Cheatography

5002 Case 7 Cheat Sheet

by bee.f (bee.f) via cheatography.com/180201/cs/38677/

Case

- Ongoing neck & back pain since "whiplash" (hit overhead w/ chair) @ 15 y.o.
- Ongoing headaches & migraines

Back

- Between shoulder blades under scapular
- Constant during the day & dull
- 3-4/10
- Remained same since onset
- Feels worse in the evening

Neck

- From Tx spine to base of head
- Stiff feeling
- Worst in the evening at 5/10
- Worse since started studying at uni & especially over the past few weeks

AF: Prolonged sitting & prolonged exercise

- **RF:** Stretching from side to side
- **AA:** Difficult to fall asleep (not waking due to pain)

Headaches

- No headaches before accident at 15 y.o.
- No dizziness w/ headache
- Headaches are worse at the end of the day

Extras

- After initial injury: MRI of "spine" told a slight curvature; CT (brain) for concussion
- OCP (progesterone only) since 16 y.o.
- 10 units of alcohol / week
- Mother: had bowel & breast cancer
- IBS
- Irregular & heavy menses

Physical Examination Findings

General observations

- Rounded shoulders
- Anterior head carriage
- Scapula protraction

Posture/stance

- Toeing out on R
- Slight scapular protraction bilaterally & winging on L

Clinical tests

ROM

- **Cx ROM:** 75° rot bilaterally; 40° flex & ext; 50° lat flex bilaterally
- **Tx ROM:** 25° rot bilaterally; 30° flex; 20° ext; 25° lat flex bilaterally

Tx region exam

- **Ott sign** (measures ROM of Tx; identifies degenerative inflammatory process): flexion 2cm; ext 0cm

TTP

- R lev scap
- Suboccipitals bilat
- R rhomboids
- L scalenes
- upper traps bilaterally
- L Tx ES
- SCM bilaterally
- L masseter

Beighton's score (hypermobility): 2/9

Cx spine exam

- **Max Cx compression:** "pressure" at base of neck w/ RRE
- **Cx distraction, Roo's, Bakody's:** no change to symptoms
- **Shoulder depression test:** "tight bilaterally"; no arm symptoms

Functional screen

- Poor scapula retraction
- Poor Tx ext on Wall Angel
- No winging on push up

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Discussion

Working diagnosis

- Chronic WAD
- Mechanical/MSK
- Chronic pain of 4 yrs

- Mechanism of injury: most likely caused axial compression, or an element of axial compression of Cx spine

→ dangerous mechanism of injuryw/ risk of unstable fracture & neurological compromise

- **Canadian C-spine rule:** would indicate immediate imaging & would not do any examination

→ pt should be kept still w/ their Cx spine immobilised & an ambulance called; hospital would x-ray, CT & MRI

Headache Hx

- Insufficient Hx
- Cannot suggest a working diagnosis
- Not uncommon for pts to have more than one type of headache

Management

- Consider what exercises & functional management could be beneficial
- Co-management w/ a health psychologist

Additional questions

- Is irregular & heavy period normal for pt & has it been checked?
- Is there something theft does in the evening that aggravates the HA specifically?
- Any side effects w/ OCP?
- Has period change since taking OCP?

Learning Outcomes

Presentation of common headaches & those important not to miss, & the important Hx questions that should be asked

☐ ***Common headaches:***

- **Tension-type:** most common; dull, non-pulsating pain that's often described as a tight band around the head; mild-moderate intensity & not aggravated by physical activity
- **Migraine:** recurrent, mild-severe throbbing or pulsating pain, usually one side of head; often accompanied by Sx like nausea/vomiting, sensitivity to light & sounds (photo/phonophobia)
- **Cluster:** rare but extremely painful that occur in clusters/cycles; cause severe, piercing pain on one side of head, usually around eye or temple area; often accompanied by Sx like redness & tearing of the eye, nasal congestion, & restlessness

☐ ***Not to miss:***

- **Thunderclap:** sudden & severe, reaches its max intensity within secs-mins; can indicate potentially life-threatening condition like subarachnoid haemorrhage, cerebral venous sinus thrombosis, or ruptured aneurysm
- **HA w/ neurological symptoms:** any headache w/ Sx like sudden weakness or paralysis, difficulty speaking, confusion, vision changes, or seizures; may indicate serious underlying condition like stroke, meningitis, or brain tumour
- **New-onset HA in older pts:** >50 experiencing a new-onset headache; important to consider temporal arteritis (giant cell arteritis), characterised by inflammation of blood vessels; requires immediate medical attention to prevent vision loss & other complications

☐ ***Important Hx questions:***

- **Description:** quality, location, intensity, duration, & if there are any associated Sx
- **Headache triggers:** such as any foods, stress, hormonal changes, or environmental factors
- **Frequency & pattern:** how often HA occur, how long they last, & about any specific patterns
- **PMHx:** assess relevant medical conditions like hypertension, head/neck trauma, sinus infections, or previous neurological disorders
- **Medications & lifestyle factors:** medication that may contribute; sleep patterns, caffeine intake, & stress levels
- **FHx:** of migraines or other headache disorders

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Learning Outcomes (cont)

Chronic pain, it's impact on pts, management & prognosis

☐ *Impact:*

- **Physical:** limitations in physical functioning & mobility (causing difficulties in ADLs); may result in muscle tension, fatigue, sleep disturbances, & decreased overall quality of life
- **Emotional:** leads to emotional distress like frustration, anxiety, depression, irritability, & reduced sense of control
- **Social:** may lead to social isolation, withdrawal from social engagements, & challenges in maintaining employment or fulfilling family roles

☐ *Management:*

- **Multidisciplinary** approach
- **Medications**
- **Physical therapy:**
- **Psychological interventions:** CBT
- **Interventional procedures:** nerve blocks, epidural injections, or radio frequency ablation
- **Complementary & alternative therapies:** acupuncture, massage therapy, relaxation techniques, mindfulness

Prognosis:

- Varies depending on underlying cause, individual factors, & the effectiveness of treatment approaches
- Pain elimination may not befall possible, but the goals often to improve pain control, functional ability, & overall quality of life
- Many pts experience significant improvements w/ comprehensive & personalised approach
- Co-management is crucial

When are smear tests & mammograms offered as screening tests in the UK

- **Smear tests:** 25-64 y.o.; every 3-5 years
- **Mammograms:**
- 50-70 y.o.; every 3 yrs
- >70 y.o. need to request appointments

Different types of OCPs, their indications, contraindications & side effects:

☐ *Combined oral contraceptive (COCs):*

- **Indications:** Contain oestrogen & progestin; pregnancy prevention; cycle regulation; acne treatment; prevention of ovarian & endometrial cancer
- **Contraindications:** Hx of blood clots; smokers aged 35+; uncontrolled hypertension; migraine w/ aura; liver disease; known/suspected pregnancy; breast Ca; Hx of heart disease or stroke
- **Side effects:** nausea, breast tenderness, irregular bleeding, mood changes, & headache

☐ *Progestin-only pills (POPs):*

- **Indications:** pregnancy prevention; breast-feeding women; migraine w/ aura; smokers over 35+
- **Contraindications:** known/suspecvted pregnancy, liver disease, breast Ca, Hx of blood clots, abnormal vaginal bleeding, lupus
- **Side effects:** irregular periods, spotting, acne, HA, weight gain

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