

Neck and Arm Pain

In my 24 years of clinical practice, I have come up with the following clinical classification of patients with neck and UL symptoms: (rule out red flags first.)

1- Neck pain and limitation of ROM.. my cup of tea.. any mobilization would help (for colleagues who are fussy about mobilization techniques, I do not have anything to apologize for) & Neck Kinetic control evidence-based exercise formula (Thank, Prof. Jull, Sarah Mottram - The Movement Mentor Mark Comerford, and the Great Shirley Sahrmann).

2- Neck and arm pain with direction preference .. use the preferred direction as a self-management exercise (Robin McKenzie .. forever in our hearts) and to guide the selection of mobilization direction to get the end range (end range is a healthy range Helen Clare and Hans van Helvoirt .. your quote), neural mobility (move the nerves make them happy).. David Butler & Neck Kinetic control evidence-based exercise formula.

3- Patients with cervical-related headache .. move the upper cervical spine sustained or oscillatory - both would help, considering patient irritability. Retraction (fantastic upper Cx movement) too, & Neck Kinetic control evidence-based exercise formula. Differential diagnosis is key (Hello, Anthony Demont!).

4- Instability: Control, control & control.

Thoracic spine ROM testing and RMT is a key. Never (yes, never) seen a patient with Cx dysfunction who did not have Tx limitation too. Improving Tx ROM is so simple. I always avoid using fancy techniques that have a NAME on them.. Just move it actively or passively (unloaded position if irritability is high).

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