Online Evening Lecture: Prognosis and management of the patient with traumatic/non-traumatic neck pain
(The Neck Part 2)

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This course / lecture is online. Please see your enrolment information for details of accessing the content.
Summary

This is the second of our two part live interactive evening lecture on neck pain which runs from 7-9pm which you can listen to and learn from the comfort of your home, or wherever you are!

Some neck conditions are challenging to manage, especially traumatic neck pain (often called whiplash). Recent research has identified factors that contribute both to presenting symptoms and prognosis. Integrating tests to address these can improve your clinical management. Also, whilst imaging can have a role, understanding when and why to refer someone is often not so clear, this evening will address that and add clarity.

Understanding the latest research in helping guide you in the assessment of those presenting with neck pain can improve both your outcomes and your patient prognosis.

As such we have gathered 3 leading clinicians, two of these are also researchers in this area so as to present a coherent summary of the latest evidence in assessing neck pain and how this applies to your practice.

The evening will give practical take home tips for you to implement and this forms the second of two separate evening webinars on this topic (the first can be seen here). This one focusses on the prognosis and management, the first on 8th March addresses pathomechanics and assessment.

Content

Whiplash...from Protons to Prognosis: what is the role of imaging?

James Elliott
Research Academics and Physiotherapist specialising in Neck Pain

Radiological observations of soft-tissue lesions that relate to clinical symptoms in patients with traumatic neck disorders have been largely inconsistent and distinctly variable. As such, it remains plausible that either tissue damage is not the cause of the generation and maintenance of self-reported pain-related disability, or that currently available imaging sequences are inadequate to accurately identify candidate lesions.

Due to the recurrent (and in some cases persistent) nature of symptoms in some subjects with traumatic neck disorders, it remains a focus of our clinical and basic science research program to establish a set of objective and quantifiable imaging measures to improve the identification and consequent characterization of the clinical course on a patient-by-patient basis...within a biopsychosocial framework.

Debate continues as to whether imaging modalities including Radiography, Computed Tomography, Magnetic Resonance Imaging, and others, should feature in a core set of domains and outcome measures for clinical trials of whiplash-associated disorders (WAD). However, recent evidence from the research sector suggests that some objective and reliable imaging metrics may contribute to improved assessment protocols that could better inform treatment strategies aimed at retarding, if not preventing, the typically poor functional recovery for high-risk patients with whiplash...and other
common, yet also somewhat enigmatic, neuromusculoskeletal conditions (e.g. low back pain).

**Take home messages:**

- Participants will be introduced to (or review) the existing guidelines on appropriate imaging for suspected spine trauma
- This talk will highlight concordant and discordant evidence related to the implications from imaging studies for understanding the etiology of WAD
- The speaker will provide full consideration to the cost/benefit of using advanced, but available, imaging

**Clinical impact**

Can effective interdisciplinary teamwork among professionals (and patients) result in the appropriate use of bench-to-bed imaging applications for the WAD condition?

**Polishing your Crystal Ball for Prediction and Management Decisions**

**Dave Walton**

Research Academic and Physiotherapist specialising in Neck Pain, Measurement Science, and Differential Diagnostics

Mounting evidence is improving our ability to identify the patient with acute traumatic neck pain who is at greatest risk of transitioning into chronic pain. Individual variables and structured clinical prediction algorithms are emerging that can be easily implemented in clinical practice and provide clinicians with information regarding the magnitude and mechanisms of risk of chronicity. However, there are currently several outstanding questions including:

- What of these are causal, and what are confounders?
- Of what factors are these patients at risk?
- And what, if anything, can or should we be doing when we identify these risk factors?

This session will explore some of the recent advances in the field but also provide context for tempered excitement where the research has not yet advanced far enough. Discussions around proposed mechanisms of acute-to-chronic transition, from biological, psychological and social perspectives, will provide learners a more holistic lens through which to view encounters with the acutely injured patient.

**Take home messages:**

- We are now fairly good at discriminating between the very high and very low risk patient with metrics that can be used to facilitate communication and treatment decisions.
- There are similarly several ‘red herrings’ in the literature that may be clouding judgment or leading to sub-optimal treatment decisions and outcomes.
- Some of the more robust prognostic tools are adequately well-developed to implement in clinical practice now, but there are also caveats to their interpretation.
- The transition from acute-to-chronic pain cannot be pinned to a single specific variable, but a comprehensive prognosis-based assessment should give clinicians adequate ammunition with which to mount at least a reasonable counter-initiative.
Clinical impact:

It stands to reason that identification and prevention of likely chronic pain is a more useful approach to the pain epidemic than is waiting until it develops. Using relatively simple tools in a critical manner today can provide clinicians key information for treatment decisions in the acute stage of care for traumatic neck pain. Managing sensorimotor control in neck pain & whiplash injury

**Chris Worsfold** (Chartered Physiotherapist specialising in neck pain)

Chris will present recent developments in the management of sensorimotor control in neck pain and whiplash injury. Seventy-five percent of whiplash patients and one third of neck pain patients will have a sensorimotor impairment so it is important that this component of their problem is assessed and managed appropriately.

An evidence-based approach will be described that addresses. You will be introduced to simple and practical evidence-based clinical approaches addressing oculomotor control, proprioceptive and postural stability impairment. The efficacy of this approach in addressing neck pain will be discussed with reference to the evidence base.

**Take home messages:**

- Participants will be introduced to new treatment approaches that address oculomotor, proprioceptive and postural stability impairments in neck pain.
- Participants will explore the evidence base underpinning the management of sensorimotor control in neck pain
- Participants will learn simple clinical approaches to addressing impairments in sensorimotor control that they will be able to use on their patients

Clinical impact:

New clinical approaches that will improve your clinical outcomes in neck pain

Other benefits to the evening:

You will be able to send in questions throughout.

We hope you are able to join us. All those attending the lecture will be able to access the content again following the lecture along with any handouts and further information.

If you book on and can’t attend, fear not, you will be able to listen to it afterwards at your leisure. If you can’t make it, just book on anyway and we’ll give you access to the full recording afterwards.

Obviously you won’t be able to ask questions on the night but you’ll get to hear the gems shared, and we’ll give you any further highlights of the information shared on the evening.
Objectives

Preparation

There is no pre course preparation although you may benefit more by seeing the first evening here.

Day 1

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<th>Time</th>
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<tr>
<td>19.00</td>
<td>Start</td>
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<tr>
<td>19.05</td>
<td>Whiplash...from Protons to Prognosis: what is the role of imaging? (James Elliott)</td>
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<td>19.30</td>
<td>Questions</td>
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<td>19.35</td>
<td>Polishing your Crystal Ball for Prediction and Management Decisions (Dave Walton)</td>
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<td>20.00</td>
<td>Questions</td>
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<td>20.05</td>
<td>Comfort break</td>
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<td>20.15</td>
<td>Assessing sensorimotor control in neck pain &amp; whiplash injury (Chris Worsfold)</td>
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<tr>
<td>20.40</td>
<td>Question / Discussion time</td>
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