THE BODY

VOLUME 2 OF *THE HUMAN GARAGE* TRILOGY

PHYSIOTHERAPY SYMPTOM SORTER

I have rewritten this symptom sorter from an earlier version I wrote for my website: www.painreliefclinic.co.uk.

This information is provided for guidance only and cannot be used as a diagnosis of your condition. It is designed to help you get some clarity about your problem, so you can discuss it further with an expert and obtain an accurate diagnosis.

I will be going through the body starting with the neck, then the shoulder, elbow and hands, thoracic and lumbar spine, pelvis and sacroiliac, hip, knee, and ankle, and finally, the feet.

NECK PROBLEMS

If you answer yes to any of the following you need to see your doctor or physio:

- ☐ Are your hands clumsy?
- ☐ Do you find walking increasingly difficult, or do your legs feel clumsy and stiff?
- ☐ Do you find it difficult to empty your bladder?
- ☐ Do you find you tend to drop things or have difficulty holding things?
- ☐ Does the ground not feel solid when you are walking?

If so, you may be diagnosed with cervical myelopathy.

CERVICAL MYELOPATHY

Inflamed neck

Cervical myelopathy occurs when there is pressure on or damage to the spinal cord itself. Cervical spondylosis is a common cause of this condition,

as the wear and tear to the vertebra can narrow the canal through which the spinal cord runs.

A prolapse of a cervical disc can also cause myelopathy if the disc prolapse is into the central canal of the vertebra. Although it is very rare for either a tumour or infection to be the cause, a medical opinion and MRI is very important to have. As the nerve fibres run from the brain to the extremities, there can be many symptoms of cervical myelopathy, including:

- ☐ Difficulty with walking, legs feeling clumsy and stiff.
- ☐ Clumsy hands, dropping objects.
- ☐ Difficulty with easily emptying your bladder.

Diagnosis for this is by MRI and neuro consultant, and for treatment options, see a neurologist for advice.

CERVICAL RADICULOPATHY

Do you have pain and numbness in your arms and/or hands?

If symptoms of pain, pins and needles, numbness, and weakness can be felt anywhere from your shoulder to your fingers, you may be told you have cervical radiculopathy (nerve pain down the arm). This provisional diagnosis can be given by a spinal specialist physiotherapist or your chosen physical therapist such as a chiropractor or osteopath.

Radiculopathy is the irritation of the nerve roots at the spinal cord, sufficient enough to cause pain, pins and needles, or weakness across the shoulder and down the arm to the fingers. Radiculopathy can be caused by wear and tear, disc herniation, muscle spasm, or osteophyte growth.

It usually gradually resolves over a few weeks, and the treatment that I would give would be spinal specialist physiotherapy, including modalities such as Acupuncture, Gunn IMS dry needling, laser, soft tissue work, gentle facet joint mobilisations, postural advice, and gentle exercise to progressively

strengthen the muscles. The GP can also offer meds to help you through the worst of the pain.

If your symptoms don't improve, your therapist will refer you back to your GP. In more severe cases, where your hands feel clumsy, you have problems with walking, or problems with bladder function start occurring, this may be due to pressure from a worn vertebrae or disc damaging the spinal cord, which is cervical myelopathy. A spinal surgeon will check this out with the aid of MRI scans.

Book to see your GP urgently if:

- The pain gets much worse.
- There is a worsening (numbness), weakness, or you have persistent pins and needles in part of an arm or hand.
- You develop any problems with walking or with passing urine. These symptoms suggest that cervical myelopathy may be developing as a complication of the cervical radiculopathy.
- You develop dizziness or blackouts when turning your head or bending your neck. This can suggest that the vertebral artery – which supplies the brain – is being nipped by the degenerative changes in the spine. This gets more common as we age.

Both cervical radiculopathy and myelopathy can develop from spondylosis (disc wear and tear).

CERVICAL SPONDYLOSIS

The neck (cervical spine) has seven vertebrae. The top two allow the neck to pivot sideways, and the next five are barrel-shaped, linking to each other at tiny bevelled (facet) joints and cushioned by discs. These discs are tough fibrous structures with a gel-like middle.

Do you have recent stiffness in your neck with mild pain spreading out to your upper back and shoulders?

If so, you may have osteoarthritis and/or cervical spondylosis.

OSTEOARTHRITIS

Osteoarthritis (OA) – the most common type of arthritis – is wear and tear in the smooth cartilage that protects the bones in joints, eventually leading to bone erosion, bone spurs, and unsightly bony end thickening. The joint juice – the synovial fluid – swells and becomes inflamed and sticky, and the attacked bone haemorrhages precious calcium. By the time we are 50 years old, 8 out of 10 of us have OA, and by 60, this goes up to 9 out of 10. Left untreated, OA can have a massive negative impact on quality of life and will eventually need surgery.

Provisional diagnosis is by a physical assessment with a physiotherapist, a GP with specialist interests in arthritis, an osteopath, chiropractor, rheumatologist, or orthopaedic surgeon. Then, you will need confirmation with bloods and X-ray, or MRI.

Personally, my favourite treatment modalities that I use include: physiotherapy-prescribed exercises, electro-acupuncture to give some immediate pain relief with TENS, ultrasound, laser and pulsed shortwave, Gunn IMS assessment for any neuropathic pain overtures, and in less severe cases, shockwave for joint stiffness.

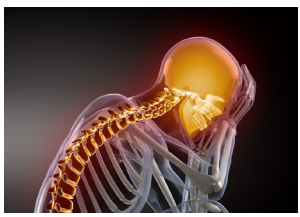
As preventative treatment to help slow the degeneration and further reduce inflammation, we can also use MRT/MBST (magnetic resonance treatment). In order to firefight the pain, we can use GP prescribed medicines, then a long-term nutritional assessment from a nutritional expert with advice on food and supplements.

DO YOU SUFFER FROM HEADACHES?

If you have a headache that has lasted more than 48 hours, please contact your GP. Provisional diagnosis will be done by your GP or a headache specialist physiotherapist, with the diagnosis being made by a neurologist and brain MRI.

If you constantly suffer with headaches, you may have one of the following conditions:

CLUSTER HEADACHE



A cluster headache is a less common type of recurrent headache than a migraine, and does not have all the migraine symptoms. The pain in this type of headache is shorter and less severe, and you may also have a watery or bloodshot eye. The symptoms of cluster headaches are characterised by unilateral (one sided) pain, although for some people the side can vary from time to time. The pain is usually centred over one eye, one temple, or the forehead, though it can spread to a larger area, making diagnosis harder. The pain is said to be worse than giving birth.

During a bout of cluster headaches, the pain is often experienced at a similar time each day, often starting at night and waking people up one to two hours after they have gone to sleep. The pain usually reaches its full intensity within 5 to 10 minutes and then continues at this agonising level for between 30 and 60 minutes. For some people, the pain can last for 15 minutes, whereas for others, it has been known to last for up to three hours. It then stops, usually fairly abruptly.

I recently talked with a sufferer, and he explained to me that he was one of the 80% of people with head pain lasting for 4 to 12 weeks a year, often at the same time and often in the spring or autumn. It usually disappeared

for several months (and sometimes years) but it would then come back again. This is known as an episodic cluster headache, and the reason for this seasonal timing is not completely known, although it is one of the key aspects of diagnosis and may involve the hypothalamus. The remaining 20% of people do not have these pain free intervals and are said to have 'chronic cluster headaches'.

Provisional diagnosis is often done by your GP or physiotherapist. As physio and painkillers are ineffective, oxygen is one of the safest ways to treat a cluster headache. You need to breathe the oxygen in at a rate of between 7 and 12 litres per minute, and the treatment usually starts to work within 15 to 20 minutes. For some people, the attack is delayed rather than stopping altogether.

MIGRAINE

The most common kind of intense head pain is a migraine, and these can last anywhere from between 4 and 48 hours. It is often felt through a throbbing sensation, and it affects just one side of the head. You can experience vomiting and sensitivity to light and smells, but at its worst your vision is affected with flashing lights and blindness, as well as speech problems and a tingling in the face or fingertips. I remember getting migraines in my 30's when I was running an outpatient department with crazy long waiting lists. I'd had a recent whiplash injury, and my vision used to go suddenly hazy – not fun when you're driving on a motorway.

About one fifth of people with migraines who seek advice believe that cheese, chocolate, and alcohol can trigger the attacks, so food allergy testing can help. My favourite treatment options are Chinese Acupuncture, Gunn IMS dry needling, mobilisations to the neck, nutritionist advice, and for the ladies, a hormone check-up. NLP (neurolinguistics programming) can also help where stress is involved. GP prescribed medicine may be needed too.

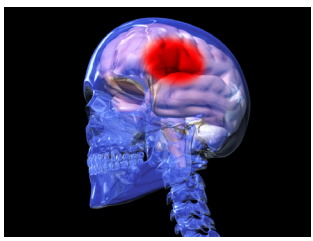
TENSION HEADACHE

This is a more common, fairly harmless headache, usually occurring when tired and stressed. It lasts up to six hours and gives pain on both sides of the head, with no other symptoms. Tension headaches are much more common than the cluster headache, thank goodness.

For tension headaches, the provisional diagnosis is done by your GP, and treatment can include: Chinese medicine, hydration, Acupuncture, Gunn IMS, mobilisations to the neck, nutritionist advice, NLP, relaxing massage, Indian head massage, stress counselling, and reiki.

GP prescribed meds should be used only as a last resort. If headaches occur, the cause needs to be found and addressed.

TRIGEMINAL NEURALGIA



The trigeminal nerve supplies the lower jaw and teeth and can give short, sharp pains like a hot poker when irritated. The *trigeminal nerve* is the fifth cranial nerve and its function is to send pain messages to the brain. When the nerve malfunctions, pain messages are sent at inappropriate times and the pains can be of great severity. It can be triggered by chewing, speaking, or even by the wind.

This condition is more common in older people, probably because the arteries supplying the back of the brain where this nerve enters become stretched and may touch the nerve. It is an extremely severe facial pain that tends to come and go unpredictably in sudden shock-like attacks, and whilst treating the area, even light touch is described as being stabbing, shooting, excruciating, or burning. It usually only lasts for a few seconds, but there can be many bursts of pain in quick succession. It is not easy to treat, and I know; I recently eased – not cured – this condition in a delightful gypsy lady who was losing the battle with this unpleasant condition.

Treatment options that may help the symptoms include: Chinese medicine, electro-acupuncture, TENS, Gunn IMS, NLP, relaxing massage, and GP prescribed medicines. As normal painkillers such as Paracetamol are not effective in treating trigeminal neuralgia, you will normally be prescribed an alternative medication, such as an anticonvulsant (usually used to treat epilepsy) to help control your pain.

These medications were not originally designed to treat pain, but they can help relieve nerve pain by slowing down electrical impulses in the nerves and reducing their ability to transmit pain.

Microvascular decompression (MVD) is an operation that can help relieve trigeminal neuralgia pain without intentionally damaging the trigeminal nerve. Instead, the procedure involves relieving the pressure placed on the nerve by blood vessels that are either touching the nerve or wrapped around it. An alternative way to relieve the pain by damaging the trigeminal nerve that doesn't involve inserting anything through the skin is through stereotactic radiosurgery. This is a fairly new treatment that uses a concentrated beam of radiation to deliberately damage the trigeminal nerve where it enters the brainstem.

WHIPLASH

Whiplash is a relatively common injury that occurs to a person's neck following a sudden acceleration-deceleration force, most commonly from motor vehicle accidents. The term 'whiplash injury' describes damage to the vertebrae and soft tissues, while the term 'whiplash associated disorder' describes a more severe and chronic condition.

Fortunately, whiplash is typically not a life-threatening injury, but it can lead to a prolonged period of partial disability. My neck ached for many weeks after a car took out my father's car one dark, wet night in Lincolnshire – I was a sleeping passenger.

While most people involved in minor motor vehicle accidents recover quickly without any chronic symptoms, some continue to experience symptoms for years after the injury. If you fall into this category, Gunn IMS pain clinics may well be the answer.

So what causes whiplash?

Whiplash is most commonly caused by a stationary car being impacted by another from behind, without notice. It is commonly thought that the rear impact causes the head and neck to be forced into hyperextension, and especially the lower part of the neck, as the seat pushes the trunk forward – and therefore the unrestrained head and neck fall backwards. After a short delay, the head and neck then recover and are thrown into a hyper-flexed position.

More recent studies (investigating the condition using high-speed cameras and crash dummies), have shown that after the rear impact, the lower cervical vertebrae forcibly hyperextend, while the upper cervical vertebrae are hyper-flexed. This leads to an abnormal S-shape motion in the cervical spine, and causes damage to the soft tissues between the cervical vertebrae.

My favourite treatment options for acute (recent) whiplash include: physiotherapy, massage, facet joint mobilisations, ultrasound, pulsed shortwave, laser, and gentle Acupuncture. If non-resolving or chronic (long-term), try Gunn IMS, postural and exercise advice, stronger massage, and a counselling healing approach.

TORTICOLLIS (WRY NECK)

With this, the top of the head generally tilts to one side while the chin tilts to the other side.

Torticollis may be:

- Inherited: Due to specific changes in your genes.
- Acquired: It develops as a result of damage to the nervous system or muscles.

If there is no known cause, it is called idiopathic torticollis. Torticollis may develop in childhood or adulthood.

Provisional diagnosis is done by a physiotherapy assessment.

TEMPORARY TORTICOLLIS

This type of wry neck usually disappears after one or two days, and it can be due to:

- Swollen lymph nodes.
- An ear infection.
- A cold.
- An injury to your head and neck that causes swelling.

Congenital torticollis (present at birth) may occur if the foetal blood supply or muscle development was injured or if the foetus' head is in the wrong position while growing in the womb.

FIXED TORTICOLLIS

Fixed torticollis is also called acute torticollis or permanent torticollis, and it usually occurs due to a problem with the muscular or bony structure.

MUSCULAR TORTICOLLIS

This is the most common type of fixed torticollis, and it results from scarring or tight muscles on one side of the neck.

KLIPPEL-FEIL SYNDROME

This is a rare, congenital form of wry neck, and it occurs when the bones in your baby's neck form incorrectly, notably due to two neck vertebrae being fused together. Children born with this condition may have difficulty with hearing and vision.

CERVICAL DYSTONIA

This rare disorder is sometimes referred to as spasmodic torticollis, as it causes the neck muscles to contract in spasms. If you have cervical dystonia, your head twists or turns painfully to one side, and it may also tilt forward or backward. Cervical dystonia sometimes goes away even without treatment. However, there is a risk of recurrence.

My favourite treatment options for mild cases of wry neck include: physiotherapy, gentle manual traction, mobilisations, Acupuncture, massage, and warmth. If severe, however, it may need a neurologist referral for injections, strong meds, or even surgery. A very useful test is an electromyogram (EMG), which measures electrical activity in your muscles. It can also determine which muscles are affected.

Imaging tests such as X-rays and MRI scans can also be used to find structural problems that might be causing your symptoms.

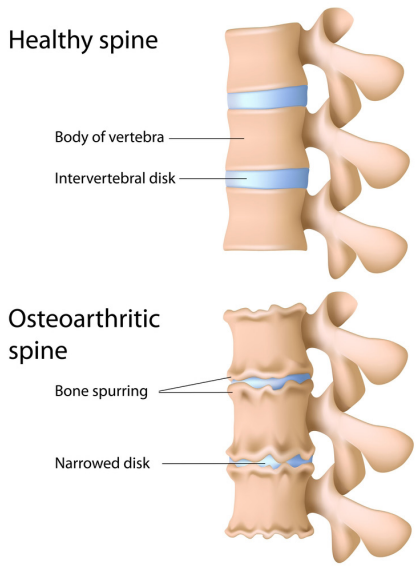
Your doctor may recommend surgery, such as:

- Fusing abnormal vertebrae.
- Lengthening neck muscles.
- Cutting nerves or muscles.
- Deep brain stimulation to interrupt nerve signals, which is used only in the most severe cases of cervical dystonia

Medications can also be helpful, and they can include:

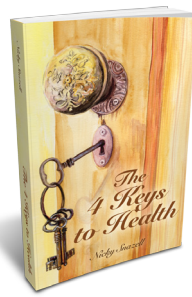
- Muscle relaxants.
- Medications used to treat the tremors of Parkinson's disease.
- Botulinum toxin injections, repeated every few months.
- Pain medications.

OSTEOARTHRITIS AND FACET JOINT LOCK



Facet joints in the neck (cervical) and lower back (lumbar) can become locked due to muscles going into spasm or a fold occurring in the joint meniscus. This can be caused by a movement or injury that has either happened recently or some time before, and movement will be restricted depending on the position the joint was locked in. To gain a range of motion, other joints near the lock will tend to be excessively moved and so pain will ensue near the lock or sometimes on the opposite side. If a facet joint in the neck is locked, it can cause symptoms in the neck and into the arms, and a lumbar facet joint lock can cause sciatica symptoms. A lack of core stability muscle control is a prime cause of lumbar facet joint lock.

Provisional diagnosis is by physiotherapy assessment, and treatment options to reduce the pain, inflammation, stiffness, and weakness include: physiotherapy, chiropractic or osteopathic mobilisations, manipulation, core stability, specific spinal rehabilitation exercises, posture advice, laser, Acupuncture, Gunn IMS dry needling, shockwave, pulsed shortwave, massage, nutrition, and counselling. MRT can be used as a preventative treatment to slow the deterioration.



Also Available from Nicky Snazell

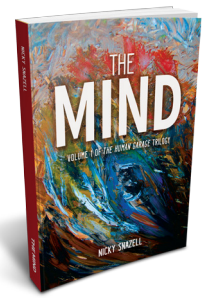
The 4 Keys To Health

This book is a self-help manual of preventative health. It has four chapters – mind, food, fitness, and lifestyle – with questionnaires that score you red, amber, and green in terms of health; holding 4 green keys means you are in optimum health.

This book is a result of 30 years' study in the fields of biology, psychology, physiotherapy, and pain. It is my personal insight into health, shared with my patients and audiences internationally.

You can view a YouTube video of Nicky explaining the book at:

https://www.youtube.com/watch?v=sc_i1b979XA



Also Available from Nicky Snazell

The Mind (The Human Garage Part 1)

Throughout this series of books I am going to share with you my recipes of integrated medicine for physical health, and in this edition we focus on the mind.

The Mind is the first book in *The Human Garage* trilogy, and is available now.

The Human Garage Part 3, The Soul, will also be available soon. This book will explore the science and spirituality of energy healing and the power of hands-on healing, as well as touching on the psychic side of things.