

MSK Report

Volume 1, Issue 2 | 2024

A Quarterly Newsletter on Musculoskeletal Topics

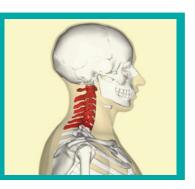
ANATOMY CORNER Pain in the neck!

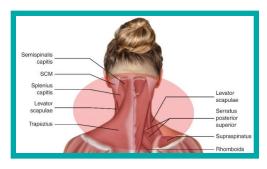
Who among us hasn't had neck pain at one time or another?

Stress, "sleeping wrong," muscle tension, poor posture, and even shoulder injuries can result in neck pain (due to muscles the neck and shoulder share in common).

But, what exactly is "the neck"? Where does is start, and where does it end?

Our necks are made up of seven cervical vertebrae (spine bones), along with many muscles that connect the cervical spine to the skull and shoulder blades. Essentially, your





neck starts at the base of your skull and ends at your upper back.

Tension, tightness, and even weakness of the neck muscles can result in pain in the neck and upper back. Our heads are heavy – about 11 pounds, on average. If your neck muscles are weak, they might start to become fatigued, tense, and painful due to holding your head up all day. Tense/tight muscles at the base of the skull can also result in headaches – either from the muscles tugging at the base of the skull (tension headache) or due to the muscles putting abnormal pressure on nerves that go to the head (occipital neuralgia). Furthermore, you might experience numbness and/or tingling in the arms/hands if the nerves that live in your neck area become irritated or "pinched" by tight muscles or by the bones that the nerves travel between as they go from your spinal cord to your arms.

Fortunately, many causes of neck pain can be addressed by adjusting your work/computer station to ensure proper posture and ergonomics, and by consistently performing some simple stretches/ exercises. *Please consult your medical provider prior to beginning any exercise routine.*

Upper Trapezius Stretch

- 1. Sit in an upright position with feet flat on floor. Grasp seat with one hand.
- 2. Tilt your head to the side opposite of your anchored arm, and slowly pull it toward your shoulder until you feel a **gentle** stretch.
- 3. Hold the position for **20-30 seconds.** Relax. Repeat for **2-3 repetitions, once a day, 5 days per week.**
- 4. Be sure to stretch both sides.



Levator Scapulae Stretch

- 1. Sit in an upright position with feet flat on floor. Grasp seat with one hand.
- 2. Bring your chin toward your chest. Then, rotate your head toward the shoulder opposite of the anchored arm. With your free hand, grasp the back of your head, and **gently** pull it downward (toward the armpit) until you feel a **gentle** stretch.
- 3. Hold the position for **20-30 seconds.** Relax. Repeat for **2-3 repetitions, once a day, 5 days per week.**



Cervical Retraction Exercise

- 1. Sit in an upright position with feet flat on floor.
- 2. **Gently** draw your chin back toward your spine. Avoid tilting your head up or down during the exercise.
- 3. Hold the position for **3-5 seconds**.
- 4. Perform 2 sets of 10 repetitions, once a day, 5 days per week.

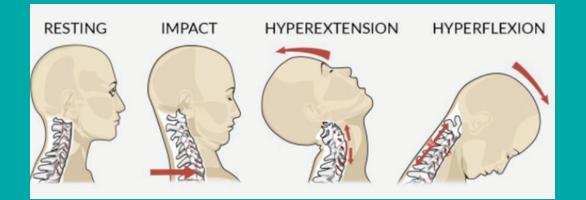


FEATURED PATHOLOGY The truth about whiplash

True or False - whiplash only occurs during a motor vehicle accident?

False! Though whiplash is a condition often associated with car accidents, it can also occur during a fall, sporting accident, or any other time one sustains a blow to the head.

So, what exactly is whiplash? Whiplash is a type of neck injury that occurs when the head suddenly and forcefully moves backward and then forward, resulting in a neck sprain and/or strain. It can result in mild discomfort or more serious symptoms, such as neck pain/stiffness, dizziness, cognitive changes, headaches, arm weakness/numbness, and more. While many symptoms associated with whiplash typically resolve in about 3 months, up to 50% of those diagnosed with whiplash-associated disorders (WAD) continue to complain of symptoms for several months or even years after the initial injury.



True or False - everyone who sustains a whiplash injury should be immobilized in a cervical collar and put on bed rest?

False! Previous management of WAD included rest and wearing a cervical collar. However, current research suggests that immobilizing the neck by wearing a cervical collar and avoidance of neck movement are actually not effective strategies in managing WAD.

If a medical provider has ruled out a fracture and spinal instability after a whiplash injury, and there is no midline tenderness (tenderness directly along the spine), then research suggests that participating in an exercise program (e.g., physical therapy) designed to improve range of motion, strength, endurance, and function at the neck is effective in decreasing the pain and disability often associated with WAD.

POSTURE/ERGONOMICS What surprising body part controls neck posture?

What would you say if I told you that your neck posture is actually controlled by your pelvis?

It's true! When you are sitting, the position of your pelvis directly affects the position of your neck.

Try it! In a seated position, let your back slouch (this will cause your pelvis to tuck under). I bet your head has shifted forward in front of your shoulders - that's what happens when the pelvis tucks under. Now sit up really tall. The

pelvis rotates anteriorly when we sit tall, which automatically straightens the spine and returns the neck over the shoulders - where it belongs.

Sitting in the first position (slouched) for prolonged periods – like throughout the workday – can lead to shortening of the posterior neck muscles and a "forward head" posture. This can result in tense/tight neck muscles, headaches, and compressed cervical nerves. So, what can you do about it?

Set yourself up for success! Evaluate your current work/computer station, and try to implement the following suggestions.

- Sit tall with both feet flat on the floor (or on a footrest if your feet don't reach the floor). Hips should be positioned slightly above the knees to encourage an anteriorly rotated pelvis.
- Be sure the top of your computer monitor is at eye level, so that your neck remains neutral and your eyes are looking slightly downward at your computer screen – so you are not having to look up at your monitor.
- Make sure that the computer monitor is close enough to you and/or adjust the font so that you don't have to lean in to see/read what is on the monitor.
- When using your keyboard, your wrists should be in neutral alignment, and your elbows should be slightly higher than the wrists.
- Keep the mouse close to your body (you should not have to reach out far to use it) and at about the same level as the keyboard.

Staff Spotlight

Nohelia Y. Vela

Medical Assistant

Nohelia was born in Matamoros, Tamaulipas, Mexico and moved to the Rio Grande Valley at age 14. She graduated from high school in Brownsville, and began her career as a medical assistant in 2003. She chose the medical field because she likes helping others improve their quality of life. She has worked in pediatrics, internal medicine, and has been an important part of the DHR Health Physical Medicine & Rehabilitation (PM&R) team for the past two years. Patients at PM&R-Harlingen often praise her personal and caring disposition, which aligns with her philosophy to always treat others the way you want them to treat you.

In her free time, Nohelia enjoys hunting with her husband, dancing, traveling, crafts, cooking, and spending time with her family/grandchildren.

Susana M. Garcia

Patient Accounting Supervisor

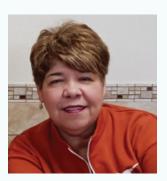
Susana was born and raised in Corpus Christi, Texas. While working for her family's grocery store, her father instilled that if you want your business to grow, you should always show kindness and treat everyone the same. This inspired her to want to help others and begin a career in the medical field. She received a B.S. from The University of Texas at Austin, and in 1995 moved to the Rio Grande Valley, where she started working for Cynthia A. Garcia, MD. She developed an interest in insurance verifications/authorizations, prompting her to become a certified medical coder.

In her spare time, Susana enjoys traveling and spending time with family and friends. She says working for DHR Health has shown her that it takes teamwork to accomplish your goals.



HRHealth

Integrated Musculoskeletal Center





DHR Health Integrated Musculoskeletal Center



(956) 362-1MSK

DHRHealth.com @dhrhealth **⑦ ◎ ♡**

Musculoskeletal (MSK) Pain? DHR Health can help!

Back • Neck • Hip • Knee • Elbow • Shoulder • Ankle • Foot • Hand • Wrist



Pain in your joints, muscles, tendons, or ligaments? Numbness or tingling in your arms or legs? Don't know what to do, where to go, or who to see?





Scan the QR code for more information.



DHRHealth Integrated Musculoskeletal Center

For You. For Life.

Expertly trained operators will ask you questions about your symptoms in order to route you to the most qualified clinician within the DHR Health family of MSK experts for your current needs.

Relief is just a phone call away!

DHR Health proudly meets the federal definition of a "physician-owned hospital" (42 CFR 5 4993). As required by law, a list of the hospital's physician owners and investors is available at www.dhhealth.com. DHR.Ltd: and its affiliated entities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.