



“Pain in the Neck” - Neck Pain and Headaches

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- Doctorate of Physical therapy from Nova Southeastern 2008
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OUR MISSION

We provide innovative, high-value health care solutions to companies, ***improving the health and well-being*** of the people we serve.

OUR VISION

We will transform the delivery of health care as a ***trusted partner*** to the employers we serve. ***Together***, we will create a culture of health and ***become our patients' most cherished benefit.***



Anatomy

Stages of disc herniation

Cervical spine

Related Impairments

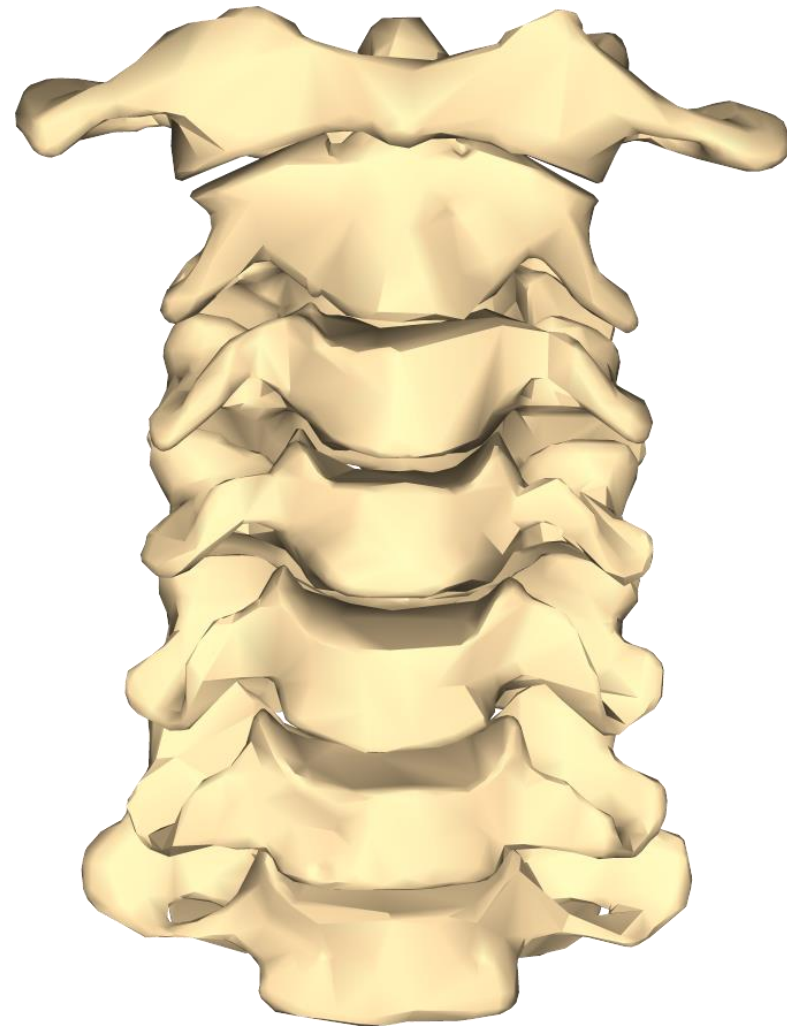
- Shoulder pain
- Elbow pain
- Headaches

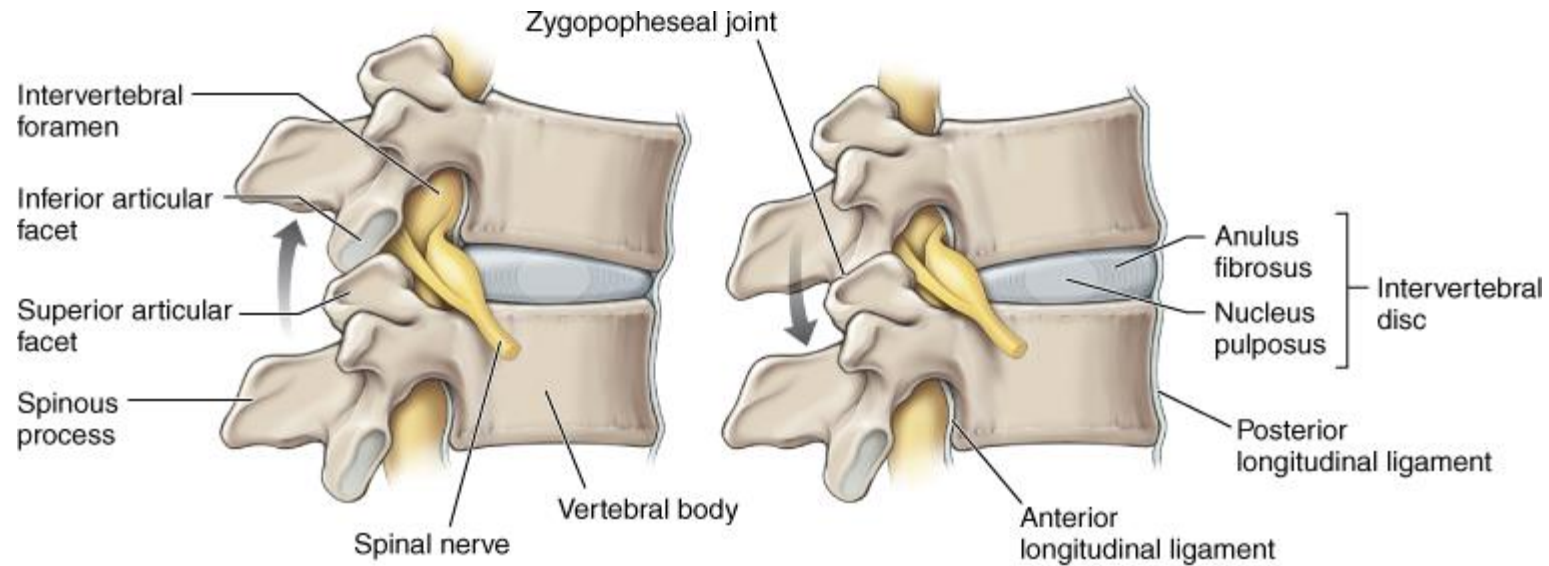
Treatments

Ergonomics

Questions



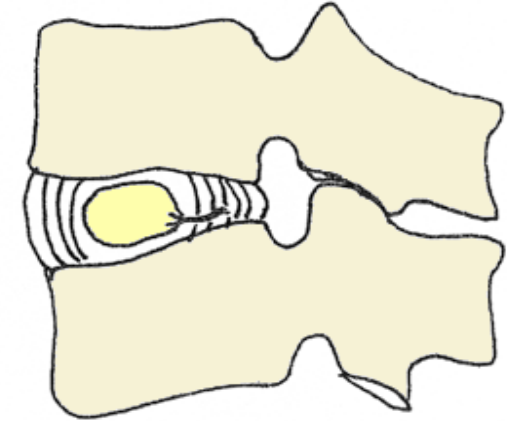
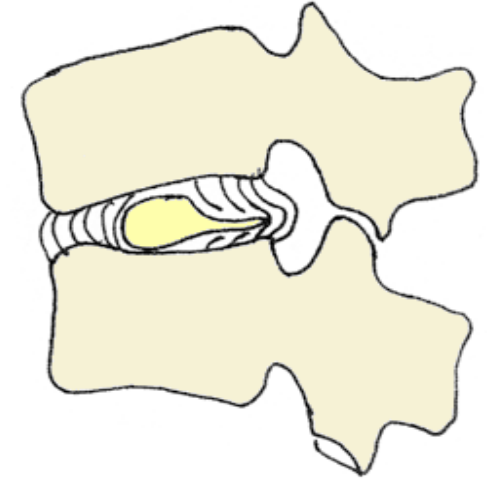
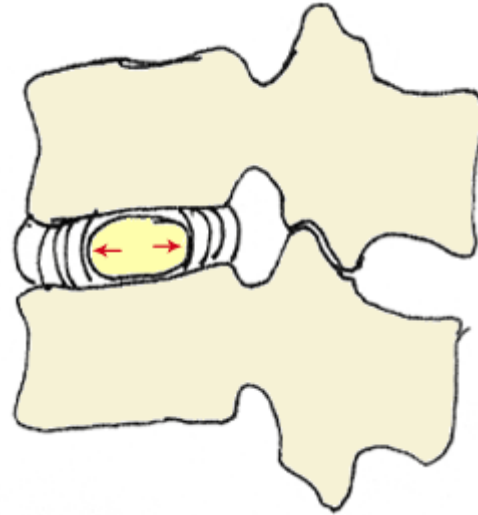




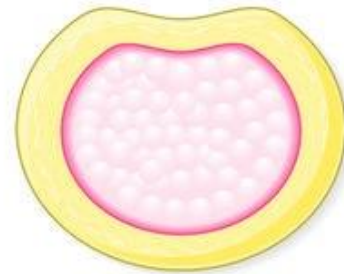
Source: Dutton M: *Dutton's Orthopaedic Examination, Evaluation, and Intervention*, 3rd Edition: www.accessphysiotherapy.com

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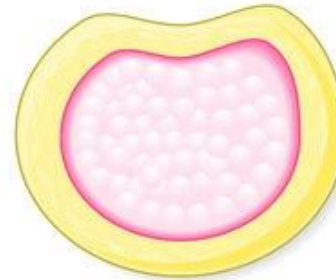
Bulging Disc or Disc Derangement



STAGES TO A DISC HERNIATION



Normal



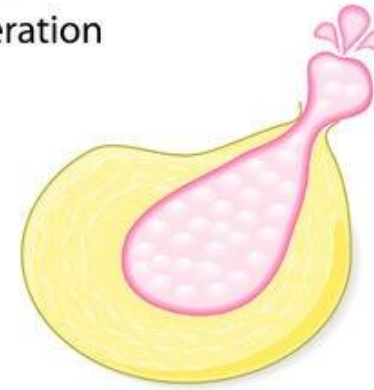
Degeneration



Prolapse



Extrusion



Sequestration

The economic burden due to disorders of the neck is high and includes costs of treatment, lost wages, and compensation expenditures.

Disability-related to neck pain can significantly impact workforce productivity and the economics of households and communities.

It costs around **\$38 billion** per year in the U.S

Cost of of Anterior cervical discectomy and fusion surgery is approximately **\$24,000**

The most common cervical condition is cervical disc degeneration, which affects 95 % of men and 75 % of women by age 65.

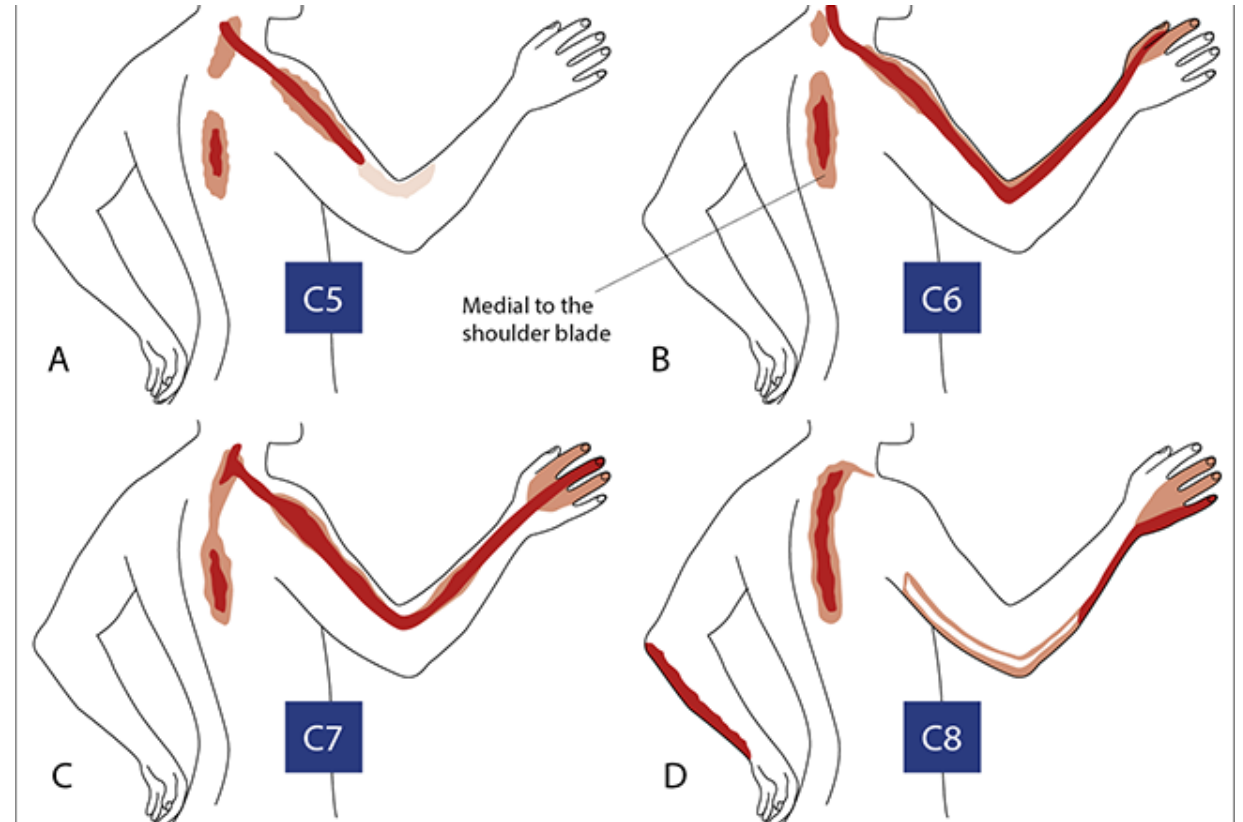
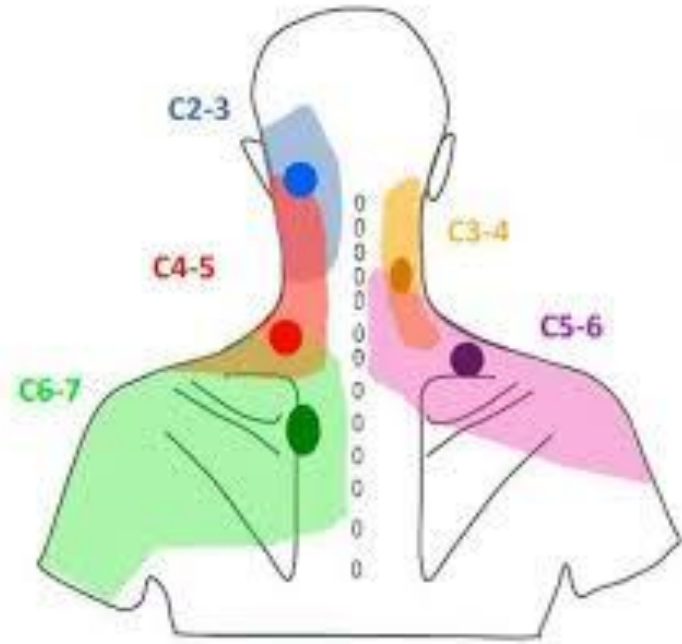
Disc degeneration and cervical spinal stenosis, emerge as a result of age-related degeneration of the spine.

Cervical problems can also emerge as a result of injury, poor posture, and diseases such as Rheumatoid arthritis and Osteoarthritis.



Common symptoms:

- Centralized neck pain
- Shoulder pain
- Arm pain
- Headaches,
- Numbness or tingling
- Sensory Loss



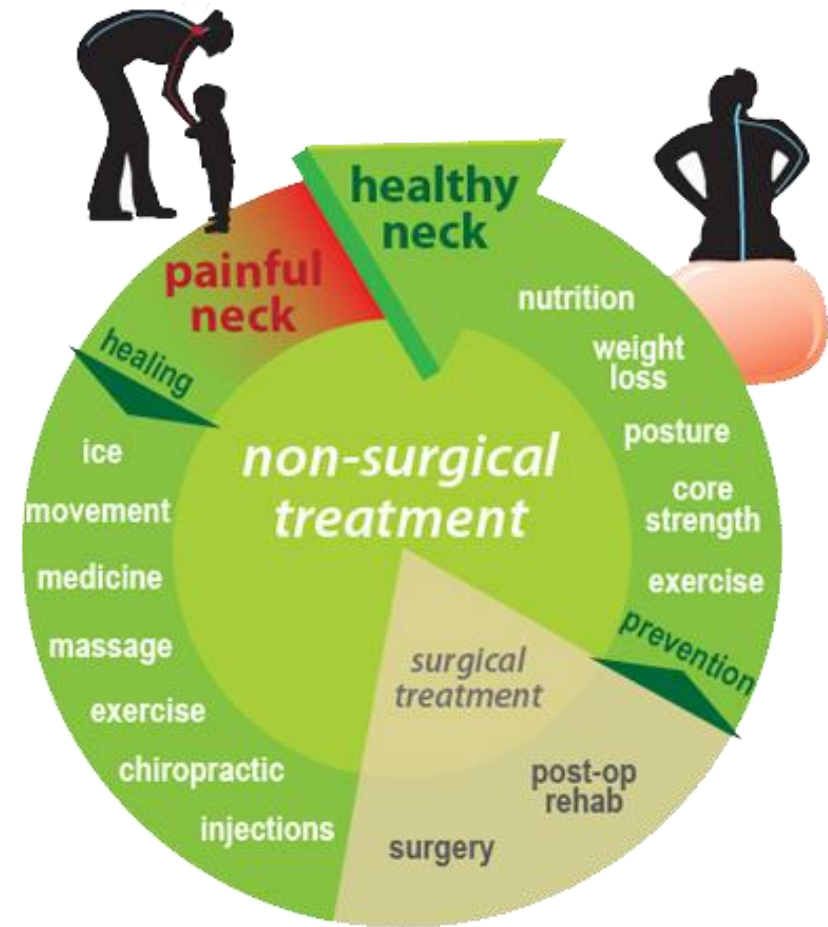
While rare, there are a few conditions that cause neck pain that require immediate medical attention. Seek **immediate** care if you experience the following:

You should also alert your care provider if your neck pain is accompanied by the following signs or symptoms:

- Your neck pain is the result of a fall or an accident
- You are 70 years or older with new onset of neck pain
- Pain that does not go away, even at night or when laying down
- Weakness in one or both arms
- Unexplained fever
- Unexplained weight loss
- History of cancer, weakened immune system, or osteoporosis



- Oral medications
- Physical therapy
- Chiropractic Treatment
- Pain management
- Surgery
- Etc.





Scientists found those whose first treatment was physical therapy had a dramatic decrease in the likelihood of being prescribed opioids of pain.

Patients who could benefit from physical therapy are not getting it

Provide noninvasive treatment as the first line of defense against neck pain.

What can a Physical Therapist do to treat my pain?



ASSESS: Not all neck pain is the same. Your PT will evaluate you and identify the factors that contribute to your pain. Your PT will then plan treatment that is individualized just for you.

TREAT:

Treatment may include the following:

- Manual therapy, including spinal manipulation
- Specific strengthening and flexibility exercises
- Education about how you can take care of your neck; training for proper bending, lifting, sitting, doing chores and daily activities at work and home, and sleep positions
- Dry needling
- Ice, heat, electrical stimulation to help relieve pain

Surgery

Indicated for 5% of the 56 million Americans seeking relief for neck pain

54% of people find relief from neck pain after surgery

Physical therapy

Physical therapy is another standard treatment and was rated effective 48% of the time.

46% of those patients find relief from physical therapy for the treatment of neck pain



NECK STRETCHES



SHOULDER ROLLS

Move your shoulders in a circular pattern as shown so that you are moving in an up, back and down direction. Perform small circles if needed for comfort.

Video # VV9BWMBMJ

Repeat 1 Time
Hold 1 Second
Complete 1 Set
Perform 3 Times an Hour



UPPER TRAP STRETCH - HAND BEHIND BACK

Place your arm behind your back. Next, tilt your head to the side. Hold for a stretch. Return to original position and then repeat.

Video # VV5VP9ELX

Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 3 Times a Day



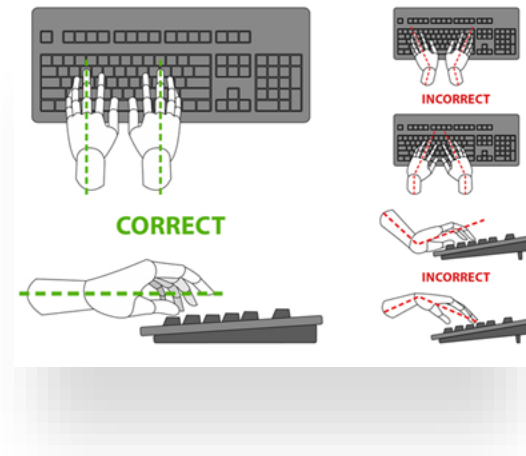
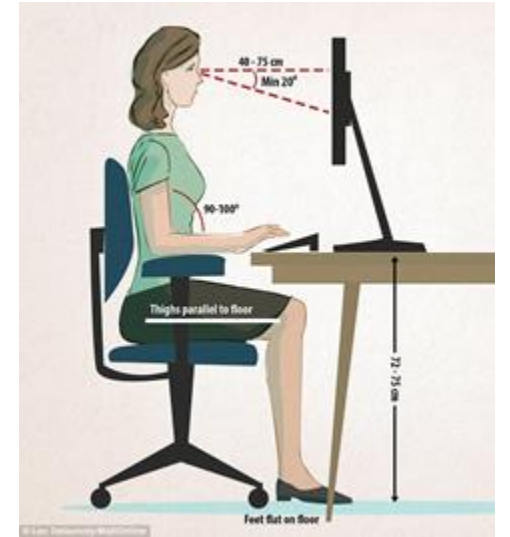
LEVATOR SCAPULAE STRETCH - HAND BEHIND BACK

Place your arm on the affected side behind your back and then tilt your head to the side, then rotate to the side, then tip downward towards the opposite side as in looking at your opposite pocket.

You should feel a gentle stretch at the side/back of your neck.

Video # VVXDACWAB

Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 3 Times a Day





Incorrect

1. The laptop screen is too close and too low.



Incorrect

2. The viewing distance is too far and the screen is too low.



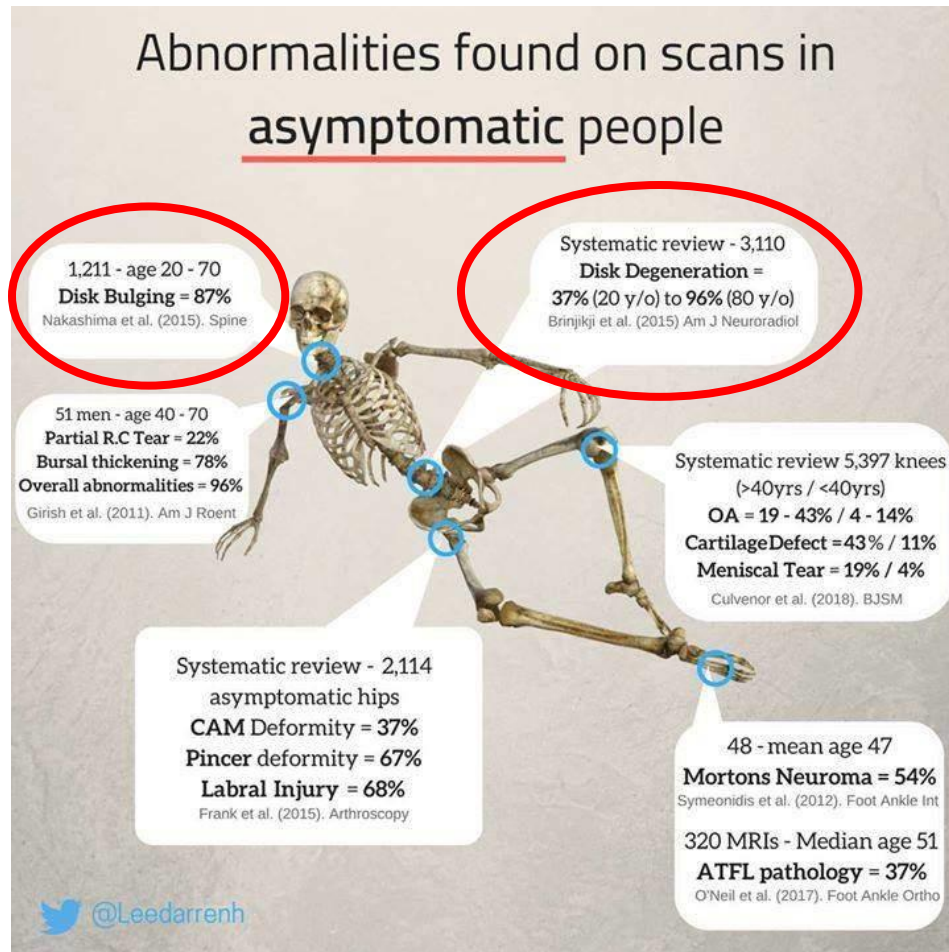
Incorrect

3. Correct viewing distance, but back and neck strain.



Correct

4. Correct posture and viewing distance because of the K laptop stand.



- There is an extremely high rate of false positives on MRI images. Anatomic abnormalities from x-rays, MRI, and CT scans DO NOT correlate strongly with symptoms.²
- According to the *American College of Radiology* and recent evidence-based guidelines, MRI is discouraged except for the following “red flag” conditions:
 - Severe trauma
 - Infection
 - Cancer
 - Cauda equina syndrome

“I need an x-ray or MRI to show what’s wrong with my neck.”



FALSE

- Imaging is NOT recommended for routine treatment of acute neck pain and can lead to unnecessary treatment. ⁴
- People who are initially prescribed advanced imaging, such as MRIs, over physical therapy for management of neck pain ultimately pay more and are more likely to have surgery or injections or to visit an emergency room.

“My pain is so bad that my doctor will probably want to prescribe an opioid.”

FALSE

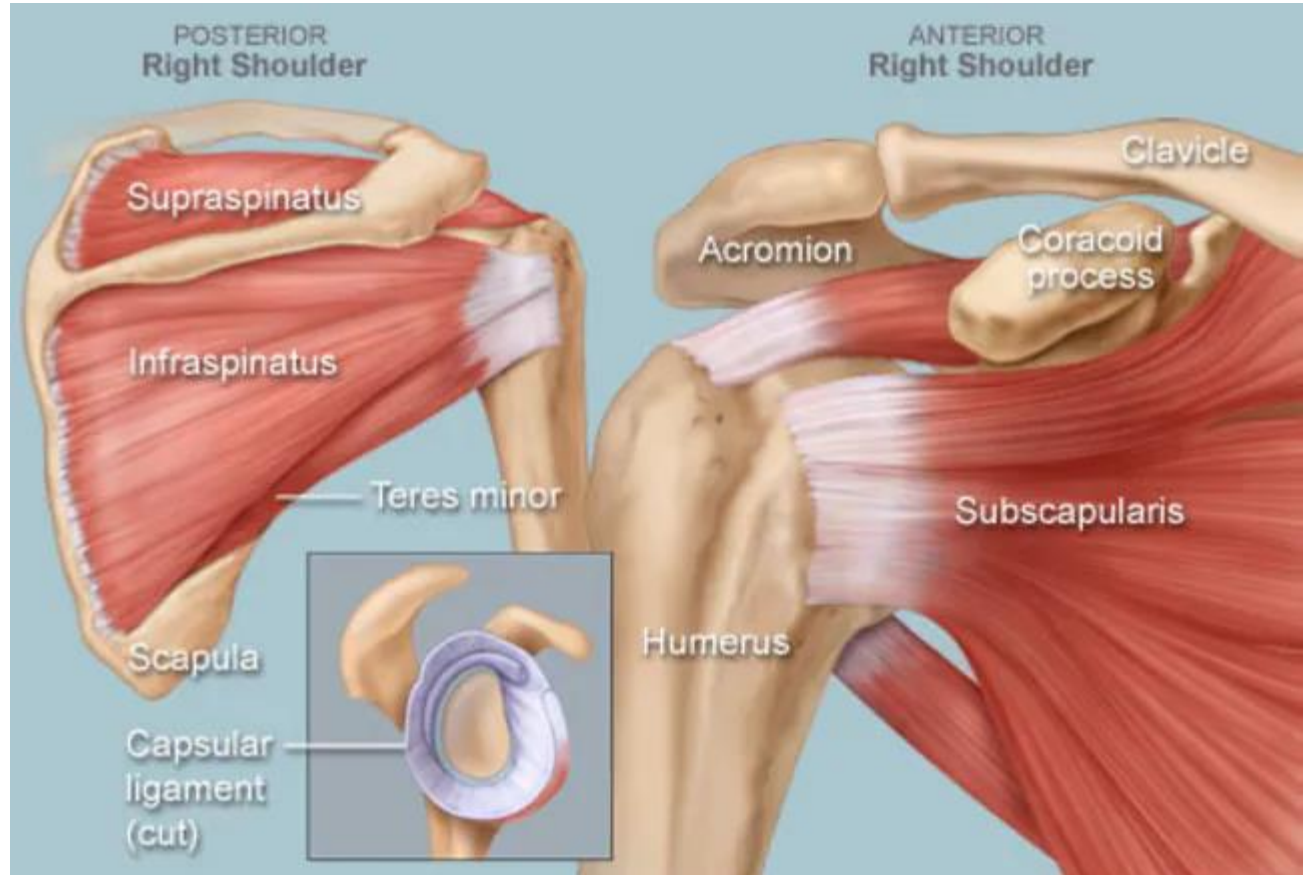
The Centers for Disease Control and Prevention guidelines recommend opioids for neck pain **only** after lower risk treatments have been tried, and then only when dosed appropriately and combined with nonopioid treatments, like physical therapy and exercise.

“I need to see my doctor before I go see a physical therapist for my acute neck pain.”

FALSE

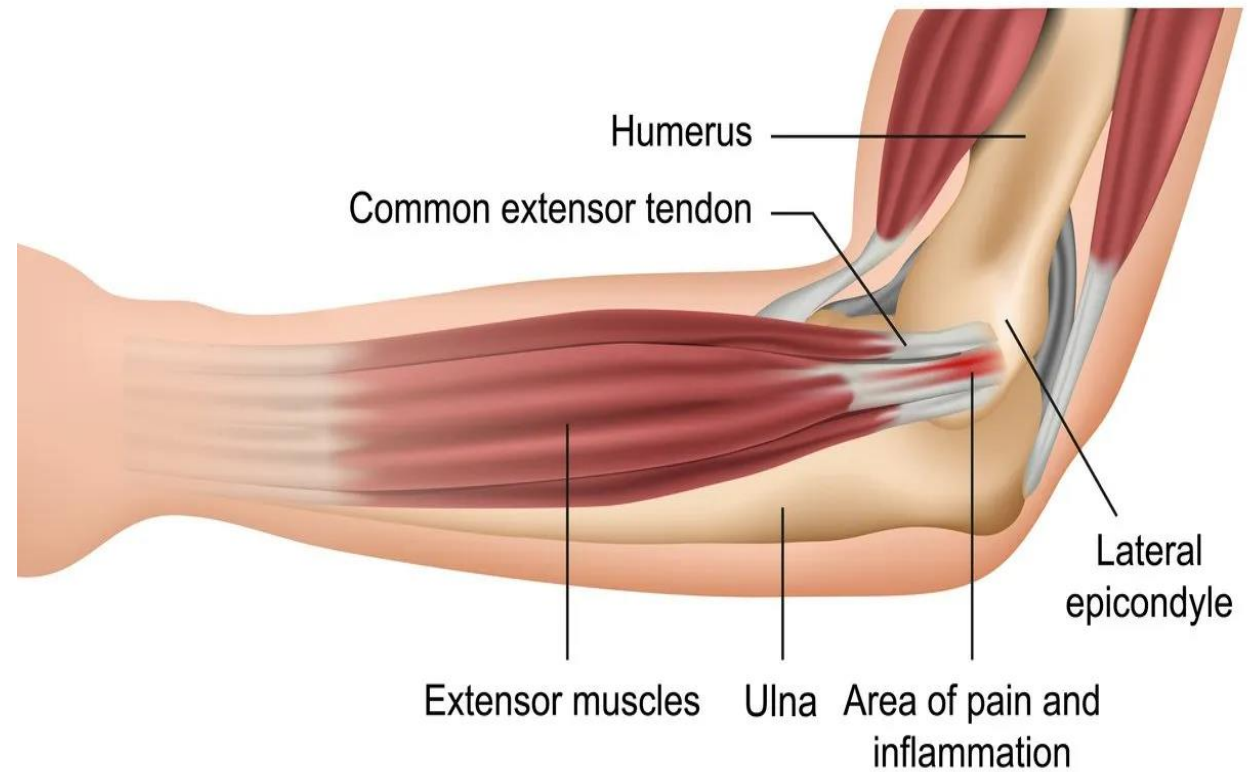
Many states have Direct Access so you don't even need to see your medical provider before starting PT!

- Rotator Cuff
- Labral Tears
- Bicipital Tendinopathy
- Impingement Syndrome
- Adhesive Capsulitis (Frozen Shoulder)



- Lateral Epicondylitis (Tennis Elbow)
- Arthritis

Tennis elbow





HEADACHES

- **One-sided**, may shift from one-side to another
- Women more than men
- Lasts **4** to **72** hours
- At least one
 - Nausea, vomiting
 - Photophobia, phonophobia
- 2 of these 4
 - One-sided
 - Moderate to severe intensity
 - **Increased** with physical activity
 - **Pulsating** quality

Lasts from **thirty minutes** to **seven days**

Head and neck pain

Muscle tightness

At least **2** of the following

- Bilateral location
- Bilateral **pressing** headache
- Mild to moderate intensity
- **Not** increased with physical activity

Trigeminal Neuralgia (Cluster Headaches)

Sudden attacks of facial or frontal pain last a **few seconds** to less than **two minutes**.

No neurological deficit

Pain has some of the following characteristics:

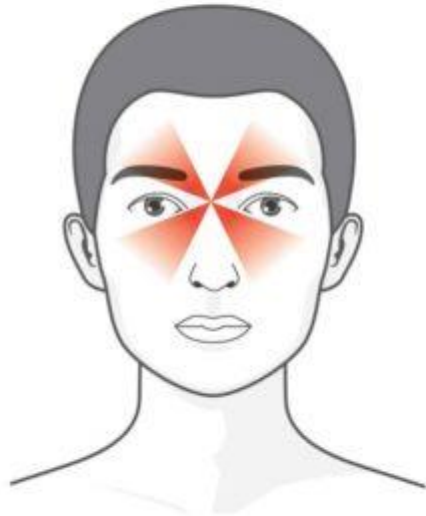
- Distribution along one or more division of the trigeminal nerve
- Sudden, intense sharp, superficial, stabbing or burning in quality
- Pain intensity is **severe**
- Between attacks the patient is entirely asymptomatic
- maybe triggered by certain daily activities such as eating, talking, washing the face or cleaning the teeth.

Cervical Headache refer to headaches arising from dysfunction or inflammation of the musculoskeletal structures of the upper cervical spine

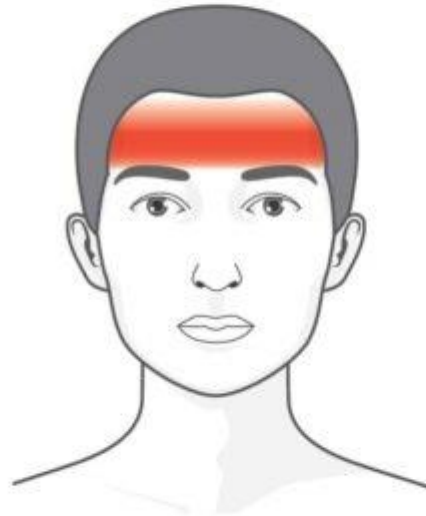
The World Cervicogenic Headache Society has defined cervicogenic headaches as referred pain perceived in any part of the head and caused by musculoskeletal tissues that are innervated by the cervical nerves (C1-C3).

- Sinus
- Ear infections
- Eye pathology
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Psychological disorders.

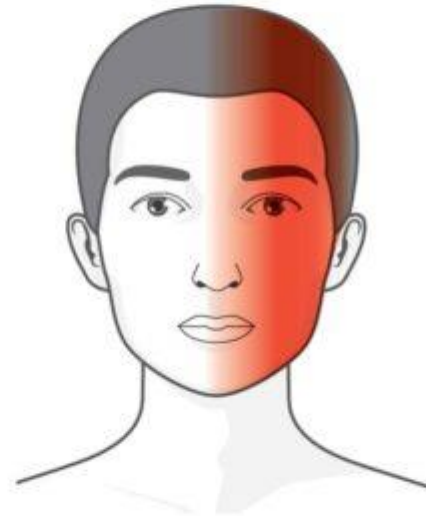
HEADACHE TYPE



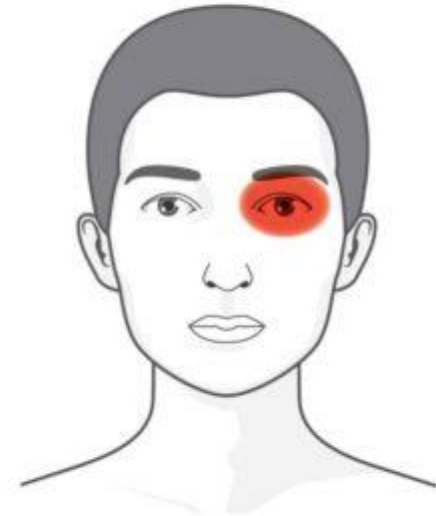
Sinus



Tension

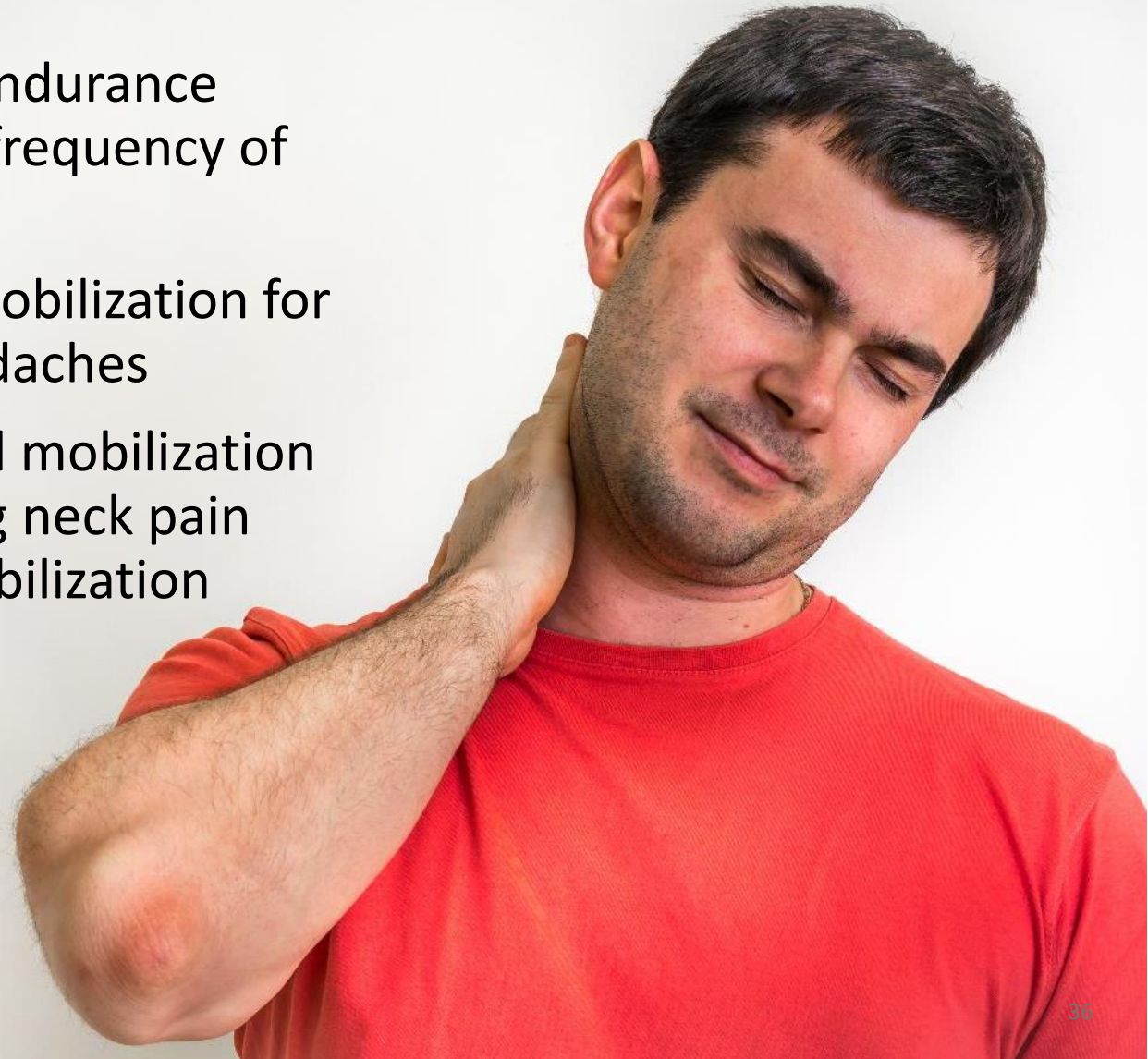


Migraine



Cluster

- Exercise- stretching, strengthening, and endurance exercises are beneficial in reducing pain, frequency of headaches, and headache intensity
- Cervical/thoracic thrust and non-thrust mobilization for subacute and chronic neck pain with headaches
- Combination of cervical manipulation and mobilization with exercise is more effective in reducing neck pain and headache than manipulation and mobilization alone.





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