**History**

Mrs A, a 35 year old office worker presented to the clinic with a one year history of mid back and right sided neck/shoulder pain. The mid back pain came on around 2 months after the birth of her child and she felt it was aggravated particularly by breastfeeding initially and then lifting and carrying her new baby. Also as an office based employee she found her neck and shoulders were particularly tight and painful towards the end of each day and were often associated with headaches, like a tight band across her forehead and sometimes around her right eye. Mrs A was a non-smoker, moderate drinker who kept herself fit and active. Other than a mild chest infection 2 months ago that cleared with antibiotics there was no significant past medical history.

**Examination Findings**

**Observation:** Postural assessment revealed an ‘upper crossed posture’ with an anterior head carriage, and increased thoracic kyphosis. A moderate winging of the scapulae was noted, and a grade 4+ weakness of the middle trapezius and rhomboids was recorded bilaterally.

**Palpation:** Moderate pressure applied to the sub-occipitals reproduced Mrs. A’s headache. Segmental joint restrictions were located in the upper cervical spine, cervico-thoracic junction, mid thoracic spine and ribs 5 and 6 on the right.

**ROM:** Cervical range of motion was limited on left rotation and lateral flexion to the left due to shortening and mild spasm of the right upper trapezius.

**SMR:** No abnormal upper limb sensory, motor or reflex findings, and no sensory changes could be detected along the thoracic dermatomes.

**Orthopaedic:** Spurling’s test produced local neck discomfort only. No examination findings were suggestive of a thoracic disc injury. Beevor’s sign was -ve, and abdominal reflexes were weak but symmetrical.

**Diagnosis**

Bearing in mind Mrs A’s history and examination her condition was diagnosed to be bio-mechanical in nature, and related to her poor upper body posture and altered biomechanics. The stresses to the body (in particular the rib cag) of pregnancy and giving birth, alongside the prolonged postures of feeding, lifting and carrying her baby had predisposed Mrs A to: ‘Chronic, postural cervico-thoracic facet joint sprain/strain, attributing to cervico-genic headaches and concomitant with a post-partum right costo-transverse sprain’.

**Differential Diagnoses:** Cervical/Thoracic facet sprain/strain, Upper trapezius myofascial pain syndrome, T4 syndrome, Costco-transverse sprain/strain.

**Treatment**

Following diagnosis, Mrs A underwent a Chiropractic treatment program consisting of Chiropractic cervical and thoracic spinal manipulative therapy (SMT) combined with soft tissue work (massage, trigger point therapy and muscle stretching), to which she responded very well. In conjunction with her Chiropractic treatment, Mrs A was also provided with home stretches, and postural/ergonomic advice.

Over a period of 6 weeks Mrs A attended the ‘Jersey Chiropractic Centre’ for 8 treatment sessions. Mrs A. was continually re-assessed throughout her treatment plan, and sound progress was assured. In the initial intensive stage of her treatment Mrs A was given a series of stretching exercises to help supplement her treatment plan. The treatments themselves consisted of spinal manipulation, stretching and soft tissue work as outlined above. Once Mrs A had recovered from the initial acute phase of her complaint, a course of intensive postural and strengthening exercises were advised. The aim of this rehabilitation phase of her treatment was to strengthen the neck and upper back, improving posture and hence preventing continual reoccurrence of her symptoms.

At the final assessment of Mrs A, she reported no further headaches or back pain. However, due to the nature of her home and office duties, Mrs A will continue to maintain the health of her spine by way of stretching and postural exercises.

**References**

