Unraveling the Mystery of Cervical Pain #2:
Client History & Treatment Options

Instructor: Ben Benjamin, Ph.D.
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Webinar Goals

• Learn to take a thorough cervical history and understand the significance of the client’s answers

• Learn about the most effective treatment options for the majority of neck injuries
Logistics

- Time: 1 hour
- Schedule:
  - Presentation 30–40 min
  - Questions 15–20 min
- Ongoing questions: Use Question box. If I don’t get to your question, ask me on my Dr Ben Benjamin Facebook page after the webinar.
- Get a pen and paper please

Pretest

1. Disc injuries in the neck usually last for one to two years. True or False?
2. Muscle injuries in the neck are common but short lived. True or False?
3. The neck history will often tell you which disc is injured. True or False?
4. When neck pain comes and goes it tells you that it is not a nerve root compression causing the pain. True or False?
5. Some people experience pain as an intense burning sensation. True or False?
6. Friction therapy for cervical ligaments is performed at a 45 degree angle. True or False?
Client History

Why Focus on the History?

- Important for making an accurate assessment
- Helps you understand the nature of the condition
- Helps ensure you’re providing the appropriate treatment
Building a Therapeutic Relationship

- Listening
- Questions
- Empathy & compassion
- Eye contact
- Paraphrasing

Why are you here?

- One pain problem or several
- What specific problem led the person to come see you?
Are there any other areas of pain in your body?

- Other problems may or may not be related
- Often neck pain throws off the entire balance of the spine
- Trying to protect the neck can cause shoulder pain
- More details may emerge later in the history

Have you seen a physician about this problem?

- Serious medical issues need to be ruled out
- Stay within your scope of practice
- Offer referrals to a trusted physician
If yes, was there a diagnosis?

- Only a doctor can legally give a diagnosis
- Most common injuries will not appear on radiological tests (CT scan or MRI)

Conditions observable on X-ray or MRI

- Disc erosion
- Fractures of the vertebrae
- Osteophyte (bone spur)
- Abnormal curve of the spine
- Misalignment of vertebral joints
How old are you?

Different cervical conditions are associated with different age groups

What do you do for a living?

- Possible causes of pain
- Reasons the pain has not diminished
What is your diet like?

• What do you have for breakfast, lunch, and dinner?
  • What do you snack on?
  • Do you drink coffee or eat sweets on a daily basis?

How much water do you drink each day?

• Average need is 6 to 8 glasses
  • Other liquids don’t count
  • Those who drink caffeine need even more water
Do you exercise regularly?  
If yes, how frequently?  
What types of exercise do you do?

Common problems:
- Exercise has become painful
- No history of exercise
- Ongoing injuries during exercise

When did your neck pain first occur?

Different types of injuries are associated with different timelines:
- **Disc**: consistent pain, often for a year or two
- **Muscle**: short-lived pain
- **Ligament**: pain may come and go for many years
Was your pain precipitated by an accident?

In car accidents:
- Nature of the impact may help explain the injuries
- Find out whether the person used a seatbelt

Pain caused while sleeping
- Limited neck rotation
- Painful positions
Did the pain come on slowly or suddenly?

- Slow: gradual wear and tear, poor alignment, movement habits, misuse of the body
- Sudden: often a specific incident

Where is your pain exactly?

- Have the person point
- Pain may be referred
### Is the pain there all the time?

- **All the time:** injury is quite severe
  - Comes and goes: less serious injury

### Is the pain sharp and intense or dull and achy?

#### Sharp Pain
- Indicates severe inflammation.
- Work slowly and gently
- Disc or ligament injury

#### Dull Pain
- Less severe ligament injury or adhesive scar tissue in occipital muscles
What brings on your pain?

- Sleeping positions
- Pillow too thick or thin

What brings on your pain?

- Reading/Typing: sustained flexion
- Sitting: too far forward in flexion or too far back in extension
What brings on your pain?

Take care to avoid any type of treatment that has made the pain worse, or that has consistently failed to help.

What makes your pain better?

- Rest/lying down: temporary relief can be achieved fairly quickly
- Standing: slight extension is more comfortable than flexion
- Exercise: can help the client participate in the treatment process
What makes your pain better?

- Treatment through other practitioners
- Medication

Is your pain getting better, getting worse, or staying the same?

- Getting better: help accelerate the healing
- Staying the same: restart the healing process
- Getting worse: find out what’s happening and encourage the client to change it
Does a cough make it worse?

• Suggests a fairly severe problem in a ligament or disc, or both

Does a deep breath make it worse?

• Suggests extremely severe injury
Does the pain spread up to your head or down your arm or lower back?

- More severe injuries mean further referred pain
- May refer to the base of the medial scapula, below the elbow on the arm, into the hand
- Pattern of referred pain indicates which structure is injured

Have you had any treatment for your pain? If so, what? Did it help you?

- Use this information to adapt your treatment plan
- If appropriate, coordinate with other practitioner(s)
- Clarify how the client hopes to benefit from your particular treatment
Have you ever had a massage or bodywork session?

- Avoid the mistakes that were made previously
- Find out what will make the client comfortable during your treatment

Do you have any numbness or numb-like sensations? If so, where?

- Actual numbness: usually a nerve root compression
- Numb-like sensations: usually ligaments or other soft-tissue injuries
Do you experience any pins and needles, tingling, or other unusual sensations? If so, where?

Do you have any aches and pains anywhere else in your body?

Clients may not give this information earlier:
- Other injuries may not seem relevant
- They may have given up trying to get help
- They may have acclimated to the condition
**Do you smoke?**

- Smoking interferes with healing
- Usually people smoke for a compelling reason
- You may be able to help the client adopt a healthier lifestyle
- If the client isn’t open, do not press the issue

**Are you allergic to anything?**

**Are there any other medical conditions I should be aware of?**
Are you taking any medications?

If the client is on pain medication:

- Use minimal force in testing
- Proceed slowly and carefully in treatment
- With successful treatment, the client may slowly lower the dose (under a physician’s guidance)

Is there anything else you think I should know?
Questions

Effective Treatment Options for the Cervical Region
Effective Treatment Options

- Massage therapy
- Nucca chiropractic (for atlas misalignment)
- Cranial osteopathy

Effective Treatment Options

- Myofascial therapy
- Muscle energy techniques
- Active isolated stretching
Effective Treatment Options

- IMAP programs
- Alexander technique
- Friction therapy

Friction Therapy for the Neck
Principles of Friction Therapy for the Neck

- Very precise form of treatment
- Developed for the extremities by Dr. James Cyriax
- Developed for the neck and back by Dr. Ben Benjamin

FORMATION OF NORMAL SCAR TISSUE
Well-formed Scar Tissue
How Friction Therapy Works

- Breaks down poorly formed scar tissue and prevents its return
- Promotes formation of new, healthy tissue
- Increases collagen production and circulation
Don’t Over-treat

• It is easy to over-treat spinal ligaments
• Err on the side of caution
• Some discomfort is normal, but should not last more than 48 hours
• Adapt your duration and pressure according to the client’s response to the treatment

Guidelines for Frictioning the Cervical Spine
Use no lubricants.

- Friction requires staying in one place without sliding.

Keep your friction strokes perpendicular to the fibers of the injured tissue.

- Intertransverse ligament: 70–80 degree angle is effective
Apply pressure in one direction only.

- Easier on your hands
- More comfortable for the client

Work on one side at a time.

- Do not treat bilateral injuries simultaneously.
- After a few minutes, walk to the other side of the table.
Use varied finger positions.

- Fingertips, thumbs, reinforced fingertips, reinforced thumbs

Keep your fingernails very short.

- Avoid scratching your clients!
Alternate hands often.

Move your whole hand.

Make sure the skin moves with you.

Practice:
- Back of your wrist
- Palm
- Neck
Press the structure against a bone.

Be sure the client is comfortable.

Positioning options:
- Pillow under abdomen
- Side-lying
- Massage chair
Friction Treatment Protocols

Frequency

- Best for clients to come twice a week
- Consistency aids in healing
- As recovery proceeds, lessen frequency
Duration of healing process

- Recent injury: about 4–6 weeks
- Long-standing injury: about 8–12 weeks
- Contributing factors:
  - Age of the injury
  - Repeated re-injury
  - Client’s general health

Duration of each friction treatment

- Ideal (starting 48 to 72 hours after a traumatic injury): 30 seconds-1 minute
- Typical: 5–10 minutes, then 20–30 minutes per session
- Dependent on the details of the injuries and the client’s body
Pacing

• Often multiple structures are injured

• After a few minutes of frictioning, move on to another structure

• Over time, gradually work more deeply

Pacing

• Discomfort should be no more than annoying

• Check in frequently with the client

• Watch for nonverbal cues
Pacing

• Be aware of your own comfort level
• Friction for short periods at first
• Exercise your hands and fingers

Post-friction Guidelines

• Fully massage the cervical area: supine and prone
• Mention that the area may be sore for up to 48 hours
• Check in later on the level of discomfort
Questions

Facebook.com/DrBenBenjamin

Post-test

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