Chiropractic Care and Neck Pain: A Primer

WHAT THE GUIDELINES SAY

The annual prevalence of non–specific neck pain (also referred to as mechanical neck pain) is estimated to range between 30% and 50%. Persistent or recurrent neck pain is reported by an estimated 50% to 85% of patients one to five years after initial onset. Twenty-seven percent of patients seeking chiropractic treatment report neck or cervical problems.[3] Thus, treatment of neck pain is an integral part of chiropractic practice.[1]

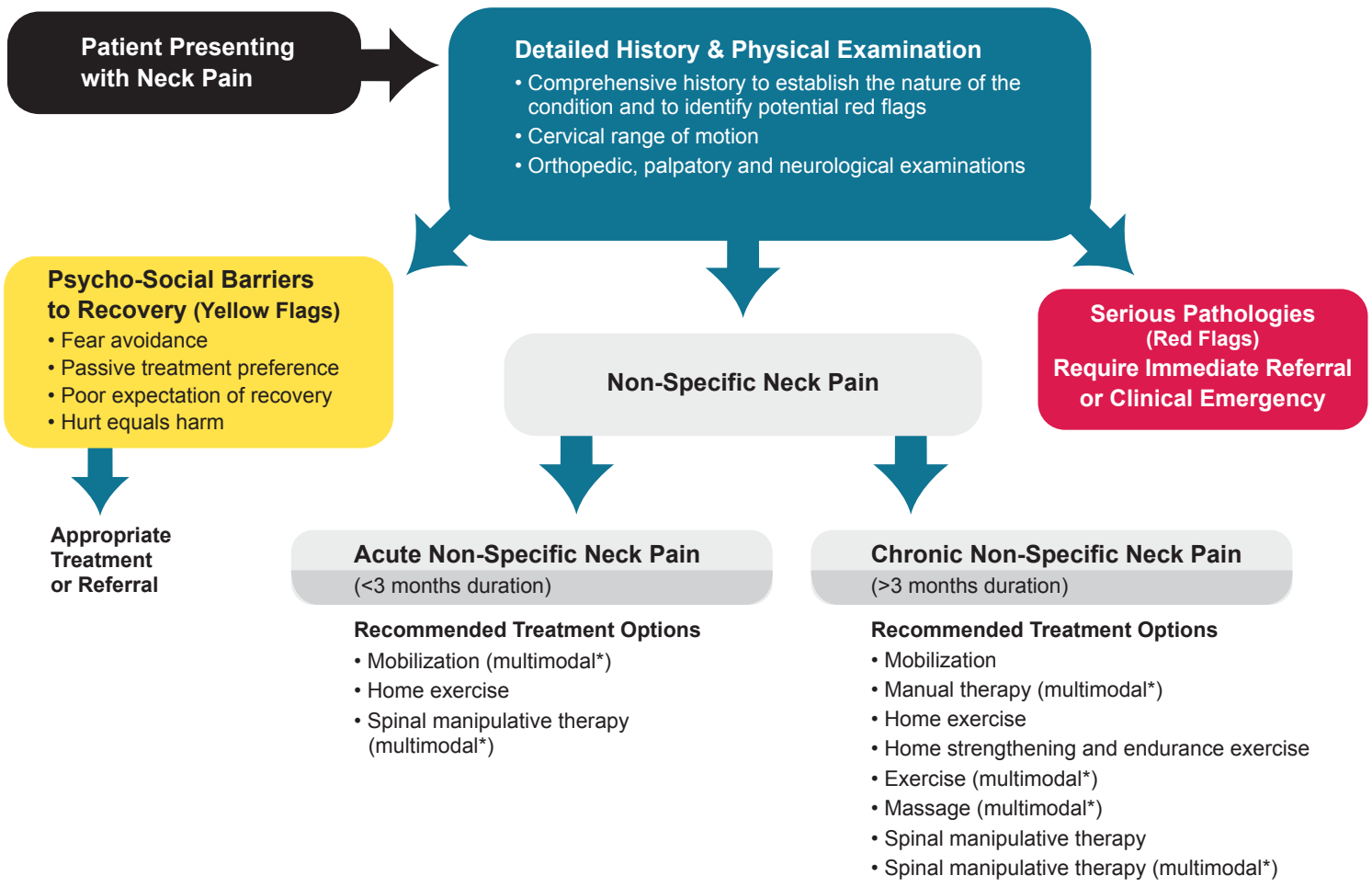
The Clinical Practice Guideline for the Chiropractic Treatment of Adults with Neck Pain[1] is based on a systematic review of the most recent literature. The Guideline emphasizes that *in very rare cases*: **"Vertebral artery dissection is known to sometimes present as neck pain. In situations where neck pain is severe or presents with a headache, the practitioner should consider all serious pathologies that may be at cause."** The Guideline also highlights the importance of screening for signs of neurovascular impairment and notes that "neck pain caused by serious pathology (e.g. cervical fracture) would require immediate referral whereas signs of stroke or cervical dissection should be sent for emergency services."

The diagnosis is developed based on a thorough history and physical exam:

1. Ask probing questions to understand the key features of the patient's history and symptoms, and identify any red flags such as stroke risk factors.
2. Conduct a physical exam including range of motion, orthopedic, palpatory, and neurological tests.

An essential part of the diagnosis involves identification of potential flags and barriers to recovery such as:

1. Risk factors for serious pathologies (also known as red flags): history of cancer, vertebral infection, osteoporotic fractures, carotid/vertebral artery dissection, and symptoms of neurovascular impairment such as unilateral facial paraesthesia **should be referred for immediate emergency care**.
2. Psycho-social barriers to recovery (also known as yellow flags): fear avoidance, passive treatment preference, poor expectation of recovery, belief that hurt equals harm.
3. In the absence of any such flags or contraindications, the recommended treatment protocols for non-specific acute and chronic neck pain include a range of other treatment options, such as education, reassurance, mobilization, home exercise, as well as spinal manipulative therapy, which research has shown can be effective at relieving neck pain.[2,3,4]



The College of Chiropractors of Ontario's Standard of Practice S-013 states that prior to administering any treatment, including manual therapy, the chiropractor must obtain informed consent from the patient.[5] Reviewing treatment options and ensuring the patient's comfort with any care plan is fundamental to both patient safety and patient-centred care.

*multimodal: a combination of two or more treatment modalities

New series

"Chiropractic Care and Neck Pain: A Primer" is the fourth in a series of four articles focusing on chiropractic expertise in the assessment, diagnosis and treatment of LBP and MSK conditions.

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A physician's perspective

Dr. Tammy Hermant has been practicing as a family physician in Toronto for 20 years, and she has been referring patients to a chiropractor for at least a decade. "It's great having access to a chiropractor—he comes to our office twice a week to see patients directly and I also refer out to him at other times."

One of the greatest advantages of working with a chiropractor is the chance to learn more about the profession. "Working side by side with a chiro and seeing their approach to patient care is vital. It's so important to establish that level of comfort with any health practitioner that you are sending patients to, and it allows me to address any concerns the patient may have about working with a chiro."

Dr. Hermant refers patients with non-specific, acute or chronic neck issues to a chiropractor. "Manipulation is only one potential approach a chiropractor may have. They may also be doing active release techniques or acupuncture to relieve pain and restore function." Dr. Hermant's chiropractor also provides patients with self-management techniques and exercises as part of an overall approach to dealing with a musculoskeletal condition.

In the future, Dr. Hermant would like to include even more providers into her referral network, such as a registered massage therapist or a physiotherapist. "Having a chiropractor come in and help handle musculoskeletal cases has been a real asset. I can tell my patients that they can see a chiro tomorrow as opposed to waiting weeks or months for an MRI or to see an orthopedic surgeon."

References

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3. Vernon, H., Humphreys, K., Hagino, C. (2007). Chronic mechanical neck pain in adults treated by manual therapy: A systematic review of change scores in randomized clinical trials. Journal of Manipulative and Physiological Therapeutics, 30(3), 215-227.
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5. College of Chiropractors of Ontario. (2002). Standard of Practice S-013. Amended: November 24, 2004, September 20, 2013.

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