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.

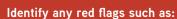
3. Medical History Obtain the patient's relevant medical information such as general health, past surgeries, medications, investigations and imaging.



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.

- **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):



- Acute trauma
- Inflammatory disorders
- Intense pain and night pain
- Signs of CAD or VBI
- **D**izziness
- **D**iplopia (double vision)
- Dysarthria (difficulty speaking)
- Dysphagia (difficulty swallowing)
- **D**rop attacks (without loss of consciousness)
- Nystagmus, Nausea and/or
 Numbness (around the mouth and nose).

BROUGHT TO YOU BY:



