Management of Neck Injuries

Chief diagnostic obligation is to diagnose a potentially unstable cervical spine that could lead to a major neurological deficit after injury.

Diagnostic Evaluation

- Was player conscious?
- Motor-sensory loss?
- Spinal pain?
- Neck/arm pain?
- Leg pain?

Memory Jogger!

Length of time of symptoms must be carefully documented.

Neck stiffness can be a sign of an occult fracture.
Evaluation on the Bench or in the Dressing Room

- Neurological exam
- Head compression test
- Spurling’s test
- Adson’s test
- Resistive head pressure
- Cervical range of motion

Beware of the Side-Show Clown

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Key Findings in Common Spinal Problems

Radiating arm pain and neurological deficit can indicate a serious problem.

Loss of cervical range of motion, with or without pain, could be the only residual sign of an unstable cervical spine.

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Key Findings in Common Spinal Problems

A “numb all over” may indicate concussion, transient quadriplegia, or nothing.

Any lingering symptoms or persistent lower extremity weakness or numbness should be examined closely.
Mechanism of Spinal Injury

Stable

Crush Fracture  Burst Fracture

Mechanism of Injury

unstable

Fracture Dislocation  Dislocation

Radiological Evaluation

Cervical Spine
Memory Jogger

Beware the hidden flexion injury - total ligamentous disruption of a neuromotor segment of the lower cervical spine.

Return to Play: Minimal Risk

* Undisplaced fractures
* Clay shoveler fracture
* Lateral mass fractures
* Laminar fractures without deformity
* Asymptomatic disc herniations
* Asymptomatic foraminal stenosis

RETURN TO PLAY

There are no strict guidelines rather an understanding of the relative risk of a spinal disorder both at the time of injury and in returning to the game.