

Helping a Patient with Complex Neck Problems

A Prospective From a McKenzie-Certified Therapist

by Suzanne W. Price, PT Cert. MDT

Physical therapists search to find the most effective, fiscally responsible path to hasten their patients' healing. As a McKenzie-certified manual therapist, Robin McKenzie's quote inspires me, "...After injury, the body will repair itself. Physicians and therapists do not have 'magic fingers', we do not accelerate healing, but we can create the best climate for successful repair and, following repair, we can assist greatly in the recovery of function."



Seeking effective ways to help my patients suffering from chronic neck pain, I discovered the Multiple Cervical Unit (MCU), from BTE Technologies (Hanover, MD). The MCU impressed me with its reliable (Chiu 2004) objective measurements and reference points of cervical spine ROM and isometric strength for comprehensive evaluation and strengthening (Chiu 2005, Taylor 2006) of the cervical spine. Qualitative assessment, using the Neck Disability Index and a Visual Analog Symptom Intensity Rating, is also measured objectively. An individualized strengthening program is designed to meet the specific needs of each patient. Comprehensive written reports with reference values illustrating strength and ROM deficits provide physicians, patients, and payers with evidence to support their care plan.

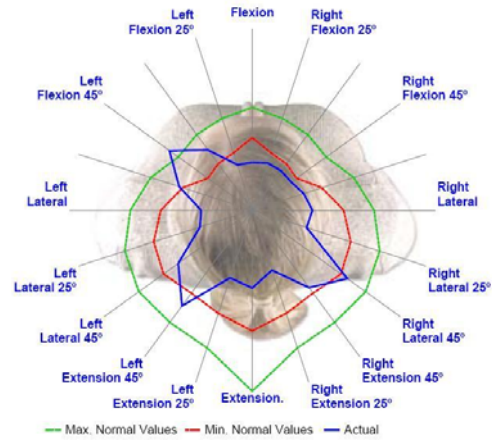
Since I started using the MCU in September 2006, I've found it to be one of the most effective systems I have used. Traditionally, I used manual techniques to treat patients, but it is very difficult to quantify the neck during the assessment and strengthening with isometrics or rubber bands are not as effective (Burnett 2005). The MCU has proven to be the missing link for strengthening and neck rehabilitation.

Consider a client who presented last summer with chronic neck pain and post traumatic headache. Mrs. "Smith", a 37 year old female, complained of neck pain, dizziness, difficulty walking, severe debilitating headaches, and occasional arm pain. Eleven years before, she was a seat-belted passenger when her car was "t-boned" at 40 mph. "My chronic problems included pain, function loss, inability to work and perform household tasks, difficulty with memory and concentration," recounts Mrs. Smith. "The pain was so bad, my husband was afraid to leave me home alone."

Before arriving at our clinic, Mrs. Smith had undergone 11 unsuccessful years of traditional physical therapy treatments at other clinics, including the McKenzie treatment, vestibular rehabilitation, chiropractic, massage, and pain management injections. MRI's, x-rays, and a CT scan of her head and neck, all reported to be normal.

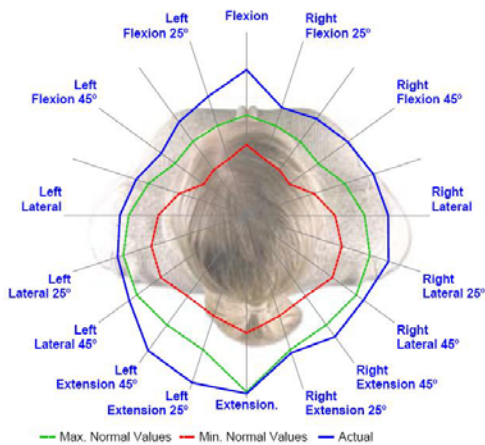
Upon initial musculoskeletal evaluation, she demonstrated decreased cervical ROM in all planes and forward head posture with loss of the lordotic curve. Repeated movements had no effect on her symptoms or ROM. She recorded a moderate disability with the Neck Disability Index.

Mrs. Smith's MCU assessment quantified the cervical ROM loss, and isometric strength, referencing her measures to AMA Guidelines and gender-matched normative values. Immediately following her assessment, we started treatment on the MCU twice weekly for the next 4 months. She was reassessed monthly and demonstrated 20-75% improvement in her test scores *each time*.



Strength Distribution: Pre Treatment

At discharge, only 26 visits since the start of care, her Range of Motion in all planes was full and pain free. Strength was above target strength range. Neck disability rating improved 33%, and symptom intensity rating improved 83%. Functionally, pain with daily activities was virtually eliminated, dizziness had completely resolved, and balance improved with a home exercise program. She no longer walked with a cane and had begun driving again, and was preparing to return to work.



Strength Distribution: Post Treatment

The MCU provided a framework, a reproducible, objective methodology that allowed me to effectively treat, measure progress, and solve this complicated case. The objective data from the MCU report allowed the patient to visualize her progress and provided me with appropriate justification for continued insurance coverage for this chronic condition until resolution. I now use the MCU as an integral treatment protocol for all my cervical spine patients and treat a new patient group who wouldn't have come to our clinic in the past. Mrs. Smith tried many other treatment programs – unsuccessfully -and it's very rewarding that she feels we were the practice that helped her progress.

We have established a regional reputation for helping people with chronic neck pain. Referrals from other therapists and physicians have increased and patients tend to keep their scheduled appointments more. Because of its unique service that it allows me to provide, the MCU has been very easy to market. The clinical and financial rewards – our system was paid for within the first year- have exceeded our initial expectations. My only regret is that I didn't add it to our programming sooner.