Case 3:

Background: Sarah is a 28-year-old female who works as a graphic designer. She leads a sedentary lifestyle, spending most of her day sitting at a computer. Sarah enjoys painting as a hobby and occasionally attends yoga classes. She is single and lives in a small apartment with her dog.

Suffering: Sarah's main complaint is persistent neck pain and stiffness, which has been present for the last 3 months. She rates the pain as 6/10 on the Numeric Rating Scale (NRS). The pain is concentrated in her neck and upper trapezius area, with occasional headaches.

Reports: Sarah reports difficulty turning her head, especially when checking blind spots while driving. She experiences increased pain and stiffness after long periods of computer work. The pain has begun to affect her sleep quality and she finds it challenging to maintain proper posture throughout the day.

Report Details: The pain is described as a constant ache in her neck and upper shoulders, with periodic sharp pains when moving her head quickly. Sarah notes that the pain worsens with prolonged computer use, stress, and when waking up in the morning. She finds some relief through gentle neck stretches and heat application. Sarah mentions experiencing occasional tingling sensations in her right hand.

Historical Data: Sarah has a history of mild lower back pain, which she manages through occasional yoga practice. She has no previous neck injuries and no significant medical conditions. Sarah is a non-smoker and rarely consumes alcohol. She wears corrective lenses for myopia.

Correct Approach: A thorough assessment should begin with a detailed subjective examination, followed by an objective examination. This should include cervical range of motion testing, strength testing of the cervical and upper thoracic muscles, and special tests for cervical radiculopathy and thoracic outlet syndrome. The physiotherapist should perform palpation of the cervical and upper thoracic spine, conduct a postural assessment, and carry out a workstation ergonomic evaluation. A neurological examination of the upper extremities should also be performed.

Diagnosis: The primary diagnosis based on the presented information is likely chronic cervical myofascial pain syndrome with possible cervical facet joint dysfunction. Secondary diagnoses to consider include cervical radiculopathy and thoracic outlet syndrome. These diagnoses would need to be confirmed through the physical examination and possibly imaging studies if deemed necessary.