

# HEALTHY, WEALTHY & SMART



A 2013 VIRTUAL CONFERENCE FOR PHYSICAL THERAPISTS  
WITH YOUR HOST KAREN LITZY, MS, PT

## Case study

### History:

Patient is a 34 yo female with a diagnosis of cervical herniated disc with radiculopathy. Then neck pain started about 4 years ago. She woke up one morning and literally could not get out of bed secondary to the pain in the neck. She reports having to roll off the bed to the ground and then holding on to her neck and head to stand. She felt like her head was going to roll off of her body. The pain and instability feeling in the neck resolved after a few weeks. She had a few flare ups over the years but they would not last long. Then about 6 months ago the pain became more intense and more consistent. She reports that her pain is fairly constant with varying degrees. Most of the time she reports a dull ache type pain from the base of her skull to the mid back, across the shoulders, and at times down the arms. The pain can be sharp like zingers at time and this sharp pain is always in the neck itself. When the pain is very intense she states she cannot move her head in any direction, go to work (she works as a personal trainer) or perform everyday household activities like cleaning, laundry, etc.

She also reports tingling into both hands the left greater than the right. The tingling is mainly in the thumb, first and second fingers and in the fingertips. She has increased weakness in the left hand. At one point she states that she had no active wrist flexion on the left and had difficulty extending the fingers on the left hand, which is when she went to see the MD. She went to a pain management MD. She did have an MRI which showed small disc herniation at C5/6 and C6/7 with increased inflammation at C5/6. She had 2 cervical epidural shots about 3 months ago. After the first shot the pain was less and the active movement in the left wrist was fully restored. But she continues to have the pain and tingling into the hands and pain in the neck and upper back as described above. She also has an EMG/NCV which showed minor carpal tunnel bilaterally.

She has tried acupuncture, pain meds, muscle relaxers, and physical therapy in the past. The muscle relaxers are what worked the best for relieving the pain and feeling of muscle tightness. The physical therapy would help a little bit but nothing ever lasted. She reports that she really does not like to be touched and can at times feels very uneasy when getting PT (if they were doing soft tissue work).

Her pain is increased by quick movements at the neck and neck extension. But mostly she will wake up in the middle of the night with very extreme pain and then it is like her neck and upper back "freezes" up and she cannot move. As a result it is often difficult to fall asleep, as she is afraid she will wake up in intense pain. She also states that she has to avoid certain activities because of the pain in her neck and upper back.

PMH: right shoulder surgery to repair labral tear s/p 6 years previous. Otherwise unremarkable PMH. The injury to the shoulder happened while playing softball. The patient was a windmill pitcher and on one of the pitches the shoulder slightly subluxed. It felt like a bolt of lightning went from the shoulder and out the hand. She did not have to go to the hospital for it. For about a week or 2 after the injury she reports she had a "dead arm". Meaning she had difficulty lifting the arm up and holding and carrying things. She did PT for a few months but the ROM continued to decrease and the pain continued to increase. She had the surgery in January and was playing softball again in end of June beginning of July.

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