

Warning Signs of a Potential Dissection/CVA

IF

the patient presents with sudden onset of headache/neck/face pain that's different than the patient has ever had before ...

THEN

heighten your awareness and watch for the clinical indications of a vertebral artery dissection, and ...

Evaluate for a history of:

- **Integument** (temperature, easy bruising, prolonged bleeding/wound healing)
- **Musculoskeletal** (chronic joint and limb pain)
- **Nervous system** (dysarthria, dysphasia, visual changes, dizziness, confusion, giddiness and vertigo)
- **Cardiovascular system** (stroke, TIAs, mitral prolapse, aortic dilatation, hypertension)
- **Pulmonary system** (emphysema, recent upper respiratory infection)
- **Gastrointestinal system** (bowel rupture)
- **Genitourinary system** (frequent urinary tract infection, hematuria)
- **Drugs/medication** (smoking, oral contraceptive)
- **Physical trauma** (which may injure arterial structures)
- **Previous hospitalizations**
- **Migraine**
- **Connective tissue disease** (autosomal dominant polycystic kidney disease, Ehlers-Danlos Type IV, Marfan Syndrome, Fibromuscular Dystrophy)
- **Recent infection** particularly upper respiratory
- **Age less than 45 years old**

Differentiating “normal” head and neck pain from a CVA

- **Transient Ischemic Attacks (TIAs)** —often have similar symptoms to a CVA. If the patient suffers from carotid TIAs, get quick medical referral. The patient may suffer a complete stroke after only a few episodes.
- **Dizziness, unsteadiness, vertigo, giddiness**—Question patient about:
 - ▶ Aggravating factors, such as neck position or movement,
 - ▶ If any other 5 Ds And 3 Ns exist (*see right*)
 - ▶ Whether new symptoms have occurred or existing symptoms aggravated by previous cSMT
- **Migraine headaches.** When a patient presents with a migraine, stroke is uncommon and is usually in the posterior cerebral artery.
- **Cervicogenic headaches** primarily feature:
 - ▶ mechanical precipitation or aggravation of head pain
 - ▶ facet joint tenderness
 - ▶ neck muscle tenderness
 - ▶ palpatory pressures reproducing head symptoms.

If you suspect a dissection or stroke ...

DO NOT manipulate the neck and get the patient to a hospital!

- ✓ Place the patient in a rescue and recovery position
- ✓ CALL 911 immediately
- ✓ DO NOT give the patient anything to eat or drink
- ✓ DO NOT allow patients who improve spontaneously to go home

SIGNS OF STROKE

CAN THEY

- ... smile?
- ... raise both arms?
- ... stand steady on both feet with their eyes closed?
- ... speak a simple sentence with several vowels that run together such as: “simple Simon says?”
- ... stick out their tongue?

Also known as the 5 D's And 3 N's:

- Diplopia** ----- Double vision or other vision problems
- Dizziness** ----- Vertigo, light-headedness
- Drop attacks** --- Sudden numbness/weakness of face/arm/leg
- Dysarthria** ----- Speech disorders
- Dysphagia** ----- Difficulty swallowing
- Ataxia of gait** -- Difficulty walking
- Nausea** ----- Vomiting or queasiness
- Numbness** ----- Loss of sensation on one side
- Nystagmus** ----- Involuntary rapid eye movements

Treatment for CVAs must be given within **3 HOURS** to be effective



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If you're not sure, at minimum ...

DO NOT manipulate the neck and call the ER

- ✓ Tell them you suspect a dissection or stroke in progress and request an immediate evaluation/MRI-MRA.