Consider This

“Neck pain is a common Neuromusculoskeletal disorder in the United States, with an estimated prevalence rate of 13 to 18% within the general population

Quantifying Neck Pain

* AMNP (acute mechanical neck pain) frequently results from injuries – in particular, whiplash injuries caused by automobile crashes.”

* AMNP may also be associated with normal activities due to awkward sleeping positions or prolonged static postures.

* In time AMNP may progress to the subacute and chronic phases.

* Acute mechanical neck pain occurs during the hemorrhagic, inflammatory, and early proliferation stages of healing (days 1-5.)

* The Chiropractic goal during the acute phase of treatment is to reduce pain and inflammation.

* The selection of treatment modalities in the Chiropractic setting is based not only on best evidence, but also on clinical experience.

Abstract: In some cases of post-traumatic cervical injury, the implication (usually from insurance adjusters or, occasionally, from medical practitioners) is that “minor” strain/sprain type injuries with neck pain, headaches, etc. should resolve quickly with minimal treatment. Numerous references from accepted medical literature could be cited that would indicate the opposite; cervical strain/sprain injuries are quite often resistant to therapy and result in persistent symptoms (often severe) for indefinite periods.

* 30% or more of head-injured people develop chronic post-traumatic headache -- headache that persists for more than 2 months. Patients with chronic post-traumatic headache existing for more than one year present one of the most challenging management problems in medicine.

It is puzzling that chronic headache occurs less commonly after major cerebral injury than after a minor concussion. Some of the most intractable cases of post-traumatic headache occur after trivial injury. The pain may be intermittent or constant, and any area of the head may be involved.

Muscle contraction is probably the most common cause of headache following trauma – a constant, non-throbbing, dull pain in the back of the head and/or neck, top of the head or side of the face (TMJ region), or in any combination of these regions.

From experience at our clinic, it seems clear that the post-traumatic migraine syndrome is more common than the paucity of published reports would suggest. Trauma may precipitate the first attack of migraine, and sometimes produce a variety of vascular headaches resembling chronic migraine.

“Injuries to the superficial and deep structures of the neck (muscles, ligaments, disks, bones, or nerves) can produce cervical pain which may be referred to the head. The popular term, “whiplash,” describes the sudden hyperextension of the neck followed by hyperflexion, usually the result of a rear-end automobile accident. Typically, after such an accident, diffuse muscle soreness develops followed by neck and head pain.

The headache may be limited to the occipital area, or it may spread to involve the vertex (top of the head) and the temporofrontal retro-ocular (behind the eye) areas as well. Patients describe the pain as being dull pressure or squeezing, and sometimes associate it with a throbbing component. Almost always, the neck pain will be aggravated by movement. “THE HEAD AND NECK PAIN PERSISTS FOR DAYS OR WEEKS AND IN SOME CASES MAY LAST MANY MONTHS OR LONGER.”


The neck aches badly for one or two months, then slowly recovers in about a year. Movement returns equally slowly and may never become fully restored unless manipulative reduction is carried out within the first six (6) months or so – exactly what medicolegal consideration usually prevent. These post-central protrusions draw out osteophytes fairly quickly and extension or rotation to one side may become permanently blocked.”


Summary: Strain/sprain injuries to the cervical spine are not regarded by most medical authorities as “simple” problems which usually resolve quickly or completely. The medical literature is abundant with references documenting the fact that many of these patients suffer persistent symptomatologies that may recur for months or years and are often severe. Why suffer when you may not have to.

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