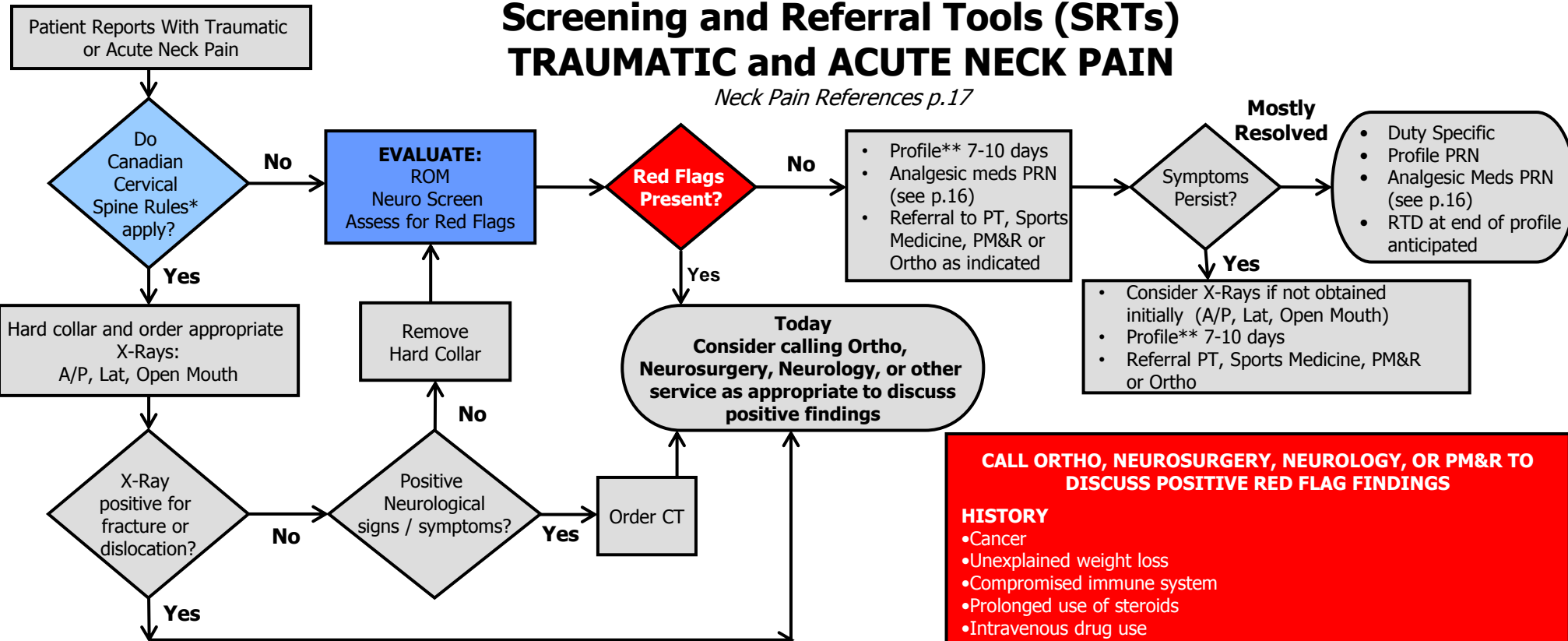


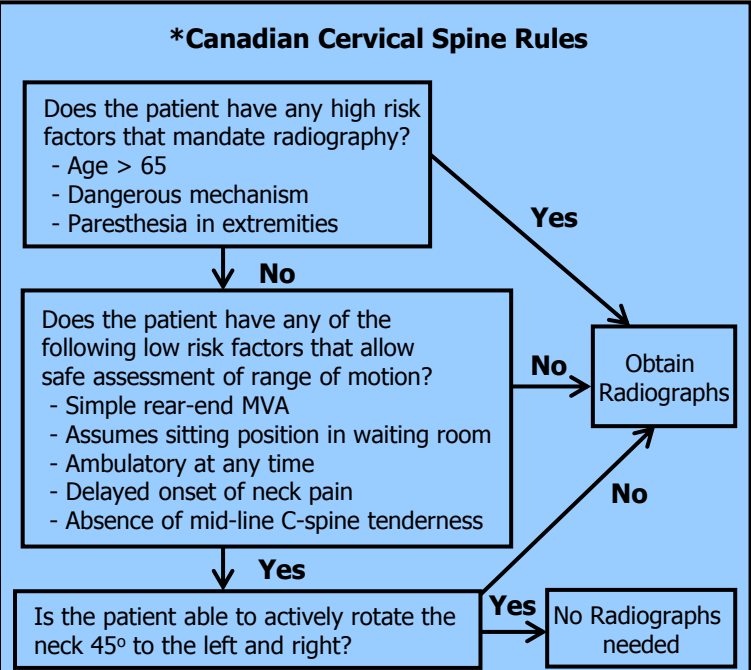
# Screening and Referral Tools (SRTs) TRAUMATIC and ACUTE NECK PAIN

Neck Pain References p.17



## CALL ORTHO, NEUROSURGERY, NEUROLOGY, OR PM&R TO DISCUSS POSITIVE RED FLAG FINDINGS

- HISTORY**
- Cancer
  - Unexplained weight loss
  - Compromised immune system
  - Prolonged use of steroids
  - Intravenous drug use
  - Urinary tract infection (vertebral osteomyelitis)
  - Pain increased or unrelieved by rest
  - Unexplained fever
  - Recent fall or trauma to the head or neck (fall from a height or MVA in a young patient; minor fall or heavy lifting in a potentially osteoporotic patient; recent penetrating injury)
  - Osteoporosis
  - Bladder or bowel incontinence
  - Urinary retention (with overflow incontinence)
  - Dysphagia
  - Headache and vomiting
  - Down Syndrome
  - Rheumatoid Arthritis
- PHYSICAL EXAM**
- Evidence of spinal cord compression (e.g. major weakness in upper extremities; hand atrophy; loss of pain and temperature sensation in upper extremities; gait disturbance; Babinski's or Hoffman's sign; saddle anesthesia; loss of anal sphincter tone; etc)
  - Fever
  - Vertebral tenderness
  - Severely limited spinal range of motion
  - Neurologic findings persisting beyond one month



- \*\*PROFILES**
- Sample severe (A) and moderate (B) neck injury profiles on eProfile.
- (A) Severe neck injury examples:
- Anything requiring hard collar
  - Fracture or instability
  - Progressive neuro deficit
- (B) Moderate neck injury examples:
- Radiculopathy
  - Pain, with decreased c-spine motion or upper body strength
- Minimal neck injury example:
- Pain at end range of movement without decreased c-spine motion or upper body strength