



Physical Therapy Update

The clinical staff at Frederick Sport and Spine Clinic regularly reviews articles, discusses the content and implements the information into our patient treatments. As a service to the local medical community, we are offering a summary of these articles to Physicians and Medical Practitioners. It is our intention to provide only the most pertinent info in these ½ page summaries. Further info is available at the clinic. Please take a moment to peruse the information below and contact us if you have any questions about the subject matter. Enjoy!

CERVICAL SPINE

Richard Walsh, PT, DHSc, OCS, FAAOMPT & Arthur J. Nitz, PT, PhD, OCS, ECS

It has been documented that up to 34% of patients, in general medicine clinics, present with cervical pain. It therefore becomes imperative that we as clinicians continually strive to stay abreast of current research, and apply this knowledge to our current practices. Differential diagnosis is a key factor in prescribing the appropriate treatment regimen for our patients; this article helped us to gain insight in this area.

Whiplash, or cervical strain post MVA is a common diagnosis. Often times these patients will present without c- spine films, and they are unsure if they have had open mouth radiographs. In this situation, it is imperative to rule out ligamentous laxity, or fracture in the sub occipital region. In the clinical setting, there are special tests to assist us in ruling out these potential life threatening injuries. (Sharp Pursor , Alar Ligament, and the Transverse Ligament Tests)

Several diseases may “mimic cervical spine disorders; including cardiac disease, Pancoast tumor, pleurisy, diaphragmatic and liver disease, infection, and inflammatory diseases.” Secondary to this, it is important to differentiate pain of mechanical verses systemic organs. With pain of mechanical origin, “deformation of the dysfunctional tissue produces symptoms, [and] removing mechanical stress decreases symptoms.” Pain from systemic origin will occur regardless of positioning; i.e. a typical red flag is pain occurring at night that is not altered by position.

Clinical presentation for cervical spine disorders is also dependent on “depression, low levels of work satisfaction, litigation, sleep disturbances, poor diet, smoking and emotional stress.” If these psychological factors begin to interfere with PT outcomes, it may become necessary to make a referral to the appropriate practitioner.

In conclusion, this article provided us with valuable information of performing differential diagnosis of cervical spine disorders. It assisted us in augmenting our current evaluative methods, allowing us to provide even higher levels of treatment for our patients.

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