

The C6-7 Syndrome Clinical Features and Treatment Response

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THIS AUTHOR NOTES:

There exists a large group of patients with fibromyalgia symptoms but with "very different physical findings," particularly with a different set of upper body tender points as compared to those in fibromyalgia patients.

This author describes 2 groups of patients with fibromyalgia symptoms but with different upper body tender points:

- 1) The C5-6 syndrome
- 2) The C6-7 syndrome

This author presents a prospective observational study of 151 of these patients who he followed for up to 18 months. By definition, all of their symptoms are chronic and they remain symptomatic with treatment.

Typical presenting symptoms include chronic neck pain, frontal headaches, irritable eyes, jaw pain, dizziness, postural unsteadiness, back pain, and leg pain.

Typical exam findings in the C5-6 syndrome:

- 1) Marked tenderness at the C5-6 level in the anterior neck to thumb pressure (approximately ½ inch lateral and 1 inch above the medial end of the clavicle)
- 2) Marked tenderness at the midtrapezius muscle
- 3) Marked tenderness of the 2nd costochondral junction
- 4) Marked tenderness of the lateral epicondyle of the elbow
- 5) Marked tenderness of the origin of the supraspinatus muscle
- 6) When present, a radial (lateral) distribution of hand numbness and tingling

Typical exam findings in the C6-7 syndrome:

- 1) Marked tenderness at the C6-7 level in the anterior neck to thumb pressure (approximately ½ inch lateral and just above the medial end of the clavicle)
- 2) Tenderness at the coracoid process of the scapula (insertion of the pectoralis minor muscle)
- 3) Marked tenderness of the medial epicondyle of the elbow
- 4) Tenderness of the origin of the pectoralis minor muscle (the 4th or 5th rib inside of the anterior Axillary line)

5) When present, a ulnar (medial) distribution of hand numbness and tingling

These exam findings are unknown to the patient and are asymptomatic until palpated.

The author attributed the chronic symptoms of the C5-6 and C6-7 syndrome on "segmentally acting mechanical factors." He further attributed the "segmentally acting mechanical factors" to poor support of the region during sleeping posture, stating:

"Support is hard to deliver to the lower neck because of our broad shoulders. When we lie on our side, we must adapt to the flat surface of the mattress, and do so by allowing the lower shoulder to rise upwards, to the level of the chin or higher. Instinct tells us to pull our pillow under our neck, but the shoulder displaces support away from the clavicle."

This author found the best treatment, bringing satisfactory outcomes up to 84% of the time, consisted of using an adequate support pillow during sleep, following these parameters:

- 1) The patient slept on their side.
- 2) The bottom of the pillow extended down to the level of the clavicle. This is to support the lowest segments of the cervical spine during sleep.
- 3) The sleep posture was in a fetal position, with the neck following the curvature of the upper thoracic spine. "This relaxes tight structures in the low anterior neck, and opens space for the neck support."
- 4) The chin is kept up, not down by the clavicle.

Failure to support the key lower anterior neck during sleep was the commonest identified reason for failure to respond.

Also, the lower neck should not be extended during sleep.

Other identified reasons for failure included:

- 1) Sleeping in the prone position with the head sharply turned.
- 2) Sleeping with an arm under the pillow.
- 3) The head/neck being propped up high with extra pillows.
- 4) Being involved in a motor vehicle collision.

KEY POINTS FROM DAN MURPHY

1) There exists a large group of patients with fibromyalgia symptoms but with "very different physical findings," particularly with a different set of upper body tender points as compared to those in fibromyalgia patients.

This author describes 2 groups of patients with fibromyalgia symptoms but with different upper body tender points:

- A)) The C5-6 syndrome
- B)) The C6-7 syndrome

2) Typical presenting symptoms for both the C5-6 and the C6-7 syndrome include chronic neck pain, frontal headaches, irritable eyes, jaw pain, dizziness, postural unsteadiness, back pain, and leg pain.

3) Typical exam findings in the C5-6 syndrome:

- A)) Marked tenderness at the C5-6 level in the anterior neck to thumb pressure (approximately ½ inch lateral and 1 inch above the medial end of the clavicle)
- B)) Marked tenderness at the midtrapezius muscle
- C)) Marked tenderness of the 2nd costochondral junction
- D)) Marked tenderness of the lateral epicondyle of the elbow
- E)) Marked tenderness of the origin of the supraspinatus muscle
- F)) When present, a radial (lateral) distribution of hand numbness and tingling

4) Typical exam findings in the C6-7 syndrome:

- A)) Marked tenderness at the C6-7 level in the anterior neck to thumb pressure (approximately ½ inch lateral and just above the medial end of the clavicle)
- B)) Tenderness at the coracoid process of the scapula (insertion of the pectoralis minor muscle)
- C)) Marked tenderness of the medial epicondyle of the elbow
- D)) Tenderness of the origin of the pectoralis minor muscle (the 4th or 5th rib inside of the anterior Axillary line)
- E)) When present, a ulnar (medial) distribution of hand numbness and tingling

5) These exam findings are unknown to the patient and are asymptomatic until palpated.

6) The chronic symptoms of the C5-6 and C6-7 syndrome are caused by "segmentally acting mechanical factors."

7) These "segmentally acting mechanical factors" can be attributed to poor support of the region during sleeping posture, stating:

"Support is hard to deliver to the lower neck because of our broad shoulders. When we lie on our side, we must adapt to the flat surface of the mattress, and do so by allowing the lower shoulder to rise upwards, to the level of the chin or higher. Instinct tells us to pull our pillow under our neck, but the shoulder displaces support away from the clavicle."

- 8) This author found the best treatment, bringing satisfactory outcomes up to 84% of the time, consisted of using an adequate support pillow during sleep, following these parameters:
- A)) The patient slept on their side.
 - B)) The bottom of the pillow extended down to the level of the clavicle. This is to support the lowest segments of the cervical spine during sleep.
 - C)) The sleep posture was in a fetal position, with the neck following the curvature of the upper thoracic spine. "This relaxes tight structures in the low anterior neck, and opens space for the neck support."
 - D)) The chin is kept up, not down by the clavicle.
- 9) Failure to support the key lower anterior neck during sleep was the commonest identified reason for failure to respond.
- 10) Also, the lower neck should not be extended during sleep.
- 11) Other identified reasons for failure included:
- A)) Sleeping in the prone position with the head sharply turned.
 - B)) Sleeping with an arm under the pillow.
 - C)) The head/neck being propped up high with extra pillows.
 - D)) Being involved in a motor vehicle collision.