

Common Upper Cervical Instability (UCI) **Symptoms and mechanical responses** of symptoms in patients with symptomatic generalised hypermobility

TABLE 2 Symptoms suggestive of musculoskeletal or neurological upper cervical instability.

	Common	Highly suggestive
Musculoskeletal UCI		
• Heavy/bobble head, patient feels like they need to support or brace their head to decrease symptoms		X
• Apprehension about initiation or maintenance of neck movement or travel in vehicle		X
• Lump in throat, trouble swallowing		X
• Consistent clicking or clunking in the neck associated with neck movement		X
• Cervical sensorimotor symptoms such as tinnitus, dizziness		X
• Suboccipital headaches	X	
• Yoke/coat-hanger distribution pain	X	
• Neck tension, muscle spasm	X	
• Brain fog	X	
• Inconsistent or poor response to treatment for the neck	X	
• Sleep disturbance, snoring, sleep apnea	X	
Neurological UCI		
• Report of seizure-like activity, diagnosis of “non-epileptic seizures” or “pseudo seizures”		X
• Drop attacks not associated with dysautonomia (e.g., provoked by neck motion, or without dizziness common in POTS)		X
• Lump in throat, choking, trouble swallowing, voice changes		X
• Symptoms of dysautonomia (especially if not responding to standard treatment), persistent anxiety, functional GI dysfunction, poor temperature regulation, heat intolerance, presyncope,	X	X
• “Boat rocking” instability (not due to musculoskeletal issues)		X
• Ataxia: Poor coordination (not due to joint instability)		X
• Facial tingling/numbness		X
• Pulling sensation in face, head, teeth, tongue (muscle contraction, not just pain)		X
• Vision changes-trouble with convergence, double vision, aura (teichopsia)		X
• Dystonia: Involuntary muscle contractions causing involuntary movements or postures		X
• Intermittent dysesthesias in the limbs, not associated with local issues		X
• Sleep disturbance, snoring, sleep apnea	X	
• Cognitive changes		X

TABLE 3 Symptoms of upper cervical instability (UCI) are altered by neck movement and/or position.

- Increased symptoms with neck motion into, or when held in, flexion, extension, and/or rotation, especially increased neurological symptoms
- Apprehension about neck extension (e.g., washing hair, going to the hairdresser)
- Increased symptoms when leaning forward, looking down
- Increased symptoms with forward head posture, e.g., using computer keyboard
- Increased symptoms when upright with neck unsupported
- Decreased symptoms when in neutral or wearing a neck brace
- Apprehension, anxiety, or fear of manual exam to the neck