

Assessing and categorising irritability of Upper Cervical Instability (UCI) in patients with symptomatic generalised hypermobility to guide assessment and management

TABLE 4 Symptoms are mechanically irritable.

A. Condition is severe:

- Poor tolerance to any time vertical
- Bed bound due to cervical symptoms
- Need to use a walker or wheelchair due to moderate or intermittently severe problems with coordination and balance rather than pain or weakness, or restricted to bed due to cervical symptoms
- Extreme cervical spine guarding with fear of movement secondary to severe reactivity
- Choking, trouble swallowing, and voice changes
- Profound visual disturbances
- Severe nausea with any neck movement
- Functional outcome measure relevant to UCI classified as Severe

B. Condition is easily flared:

- UCI flares are disproportionate compared to provoking insult or activity. e.g., aggravated by minor rapid/unexpected movements/perturbations, traveling in car/bus, prolonged postures.
- Presyncope, syncope, drop attacks or seizure-like episodes with neck extension or rotation.
- History of excessive provocation associated with previous conservative care including hands-on manual therapy or exercise.

C. Prolonged time to calm after flare:

- Provoked UCI symptoms take excessive time to settle to pre-flare state: e.g., more than 24 h for pain or more than several hours for neurological symptoms
- Pt regularly needs to resort to wearing a cervical collar or bedrest to ease symptoms after a flare
- Inability to tolerate being upright for > 24 h after flare

Grading mechanical irritability

- Low irritability:
 - A, B, and C are all typically absent, or
 - B or C might be occasionally present at a low level.
- Moderate irritability:
 - A, B, or C are intermittently present, or
 - A or B or C is frequently present, but not all three consistently.
- High irritability:
 - A, B, and C are all frequently present.

