Do you bruise easily?	Yes
How often do you find bruises on your body?	Monthly
Do you have varicose veins?	Yes
Do you have venous insufficiency?	Yes
Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?	Yes
Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus?	No

**Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue?**

Yes

**What areas of your body have nodules, lumps or grains?**

Lower arms

**Rate your overall health?**

Fair

**What was your highest weight in pounds?**

I don't weight myself because it's triggering- maybe 285

**What was your lowest weight in pounds?**

Not sure- probably around 150 as a young adult

**Have you participated in a supervised weight loss program such as a bariatric surgery program, a weight loss clinic, a supervised dietary program, a nutritionist supervised program, a personal trainer or other?**

No

**If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery?**

I have not had surgery

**Is there any additional information you would like for us to know so we can better care for you?**

I have a lot of conditions that can increase pain and fatigue. Also, I am not sure if the vein ablations have decreased my symptoms as I just had them done this week and last week.