

# Acute Torticollis

Acute Torticollis can be a significant challenge in daily practice. In this issue of the rehab report we highlight the use of graduated isometric strengthening exercises to facilitate adjustments, enhance flexibility, and restore cervical lordosis.

While some studies have suggested similarities between flexion antalgia in the lumbar disc patient and acute torticollis of the cervical spine, little evidence supports primary disc pathology. In consultation and examination, initial consideration should be given to systemic infection, dystonias and/or central nervous system lesions. In the majority of cases, neurological signs are unremarkable and the response to a comprehensive chiropractic approach that includes a home program of isometric resisted exercises is often immediate.

Clinical presentation of the torticollis patient typically includes:

- Insidious onset/no history of trauma
- Flexion/lateral flexion antalgia away from the side of pain
- Unremarkable neurological findings
- Limited extension/ipsilateral flexion with adequate contractolateral rotation
- Cervicodorsal joint dysfunction/subluxation
- Paraspinal muscle tenderness/trigger points of the cervical/upper scapular musculature

The general rule of thumb for spinal rehabilitation is to restore pain-free range of motion followed by transition to strengthening exercises. However, in acute torticollis, the use of targeted isometric strengthening exercises can often bring about immediate changes in active range of motion even more quickly than flexibility exercises alone.

Isometric challenge of a muscle will facilitate inhibition of its antagonist via a crossed extensor reflex pattern. If we utilize this information in the patient with left sided neck pain and a right torticollis, isometric resisted challenge of right lateral bending would inhibit spasm of the left paraspinal musculature, facilitate postural correction and range of motion.

Instruction in patient care should consist of:

1. Ice massage of painful side for 5-10 minutes
2. Resisted right lateral bending repeated 3-5 times at various positions within the patient pain free range (see figure one)
3. Active range of motion within pain free zone (see figure two)

As a pre-adjustment therapy or as a recommendation for home self-care, isometric resisted exercises can be an extremely effective compliment to traditional chiropractic care. ■

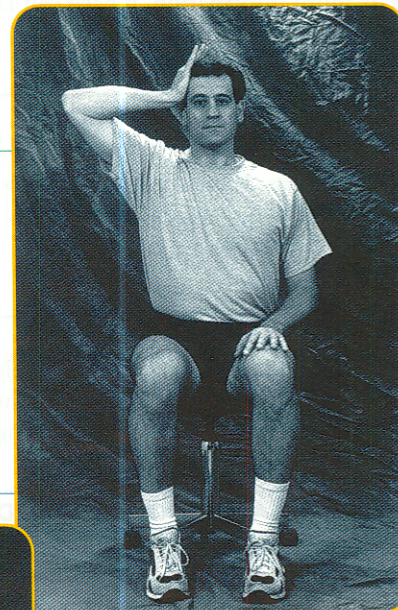


Figure 1:  
Resisted Right Lateral Flexion

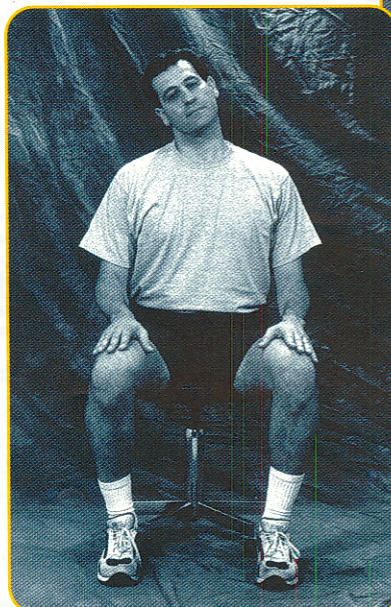


Figure 2:  
Right Lateral Flexion Self Stretch

Dr. Lino Panetta is a 1989 graduate of NYCC, a member of the Canadian Society of Chiropractic Evaluators, a Fellow in the College of Chiropractic Sports Sciences, and a chiropractic consultant for EuroCan Rehab, Inc. He maintains a private practice with emphasis on low-tech rehabilitation and has designed The BackTracks Program, a complete system for the addition of low-tech rehabilitation to a chiropractic practice.

