

EFFECT OF NECK EXERCISE AND CERVICAL SNAG FOR CERVICOGENIC HEADACHE PATIENT- A SINGLE CASE STUDY

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ABSTRACT

A 30 year old male IT worker walked in with a complaints of headache and right side neck stiffness which was bothering him for a couple of weeks. He could not recall any injury or event which triggered the problem. The severity of pain increased when doing his work as an IT profession. He never complained about sleep disturbance due to this problem. He did find some relief in hot packs and application of analgesics, but much to his dismay the relief was short lived. He was been diagnosed as cervicogenic headache by performing flexion rotation test. Conservative management along with SNAG was given to the patient to get immediate relief from headache and stiffness.

KEYWORDS: Cervicogeni headache, Neck stiffness, SNAG

INTRODUCTION

Cervical headaches are estimated to affect approximately 2.5% of the adult population and account for 15–20% of all chronic and recurrent headaches. Headache and neck pain are the most common reasons for visits to a physician at the primary level of healthcare among working age adults in India. Degenerative changes in the cervical vertebrae and discs are common cause for the Head pain, which is referred to the head from bony structures or soft tissues of the neck, is commonly termed cervicogenic headache. Such a referred pain symptoms would be neck stiffness and either side arm pain according to the side of facet involved. Conservative management of neck disorders often includes passive therapies.

CASE DESCRIPTION

A 30 year old male IT worker came with a chief complaints of headache and has difficulty in bending his neck towards left side for past 1 week. Patient Came to Saveetha medical college hospital with the complaint of headache and neck stiffness towards left side flexion and rotation. Not a known case of hypertension, coronary artery disease, type2 diabetes mellitus and thyroid. On observation the patient is mesomorphic, and presented with stooped neck posture. On palpation grade 3 tenderness over right side neck muscles. On examination he had a restricted range of motion over left side flexion and extension of neck. According to FIM scale it shoed modified independence. Investigations, X-Ray there is no cervical degeneration is seen.

PRE OUTCOME MEASURES

The baseline assessment of the Patient before treatment follows:

1. Pain - Numerical pain rating scale 7/10
2. Cervical Range of motion – Goniometry

FLEXION	0°-50°
EXTENSION	0°-50°
SIDE FLEXION	
RIGHT	0°-70°

LEFT	0°-20°
ROTATION	
RIGHT	0°-80°
LEFT	0°-40°

INTERVENTION

Treatment for cervicogenic headache involves conventional therapy stretching and strengthening exercises and patient also received C1-C7 sustained natural appophyseal glides (3 glides for each right side facet from C1-C7). Treatment duration was for 7 days.

Treatment Protocol:

Sets: 3 sets

Repetitions: 10

Hold time: 30 seconds

Rest time: 5 seconds

POST OUTCOME MEASURES

1. PAIN- Numerical pain rating scale 0/10
2. CERVICAL RANGE OF MOTION- Goniometry

FLEXION	0°-80°
EXTENSION	0°-70°

SIDE FLEXION	
RIGHT	0°-80°
LEFT	0°-80°

RESULTS

The results of the study shows that conventional therapy along with SNAG helps in decreasing cervicogenic headache and improving cervical range of motion.

CONCLUSION

The aim of the study was to determine the effectiveness of conventional treatment along with sustained natural appophyseal glide (SNAG) for cervicogenic headache. When SNAG was given at the C1-C2 facet level it produced the most successful outcome measure. Head SNAG will imperceptibly alter the directions of the glide to show an effective change. Small adjustments in directions may be necessary, as a true facet plane directions vary with individuals. So this study concludes that, when SNAG is given along with conservative treatment yields an immediate positive response by reducing pain and improving the range of motion. Hence when treatments are given in combination it gives a better recovery phase.