

# NECK PAIN - PATIENT INTERVIEW

Infographic 2 of 5 based on Physio Edge Podcasts 121 with Prof Gwen Jull @gwenjull

## Subjective Tips - listen and observe

- ➔ Interview questions should allow the patient's story to gradually inform further questions rather than working off of a predetermined sequence or script.
- ➔ Use open interview questions (e.g. *How can I help you today?*) so that you hear the patient's story rather than use closed questions that tend to direct a patient's response.
- ➔ Encourage your patient to demonstrate provocative movements and postures to inform your clinical reasoning.



**1. History:** Identify the history of the patient's neck pain to provide context. Is this the 1st or a recurrent episode? When was the onset? What is the frequency and duration of recurrent episodes? Is it worsening?

### 2. Symptom area & behaviour:

Identify the location of symptoms and associated physical drivers (activities at home, work or functional tasks) and easing factors. This informs pain relieving, and preventive management strategies and education.

**3. Medical History** Obtain the patient's relevant medical information such as general health, past surgeries, medications, investigations and imaging.



### 4. Psychological understanding:

Aim to understand the patient's thoughts, attitudes and beliefs about their experience. *"What do you think is causing your neck pain?"* *"How is your neck pain affecting your quality of life?"* Identify and observe indications of low self-efficacy, anxiety, low mood and fear of movement through interview questions or questionnaires.

### Identify any red flags such as:

- Acute trauma
- Inflammatory disorders
- Intense pain and night pain
- Signs of CAD or VBI

**5. Red flags:** Identify and appropriately address any red flags such as:

- Acute trauma (e.g. instability)
- Intense pain and night pain (e.g. cancer)
- Inflammatory disorders (e.g. Rheumatoid Arthritis)
- Cervical arterial dissection (CAD), indicated by: <55 years old with sudden, acute and unfamiliar moderate-severe neck pain or headaches (Thomas et al. 2017).
- Vertebrobasilar insufficiency (VBI), indicated by: >65 years old and typically reporting any of the following 5 D's and 3 N's (Thomas et al. 2017):
  - Dizziness
  - Diplopia (double vision)
  - Dysarthria (difficulty speaking)
  - Dysphagia (difficulty swallowing)
  - Drop attacks (without loss of consciousness)
  - Nystagmus, Nausea and/or Numbness (around the mouth and nose).

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