



FIGURE. Cervical spine flexion (A) and extension (B) radiographic views. The radiologist's report noted a stable atlantodens interval (measured from the midposterior margin of the anterior ring of C1 to the anterior surface of the odontoid¹) that did not change with cervical flexion and extension (orange arrows). An atlantodens interval of greater than 3 mm has been classified as abnormal.¹ Degenerative disc disease of the cervical spine was also evident, worst at C5-6 and C6-7, with anterior osteophyte formation (ovals) and disc space narrowing (white arrows).

Neck Pain and Headaches in a Patient After a Fall

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THE PATIENT WAS A 64-YEAR-OLD woman who reported a sudden onset of neck pain and headaches following a fall 2.5 months prior to her initial physical therapy visit. Cervical spine radiographs (anterior-posterior, lateral, and open-mouth views), which were ordered by the referring physician, revealed extensive degenerative disc disease of the lower cervical spine. The patient denied any numbness or tingling in her extremities, dizziness or lightheadedness, or difficulty maintaining balance with walking.

At her initial physical therapy evaluation, cervical spine range of

motion was within functional limits except for bilateral rotation, which was limited to 45° due to pain and stiffness. The patient's neurological examination was unremarkable. The patient's headache symptoms were abolished with the Sharp-Purser test, which has been shown to be moderately sensitive (88%) and highly specific (96%) in detecting atlantoaxial instability in individuals with rheumatoid arthritis.¹ However, excessive motion was not perceived with the Sharp-Purser test. Although assessment of symptoms was not the intent of the Sharp-Purser test, a reduction of symptoms dur-

ing the test would warrant further evaluation. Therefore, the physical therapist ordered cervical spine flexion-extension radiographic views to assess for atlantoaxial instability.

The radiologist's report noted a stable atlantodens interval that did not change with cervical flexion and extension (FIGURE) and a course of physical therapy was initiated. At the time of discharge from physical therapy, the patient reported no neck pain and only very mild occasional headaches, which she believed she could manage on her own. ●
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Reference

1. Uitylvt G, Indenbaum S. Clinical assessment of atlantoaxial instability using the Sharp-Purser test. *Arthritis Rheum.* 1988;31:918-922.

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