Chapter 6 – Management Protocols

5

Acute Non-Traumatic Cervical Neck Pain
Acute Non-Traumatic Cervical Pain

Management Protocol

TYPE OF CONDITION: Acute

PREDISPOSING SOURCES

1. Congenital: usually congenital shortening of the SCM
2. Passive congestion, subluxation, positional factors

COMPLICATING FACTORS

Phases may be prolonged by complicating factors that may include diabetes, lack of exercise, obesity, weak abdominal musculature, failed surgical procedures, history of previous injury, etc., as well as socioeconomic and psychosocial obstacles for noncompliance with schedule of care (e.g. inability to get time off work, inability to afford treatment).

MANAGEMENT PLAN

PHASE 1: Acute

Plan of care may include:
1. Specific chiropractic adjustments to the cervical spine and associated subluxations
2. Ice and/or superficial heat: 15-20 minutes, 3 times daily (see Chapter 4). Provide patient with Cold Therapy handout if appropriate
3. EMS: IFC at 80-120 Hz for 15-20 minutes until resolution, can be used hourly (see Chapter 7)
4. Avoid exacerbating activities
5. Instruction for activities of daily living (ADLs)

Time Frame: 3-4 days

Goals: Upon re-examination: Decrease pain and inflammation, increase mobility, reduction of subluxations, improve ROM, and other objective findings
PHASE 2: Sub-Acute

Plan of care may include:
1. Specific chiropractic adjustments to cervical spine and associated subluxations
2. Active range of motion exercises
3. Myofascial therapy
4. Postural training
5. Therapeutic modalities
   a. EMS 1-150 Hz – 15-20 minutes with ice, 2-3 times per week
   b. US continuous at 1.0 w/cm² for 5-8 minutes, 3-5 times per week
6. Instruction for activities of daily living (ADLs)

Time Frame: 1 to 2 weeks

Goals: Upon re-exam: 50% reduction in pain and inflammation, improvement of function, patient understanding of ADLs, reduction of subluxations

PHASE 3: Chronic

Plan of care may include:
1. Specific chiropractic adjustments to the cervical spine and associated subluxations as needed (1-2 times per week to once every 2 weeks)
2. Continue active range of motion exercises and postural training
3. Myofascial therapy
4. Rehabilitative exercise (see Chapter 8)
   a. Resisted active exercise
   b. Coordination and proprioception
5. Ice: 15-20 minutes post exercise if indicated
6. Instruction for activities of daily living (ADLs)

Time Frame: 2 to 8 weeks

Goals: Upon re-exam: 60 - 80% reduction in symptomatology and reduction of subluxations

PHASE 4: Reconditioning

Plan of Care
1. Specific chiropractic adjustments to the cervical spine and associated subluxations
2. Progression of cervical strengthening and stabilization program
3. Progressive incorporation of work/play activities
4. Education/retraining of proper body mechanics (computer use, phone use, etc.)

Time Frame: 8 to 16 weeks, follow up assessments every 2 to 6 weeks until maximum patient improvement
Goals: Upon re-exam: 100% reduction of pain and inflammation, improved strength, improved stability, restoration of function, improved skills, and improved kinesthetic awareness, reduction of subluxations.

References Consulted