

DISCLAIMER

All materials provided are for information only and do not necessarily reflect the views or positions of Riverside County Medical Association (RCMA) nor do they necessarily represent or create a standard of care with respect to the practice of medicine. If you have questions, please direct those questions to the original source and authors of those materials who did the research and writing.

Evaluation of Neck pain

By: Jerry Hizon, MD

HX: Neck Pain

Have the patient explain:

- ◎ Onset
- ◎ Aggravation and Alleviation
- ◎ Area of maximal tenderness
- ◎ Radiation
- ◎ If there is numbness/tingling in extremities
- ◎ Hx of previous injury
- ◎ Characterization of pain
- ◎ Past therapy
- ◎ Current/previous malignancy



HX: Continued

Warning Signs:

- ⦿Concurrent fever/chills could indicated serious underlying pathology.
- ⦿Unexplained weight loss
- ⦿Persistent pain w/ sleep
- ⦿Nuchal rigidity
- ⦿Bilateral hand weakness/clumsiness
- ⦿Difficulty w/ balance
- ⦿New onset urinary difficulties

Check symptoms and risk factors for Myocardial Ischemia



Physical Examination

Assess Neck ROM

- Flexion/Extension
- Left/Right lateral flexion
- Left/Right rotation

Palpate to identify point of tenderness.

Examine upper extremities

- Tendon reflexes
- Strength
- Sensation
- ROM
- Pulses



PEx: Continued

Check patient w/ neck pain and fever for meningeal signs.

Check for myelopathy evidence:

- ◎Hyperreflexia
- ◎Upgoing toes
- ◎Neck flexion causing a jolt down spine
- ◎Bilateral motor and/or sensory deficits in hands
- ◎Sphincter difficulties