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Neck Pain Task Force

by Dr. Brian S. Seaman, DC, FCCSS(C), FICC

The Neck Pain Task Force (NPTF) – sounds pretty impressive doesn't it?

It is!

The NPTF is part of the Bone and Joint Decade Task Force (established in 2000) and was given official status by the United Nations and World Health Organizations' Bone and Joint Decade Project in 2002.

In February 2008, the NPTF published, in the international peer reviewed journal Spine, landmark research which addressed one of the ongoing questions about chiropractic treatment:

Does neck manipulation cause strokes?

In addition, the research also looked at:

- Incidence of neck pain.
- Causes of neck pain.
- Treatment of neck pain.
- Diagnostic imaging for neck pain.

What did it show?

The research clearly indicated that there is considerable evidence to support the use of manipulation (ie. chiropractic adjustments) for neck pain. The findings of the Task Force reflects many of the findings of the previously published Chiropractic Clinical Practice Guidelines in Canada Adult Neck Pain Not Due to Whiplash (2005).

Part of the Task Force dealt specifically with the issue of whether strokes are caused by chiropractic treatment. Dr. David Cassidy (who is a chiropractor and senior scientist in the Division of Health Care and Outcomes Research at Toronto Western Research Institute), and a team of accomplished scientists, published the results of a population based Case Control and Case Cross-over Study (Spine, Volume 33, Number 4S), entitled "*Risk of Vertebral Basilar Stroke and Chiropractic Care*".

Dr. Cassidy's team reviewed almost 32,000 articles to find 1,203 relevant research papers and of those, 552 were scientifically acceptable for establishing a synopsis of best evidence care.

The conclusion of their study on vertebral basilar arterial (VBA) strokes was summarized as:

"VBA stroke is a rare event in the population. The increased risk of VBA stroke associated with chiropractic and PCP (primary care physician) visits is likely due to patients with headache and neck pain from VBA dissections seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care".

Strokes

But it is important to recognize the symptoms of stroke. A patient could complain of symptoms such as head and/or neck pain which is present in over 80% of individuals who are experiencing a dissection of the vertebral artery (which can lead to a VBA stroke). Head pain (or headache) as well as neck pain are symptoms which would cause an individual to consult with a health care professional (such as your chiropractor or family physician). It is most important for your health care professional to recognize when the intensity or severity of the headache, head pain or neck pain is unusual (for that particular patient) or is significant compared to previous episodes ("*It is the worst headache or episode of neck pain I have ever*

had').

What to Watch For

Symptoms that may be indicative of a stroke could include:

- Dizziness
- Double vision (diplopia).
- Difficulty swallowing (dysphasia).
- Difficulty speaking (dysarthria).
- Difficulty walking (ataxia).
- Drop attacks (falling unexpectedly).
- Numbness (one side of your body including your arm and leg).
- Nausea.
- Nystagmus (unusual movements of the eye).

Any of these symptoms may not be cause for alarm but if you have several at the same time, immediate medical evaluation is indicated, as specialized interventions may be required.

What works?

The research referred to earlier categorized neck pain into four grades:

- Grade I – Neck pain with little or no effect on your daily activities.
- Grade II – Neck pain that limits your daily activities.
- Grade III – Neck pain which is accompanied by pain, weakness and/or numbness in your arm.
- Grade IV – Neck pain as a result of a serious pathology such as a fracture or a tumour.

Treatment that helped Grade I and Grade II categories of neck pain included:

- Manipulation.
- Mobilization.
- Exercise.
- Educating the patient.

Acupuncture, analgesics, massage and low level laser therapy were also considerations.

The task force also indicated that response to treatment should be noticed within 2-4 weeks of commencing care.

What did not work?

Treatment that was unlikely to help Grade I or Grade II categories of neck pain included:

- Cervical collars.
- Ultrasound.
- Electrical muscle stimulation.
- TENS.
- Injection therapy.
- Surgery.

It is important to also realize that a health care professional such as a chiropractor may utilize some modalities such as ultrasound or muscle stimulation in conjunction with those treatment approaches listed above which were found to be beneficial.

How common is neck pain?

Believe it or not, up to 50% of adults experience a significant episode of neck pain during their lives. By way of comparison, up to 80% of adults experience a significant episode of lower back pain.

Up to 50 to 85% of individuals with neck pain will report a second episode within five years.

So what does this mean?

Your health care professional should consider a variety of approaches and if something is not working, discuss this with him or her.

The research also demonstrates that the risk of vertebral basilar stroke is no different if you were visiting your chiropractor or your family physician.

So can a CVA occur after having chiropractic treatment? - yes – but the risk is very low and should not preclude chiropractic treatment in the vast majority of cases.

Obviously in some cases, cervical manipulation would not be clinically indicated such as a

previous history of TIA or stroke, or a patient who is on prescription strength anti-coagulants such as Heparin or Cumiden.

This is very exciting research and although more research will obviously be done in this field, it is very promising.

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