

NECK PAIN

Chiropractic treatment of post surgical neck syndrome utilizing mechanical force manually assisted short-lever spinal adjustments. Polkinghorn B and Colloca CJ Manipulative Physiol Ther November/December 2001. Vol 24 No. 9.

This is the case of a 35-year-old female who, after having neck surgery two separate times (a discectomy at C3/4 and a fusion at C5/6), suffered from chronic neck pain for over 5 years.

She had originally undergone the surgeries to resolve neck pain. Her surgeon suggested a third surgery but she decided on chiropractic care. Within 30 days of chiropractic care all her chronic pain and muscle spasm resolved. A follow-up two years later revealed no recurrences of her previous chronic problem.

Chronic spinal pain syndromes: a clinical pilot trial comparing acupuncture, a nonsteroidal anti-inflammatory drug (NSAID), and spinal manipulation. Giles LG, Muller R. J Manipulative Physiol Ther July/August 1999;22(6), pp.376-81.

Seventy seven patients were divided into three groups. One group received needle acupuncture, one group an NSAID, and one group chiropractic care. They were followed up with after 30 days. Spinal care was the only intervention to achieve a statistically significant improvement. Patients receiving chiropractic care demonstrated a 30.7% reduction in Oswestry scores and a 25% reduction in neck disability index scores, in addition to a 50% reduction for low back pain, 46% reduction for upper back pain, and 33% reduction for neck pain.

Acupuncture and NSAIDS provided no significant improvement.

Manipulation and mobilization of the cervical spine. Hurwitz EL, Aker PD et al. Spine, 1996;21(15):1746-1760.

In this review of research, the authors concluded that for those suffering from chronic neck pain, chiropractic adjustments are more effective than any other approach.

Chiropractic treatment of cervical radiculopathy caused by a herniated cervical disc. Brouillette DL, Gurske, DT. Journal of Manipulative and Physiologic Therapeutics, Feb 1994; 17(2): 119-123.

This is the case study of a 60-year-old woman with a MRI documented herniated cervical disc.

Symptoms included deep, constant, burning ache in the left arm, and severe neck and left shoulder pain. Under chiropractic care the patient's pain and numbness disappeared and her grip-strength returned to normal within 5 months.

Cervical spondylotic radiculopathy treated with the MERIC technique: a case report. Gemmell, HA. Chiropractic Technique, Feb 1994; 6(1): 14-16.

This is the case of an annular disc protrusion with nerve root compression at level C-5 of a 69-year-old white male.

From the abstract:

Patient exhibited toothache-like pain over the left upper trapezius and deltoid muscles with an absent biceps reflex, decreased sensation to pinprick in the C5 dermatome, and a weak deltoid muscle. The patient was successfully treated over 26 days with eight treatments of adjustments and supportive therapy. He remained pain free, without neurological signs, at the 4-month follow-up.

Manipulation and mobilization of the cervical spine: a systematic review of the literature. Hurwitz EL, Aker PD, Adam AH, Meeker WC, Shekelle PG. Spine 1996; 21:1746-60.

This was an analysis of the medical literature from 1966 to 1996 regarding cervical spine manipulation for neck pain and headache. Data was summarized and randomized controlled clinical trials were critically appraised. Cervical spinal adjustments were found superior to other therapies (muscle relaxants and medical care) for neck pain and headaches. Chiropractic provided chronic neck pain patients with superior results when compared with acupuncture and drugs.

Reduction of a confirmed C5-C6 disc herniation following specific chiropractic spinal manipulation: a case study. Siciliano MA, Bernard TA, Bentley, NJ.

**Chiropractic: The Journal of Chiropractic Research and Clinical Investigation
Vol. 8 No. 1 April 1992.**

This is the case of a 39-year-old male cable technician who complained of right neck and arm pain. Twenty years earlier he had a football injury and had some similar, temporary pain at that time. He now had an aching, deep pain running from the base of his neck to the right elbow and sometimes running sharply down his arm.

Magnetic resonance imaging (MRI), thermography and Kronamaz muscle testing apparatus documented a C5-C6 disc herniation. Through chiropractic care, the patient achieved a full resolution of his symptoms. After 13 chiropractic visits, a post comparative MRI revealed a reduction in the herniation.

Reabsorption of a herniated cervical disc following chiropractic treatment utilizing the atlas orthogonal technique: a case report. Robinson, Kevin.

Abstracts from the 14th annual upper cervical spine conference Nov 22-23, 1997, Life University, Marietta, Ga. Pub. in Chiropractic Research Journal, Vol. 5, No.1, Spring 1998.

This is the case of a 44 year-old man whose symptoms were as follows: severe neck pain, constant burning, left arm pain, and left shoulder pain, plus paresthesia in the index finger of the left hand. Patient also had diminished grip strength of his left hand using dynamometer testing. Tests also revealed hyporeflexive biceps and triceps on the left, as well as a C6 and C7 sensory deficit on the left. The MRI scan revealed a large left lateral herniated disc at the C6-7 level.

By the fifth week of care the patient's symptoms of severe neck, shoulder, and arm pain were completely resolved. The patient's numbness and grip strength improved consistently during the following six months. A comparative MRI obtained 14 months following the initial exam revealed total resolution of the herniated cervical disc.