What a Pain in the Neck?

Eric M. Massicotte, MD, MSc, MBA, FRCSC Associate Professor, University of Toronto











Disclosure

- Associate Professor University of Toronto
- Staff Neurosurgeon, University Health Network
- Medical Director, Back & Neck Program Altum Health





Objectives

- Review the topic of Neck Pain
- Collaboration between different professionals in management of neck pain

Outline

- Sources of potential Neck Pain
 - Concussion versus Cervico-genic
 - Cervical Radiculopathy
 - Cervical Myelopathy
 - Multifactorial

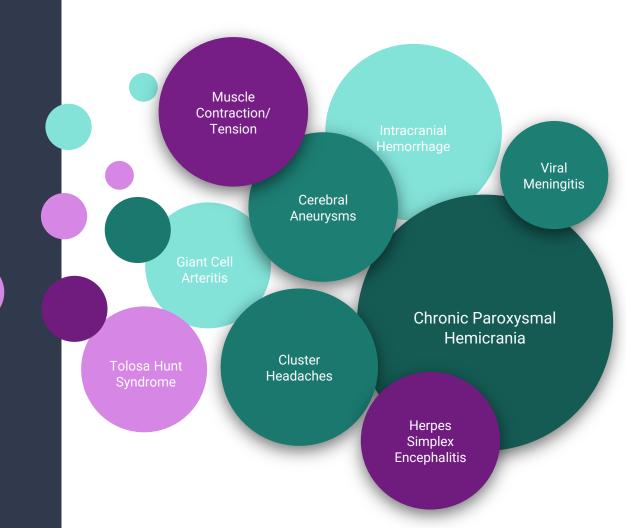
- Management
 - Rule out Surgical intervention
 - Focus on Muscles and Posture

Concussion Definition

Immediate & temporary alteration of mental functioning due to trauma...

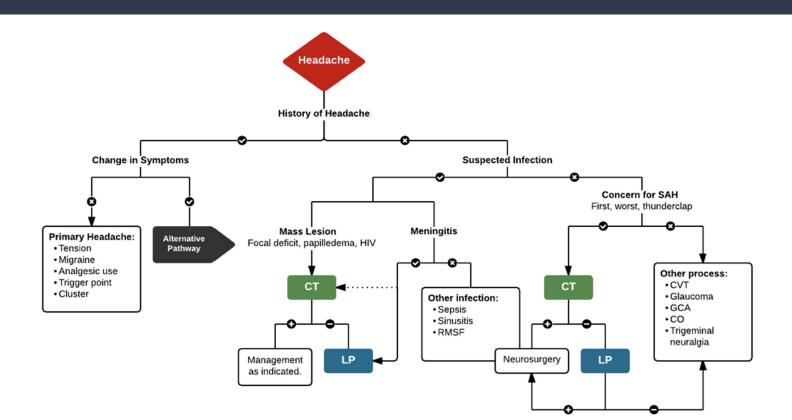
"The trauma does not have to be directly to the head, and can be due to a whiplash effect on the brain from a blow elsewhere on the body..."

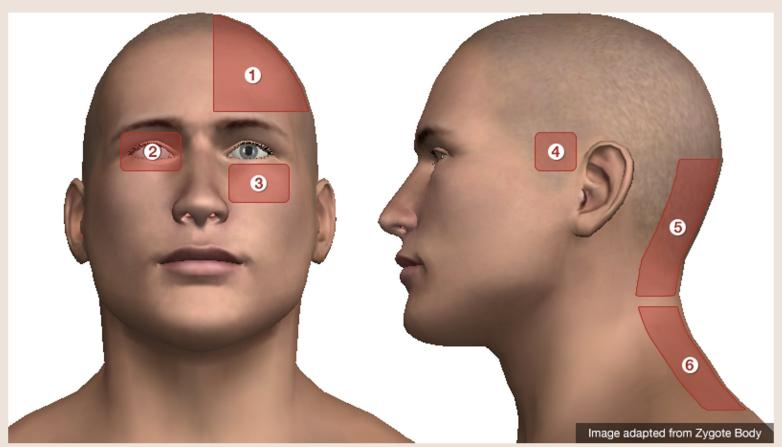
http://www....



Differential Diagnoses

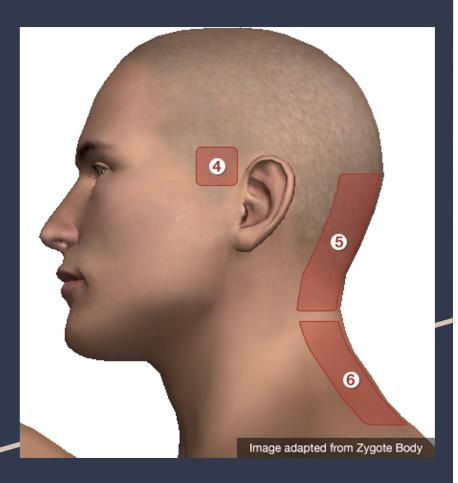
Approach to headache

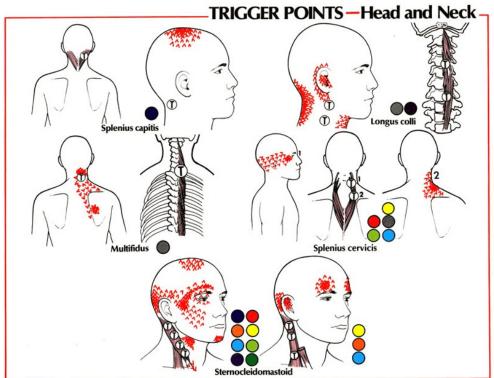




- Unilateral: migraine
 Periorbital: glaucoma, CVT, optic neuritis, cluster
 Facial/maxillary: trigeminal neuralgia, sinusitis
- 4. Temporal: GCA
- 5. Occipital: cerebellar stroke
- 6. Nuchal: meningitis

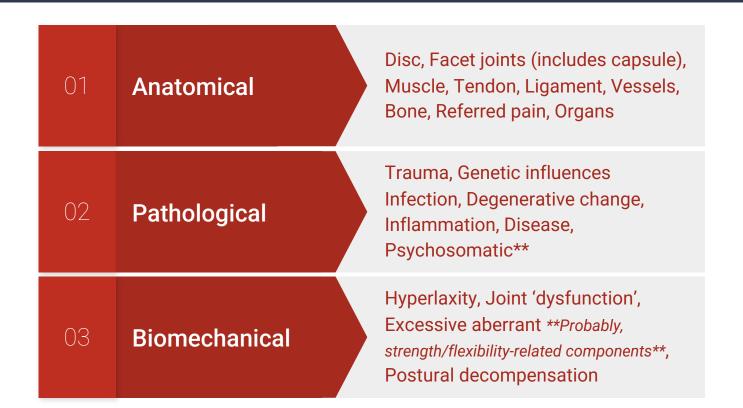
Pathophysiology of Headache ("cephalalgia") Sensation via meninges and blood vessels, mediated via CN V.

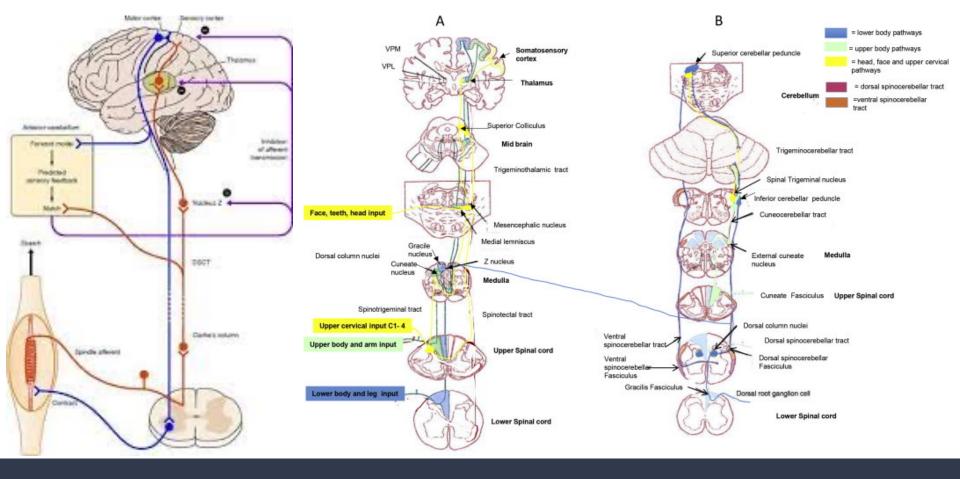




Sources of Neck Pain

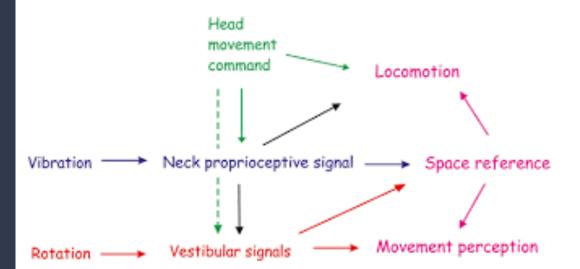
What are the sources of neck pain?





Neurological System

Simplified version



Neuro Anatomy



Red flags



Progressive neurologic deficit



Recent bowel or bladder dysfunction



Unsteady gait



Traumatic event



Age young (< 50)



Cancer history



Constitutional symptoms (e.g. fever, weight loss)



Hx UTI/other infection, IV drug use, TB exposure



Immunosuppression, Steroid use history



Previous surgery

Scientific approach to the assessment and management of activity-related spinal disorders. A monograph for clinicians. Report of the Quebec Task Force on Spinal Disorders. Spine 1987; 12(7 Suppl):S1-S59

CLINICAL PRESENTATION

I. RADICULOPATHY

NERVE ROOT COMPRESSION

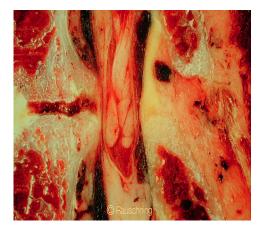


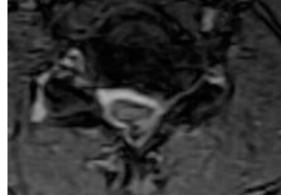
II. MYELOPATHY

SPINAL CORD COMPRESSION



IV. AXIAL NECK PAIN









Case Presentation – Cervical Radiculopathy



CLINICAL DETAILS:

- ▶42 YR-OLD MALE
- PRESENTATION OF RADICULOPATHY FOR 10 MTHS
- ▶ C7 RADICULOPATHY INTO RIGHT ARM
- MRI CONFIRMING DIAGNOSIS

Case Presentation – Cervical Radiculopathy



- Anterior Cervical Discectomy C6-7
- Synthes spacer inserted
- Skyline anterior cervical plate instrumentation



Outcome metrics

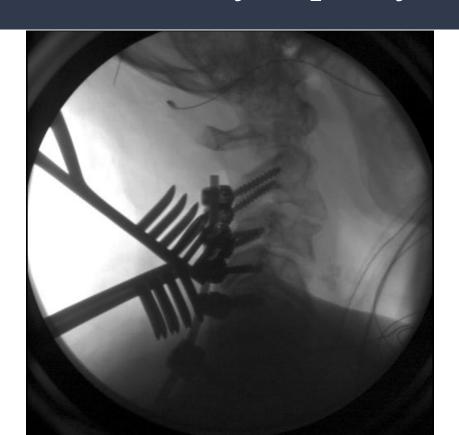


Case Presentation – Cervical Myelopathy



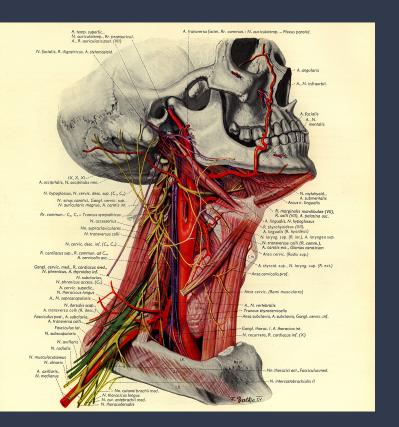
Case Presentation – Cervical Myelopathy

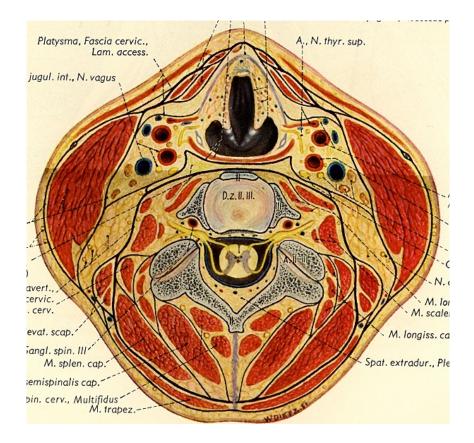




Conservative Treatments for Neck Pain

Our best evidence synthesis suggests that therapy involving exercise ... and educational interventions ... are more effective than alternative strategies for patients with neck pain...





mTBI/ Concussion:

Early Assessment & Treatment Programs

Approach to Concussion Management

Physical & Sensory

- Physiotherapy for dizziness, headaches, balance
- Kinesiology for graduated exercise & activity
- OT,PT, Kin Visual rehab with functional as needed; jab accommodations

Cognitive

 Occupational Therapy for Cognitive assessment and accommodations

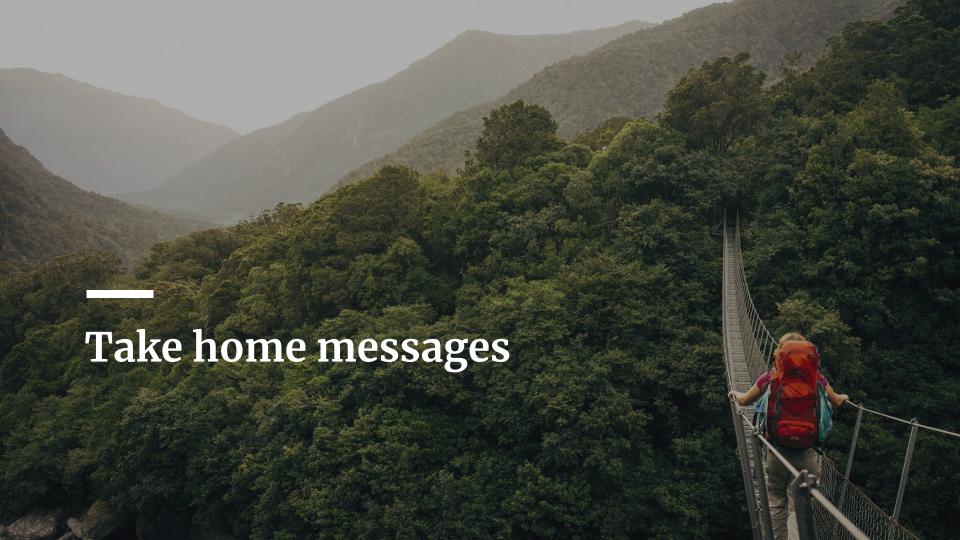
Psychosocial Psychological

- Occupational Therapy & Registered Psychotherapy for counselling and first line
- Psychology and Psychiatry if major flags

Sleep

- Occupational Therapy, Behavior Therapist offer sleep hygiene monitoring & education as first line
- More in-depth assessment as required





Multiple Sources of neck pain

Multifaceted approach to management but most important is conservative treatment with a focus on

Thank you.

Eric M. Massicotte, MD, MSc, MBA, FRCSC Associate Professor, University of Toronto







