

## Course Description:

Cervical Examination and Differential Diagnosis-This course will present Cyriax's approach to the examination of the cervical with lab time to practice the examination. Lecture material will then present the clinical findings of a cervical disc lesion. This will be followed by a comparison of the physical findings with a cervical fracture, bone cancer, cervical spondylosis, intradural extramedullary tumors and intradural intramedullary tumors. Based upon the clinical examination the therapist will know when to request a radiograph, CT scan or MRI. Power point presentation will include diagnostic imaging to reinforce the material presented.

## Learning Objectives:

Upon completion of the course. The participant shall be able to

1. Perform Cyriax's physical examination of the cervical spine
2. List the cluster of signs and symptoms consistent with a cervical disc lesion.
3. Compare the signs and symptoms of a disc lesion with cervical spondylosis, fracture, bone cancer intradural extramedullary tumors and intradural intramedullary tumors
4. Present to the referring physician data which will justify referral for diagnostic imaging.

## Key References (limit 15):

1. Ombregt, L System of Orthopaedic Medicine, WB Saunders, Philadelphia:2003
2. Arasil E. et al Osteochondroma of the Upper Cervical Spine: A case report, Spine 12 February 1996 21(4): 516-518
3. Nittner K. Spinal meningiomas, neurinomas and neurofibromas-hour glass tumors. In: Vinken PJ Bruyn GW Handbook of Clinical Neurology, vol. 20. Elsevier, New York, 1976:177
4. McKinnis, L. Fundamentals of Musculoskeletal Imaging 3rd ed., CPR, Philadelphia, 2010
5. Cook, C et al. A pragmatic screen for patients with a suspected cord compression myelopathy. Physical Therapy Sept. 1, 2007; 87 (9):1233-1242
6. Emery, s. Cervical spondylotic myelopathy: diagnosis and treatment. J.Am Acad. Orthop. Surg.November/December 2001;9(6):376-388
7. Hoffman, J. et al. Validity of a set of clinical criteria to rule out injury to the cervical spine in patients with blunt trauma. New England J. of Med. July 13, 2000 343 (2): 94-99
8. Aldrich, F. Posterolateral microdiscectomy for cervical monoradiculopathy caused by posterolateral soft cervical disc sequestration. J. of Neurosurgery March 1990 72 (3): 370-377

9. Steil, I et al. The Canadian C-Spine Rule versus the Nexus low risk criteria in patients with trauma.

New England J. of Med. December 25, 2003 349 (26): 2510-2518

10. Malanga, G. The diagnosis and treatment of cervical radiculopathy. Med and Sci in Sports and Exercise July 1997 29 (7):236-245

Speaker Credentials/ Bio: (Limit 100 words)

Russell Woodman is a Professor of Physical Therapy at Quinnipiac University. He is a part time physical therapist at Montowese Rehabilitation Center. In 1979 Dr. James Cyriax awarded him full teaching membership in the British Society of Orthopaedic Medicine. He has been an APTA certified orthopedic specialist since 1989 and a certified Mulligan Concept Teacher since 1996. He has presented numerous continuing education courses and has published numerous manuscripts on orthopedic physical therapy