Cervical Pain and Cervical Pain Syndromes in Primary Care: A Practical Approach

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Objectives: Goals
What our patients want...

“Anatomic explanation”

“Doctor understands”

“Doctor confident”
Case 1

DRAW YOUR PAIN
Using a pen - mark in the areas on the diagrams where you have pain/numbness.
X = Pain
o = Numbness

RATE YOUR PAIN ON THIS SCALE. (Mark with an X)
0 = No Pain 10 = Worst possible pain

PAIN TODAY

LEAST (pain in last 2 weeks)

WORST (pain in last 2 weeks)

Dominant hand: □ Left x Right

LIST ALL DRUG, ENVIRONMENTAL, AND FOOD ALLERGIES

none

LIST ALL MEDICATIONS YOU TAKE (Including nonprescription)
(Chose the box for those meds that you take for this problem.)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin D</td>
<td>800 mcg</td>
</tr>
<tr>
<td>Prozac</td>
<td>0.05 mg</td>
</tr>
<tr>
<td>Walex/Mycotic</td>
<td>1/2 tab</td>
</tr>
<tr>
<td>Ambien</td>
<td>1/2 - 1</td>
</tr>
<tr>
<td>Advil when needed for pain</td>
<td>2-4 tabs</td>
</tr>
</tbody>
</table>

RAISER PERMANENTE.
Case 1

60yof
- Neck pain
- Healthy
- Stressed
- Poor sleep

“Failed” PT/Chiro
Wants to be fixed
Neck Pain only: Story
Observation, ROM, Palpation: Neck exam
Education is treatment

Neck Problems

Self-Care Tips

For more information, look up the topics in bold in the Index of your [Healthmate Handbook].

Neck pain and stiffness are often caused by posture problems, such as slouching or forward head posture. Prevention and self-care are important to prevent neck problems. Most neck problems that aren’t due to arthritis or an injury are completely avoidable.

If pain is worse at the end of the day, evaluate your posture and body mechanics during the day.

• Sit straight at your chair with your back supported.
• Avoid sitting for long periods without getting up or changing positions.
• Take mini-breaks several times each hour to stretch your neck muscles.
• If you work at a computer, adjust the monitor so that the top of the screen is at eye level.
• Use a document holder that puts the copy at the same level as the screen.
• The screen should be about an arm’s length from your eyes.

Prevention

Good posture, body mechanics, and exercise are important to prevent neck problems. Most neck problems that aren’t due to arthritis or an injury are completely avoidable.

• Adjust your car seat to a more upright position that supports your head and low back.
• If neck stiffness is worse in the morning, check your sleeping posture (and your activities the day before).
• Improve your sleeping support. A hard mattress or special neck support pillow may solve the problem. If you can fold a towel lengthwise into a four-inch-wide pad, wrap it around your neck and pin it for good support.
• Avoid pillows that force your head forward when you sleep on your back.
• When sleeping on your side, make sure your nose is in line with the center of your body.
• If you sit in a chair, practice the progressive muscle relaxation exercises.
• Strengthen and protect your neck by doing neck exercises once a day (see other side).

Home Treatment

Most of the home treatment for back problems is also helpful for neck problems, including the guidelines on posture, body mechanics; i.e., and make heat.

• Place a cold pack or moist heat over painful muscles for up to 20 minutes at a time. Do this no more than every two hours. It will help decrease any pain, muscle spasm, or swelling. If the problem is near the shoulder or upper back, it will usually help tense to place ice or moist heat on the back of the neck.
• Keep your head and neck centered over your body. Avoid slouching or forward head posture.
• Acetaminophen, aspirin, or ibuprofen can help relieve pain.
• Walking is also helpful in relieving and preventing neck problems. The gentle swinging motion of your arms often reduces pain. Start with short walks of 5 to 10 minutes three to four times a day.
• The exercises on this page will help maintain your flexibility and strength.
• Start with five repetitions twice a day. Gradually increase to 10 repetitions.
• If neck problems occur with headaches, see "Tension Headaches".
• Once the pain subsides, do the prevention exercises every two to three hours. Stop doing any exercise that causes pain.

Neck Exercises

Stop any exercise that increases pain. Start with five repetitions twice a day. Do each exercise slowly.

1. Dorsal glide: Sit or stand tall, keeping straight ahead (or palm out) from your ears.
2. Chest and shoulder stretch: Sit or stand tall and glide your head backward over your body. Hold for a count of five, then relax. Repeat it up to 10 times. This stretches the back of the neck.
3. When to Call Kaiser Permanente

Call your doctor IMMEDIATELY:

• If you have a low back injury, call your doctor immediately.
• If you are unable to manage the problem with home treatment.
• If the problem has lasted two weeks or longer without improvement despite home treatment.

For complete information on this and hundreds of other health topics, see your [Healthmate Handbook].

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Neck pain only: What could you say?

“This is a common problem in my practice.”

“This type of mechanical neck pain can come and go.”
Neck Pain and associated syndromes

Mechanical neck pain:
- muscle, joint, disk, ligament

Myofascial pain

Consider impact of stress
What did I do?

Changed her Ambien to a TCA

TENS unit

Mind-Body Medicine Classes
Heat or Ice?

“Whatever works for you”

Repeat
Treatment: Neck pain only...

Mechanical

Medical

Education

PT=Teacher

Mind-Body

Connection
“Fibromyalgia” just say no?
“Fibromyalgia” just say no,
or just say yes to Lyrica......
What could you say?: Fibromyalgia

Your diagnosis is...

Myofascial Pain
Insomnia
Depression

You can treat these……
Yellow flags

Yellow flag = psycho-social risk factors for delayed recovery
### EXAMPLES
- Previous history of disability
- Inconsistent findings
- Abnormal pain behavior
- Litigation
- Work dissatisfaction
- Attention seeking
- Preference for prolonged bed rest
- Depression
- Chemical dependency
- History of abuse
- Family history of chronic pain

### WADDELL’S SIGNS
- Tenderness
- Simulation Test
- Distraction Test
- Regional Disturbances
- Overreaction
Yellow flags= Consider Behavioral Medicine in addition to appropriate work-up
Case 2

[Diagram of a person's body with annotations indicating allergies: sulfa, virodin, morrin, dust, cheese, and indicating dominance of left hand.]
Whiplash: What’s the story

High or low speed
Flexion-extension
Multiple sx:
- Musculoskeletal
- Behavioral
- Psychosocial.
Multiple Pain Generators
**Whiplash: What can you say**

*Whiplash Facts*
(Technical facts are directed toward individuals who have recently sustained a whiplash injury)

- Permanent damage is rare. The long-term outlook is good.

- Most whiplash injuries are not serious. There is usually no damage to bones, discs, or nerves in the spine. Serious injuries are nearly always detected early.

- Some people only develop pain a day or two after the accident. That is a good sign. It means the damage to your neck is not serious.

- Everyone knows that whiplash causes neck pain, but some people also get low back pain. Again, there is rarely any serious damage to the back.

- It is not uncommon to get headaches after whiplash from tension in the neck. Some people get other symptoms such as arm or jaw pain, or dizziness. All these usually get better along with the neck pain.

- The acute pain usually improves within days or a few weeks, at least enough to get on with your life.

- Sometimes aches and pains can persist or recur for quite a long time after a whiplash injury. But that still does not mean it is serious. Even if pain does continue it need not become unbearable or disabling. The pain usually settles eventually – though no one can predict exactly when! Yet most people get going quite quickly, even while they still have some symptoms.

- What you do in the early stages is very important. Rest for more than a day or two usually does not help and may actually prolong pain and disability.

- Your neck is designed for movement – a lot of movement. The sooner you get your neck moving and doing your activities as normally as possible, the sooner you will feel better.

- The people who cope best with whiplash are those who stay active, exercise their neck, and get on with life despite the pain.
What you can do
Correct Muscle Imbalance with PT
Just say no
Imaging in the Neck pain only
Why an MRI?
Case 3

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PAIN TODAY

X

LEAST (pain in last 2 weeks)

X

√WORST (pain in last 2 weeks)

LIST ALL DRUG, ENVIRONMENTAL, AND FOOD ALLERGIES

NO

LIST ALL MEDICATIONS YOU TAKE (including nonprescription)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE</td>
<td></td>
</tr>
<tr>
<td>ASPRIN</td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td></td>
</tr>
</tbody>
</table>

Kaiser Permanente
Case 3

Neck pain
Arms numb
Borderline NCS for CTS

Physical Exam:
Symmetric findings
Myelopathy: What did I do?
Cancer, Infection, Myelopathy
## Red Flags

### Assessment for Red Flags

<table>
<thead>
<tr>
<th>Condition</th>
<th>Red Flags</th>
<th>Action</th>
</tr>
</thead>
</table>
| Cancer    | **History of cancer**<sup>*</sup>  
Unexplained weight loss  
Age > 50  
Failure to improve with therapy  
Pain for more than 4-6 weeks  
Rest pain | If malignant disease of the spine is suspected, imaging is indicated and CBC, ESR should be considered. |
| Infection | **Fever**<sup>*</sup>  
History of intravenous drug use  
Recent bacterial infection, especially urinary tract, skin, or pneumonia  
Immune-compromised states  
(steroid, organ transplants, diabetes, AIDS)  
Rest pain | If infection in the spine is suspected, MRI, CBC, ESR and/or UA are indicated. |
Prior history of cancer? **Most important historical clue**

Cancer
Cancer work-up

I ask for help

Imaging

Lab

Myeloma: cold on bone scan, hot on plain xr
Fever=
Most important historical clue

Infection
Case 4
Cervical Radiculopathy: What’s the story?
Mimics of Cervical Radiculopathy
<table>
<thead>
<tr>
<th>Nerve root (disc level)</th>
<th>Symptoms</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Motor weakness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diminished reflexes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sensory disturbance</td>
</tr>
<tr>
<td>C5 (C4/C5)</td>
<td>Pain from side of neck to shoulder. Numbness over deltoid</td>
<td>Deltoid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Biceps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shoulder and lateral arm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lateral forearm, hand and thumb</td>
</tr>
<tr>
<td>C6 (C5/C6)</td>
<td>Pain over lateral arm and forearm. Sensory disturbance in lateral forearm, thumb and index finger</td>
<td>Biceps and brachioradialis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Biceps and supinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lateral forearm, hand and thumb</td>
</tr>
<tr>
<td>C7 (C6/C7)</td>
<td>Pain radiating down middle forearm to middle and sometimes ring finger. Sensory disturbance of middle finger</td>
<td>Elbow, wrist and finger extensors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triceps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Predominantly middle finger</td>
</tr>
<tr>
<td>C8 (C7/T1)</td>
<td>Pain radiating to medial forearm and hand. Sensory disturbance medial border hand, ring and little finger</td>
<td>Hand grip and intrinsic muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medial hand and little and ring finger</td>
</tr>
</tbody>
</table>
Cervical Radiculopathy: Causes
Cervical Radiculopathy: What could you say

- “The nerve is inflamed chemically”
- “Injections are for pain and Surgery is for pain not responding to my treatment or progressive weakness”
What could you do for this patient?
PT: HEP/Selfcare/Traction
Pain relief, Sleep, Anti-inflammatories
Sometimes you need to pull out the big guns
Oral Steroids: No controlled studies-yet clinically useful

Kirk’s Steroid burst

Prednisone 10mg

- #42
- Sig: 6 po qd x 2 days, then 5 po qd x 2 days, then 4 po qd x 2 days, then 3 po qd x 2 days, then 2 po qd x 2 days, then 1 po qd x 2 days then d/c. All in the am with food. No refill.
When to call someone like me?
When to have them see us?
Can you do this?

“Anatomic explanation”

“Doctor understands”

“Doctor confident”
Take home