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[陈勇](#) [黄晓琳](#) [彭轩](#)

华中科技大学同济医学院附属同济医院康复医学科,武汉,430030

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摘要:

摘要目的:研究上段颈胸椎快速、小幅度松动手法结合常规松动手法治疗机械性颈肩痛的短期疗效。方法:将60例患者随机分为HVLA手法组(30例)和对照组(30例)两组。HVLA组除了接受常规松动手法治疗以外,还针对C1-2、T1-2关节实施快速、小幅度松动手法,对照组仅接受常规松动手法治疗。在治疗前和治疗后48h分别使用颈部功能障碍指数(NDI)、视觉疼痛评分(VAS)和C1-2旋转活动范围来评估患者。结果:治疗后,HVLA手法组和对照组都明显好于治疗前,有显著性差异($P<0.01$);HVLA手法组(30例)NDI指数下降57.5%,VAS下降50.4%,对照组(30例)NDI指数下降16.7%,VAS评分下降12.8%,两组比较有显著性差异($P<0.01$);HVLA组治疗后C1-2旋转活动范围均显著高于对照组($P<0.01$)。结论:机械性颈肩痛综合运用上段颈椎和胸椎HVLA手法治疗的短期疗效明显好于常规松动手法。

关键词: [快速小幅度松动手法治疗](#) [常规松动手法](#) [颈椎病](#)

The efficacy of combined treatment of upper segments of cervical and thoracic high-velocity low-amplitude thrust manipulation and conventional mobilization in treating patients with mechanical neck pain [Download Fulltext](#)

Department of Rehabilitation Medicine, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, 430030

Fund Project:

Abstract:

Abstract Objective: To observe the short-term effects of combined treatment of upper segments of cervical and thoracic high-velocity low-amplitude (HVLA) thrust manipulation and conventional mobilization in patients with mechanical neck-shoulder pain. Method: Sixty patients were randomized into HVLA group (n=30) and control group (n=30). The HVLA group received HVLA thrust manipulation targeted on C1-2 and T1-2 without conventional mobilization. The control group received conventional mobilization only. Patients of both groups completed the assessments of neck disability index (NDI) and visual analogue scale (VAS) prior to treatment and 48h after treatment. The range of rotation of C1-2 was assessed. Result: All patients of both groups ameliorated after treatment ($P<0.01$). And patients of HVLA group improved more significantly ($P<0.01$) in NDI (57.5%) and VAS (50.4%) than those of control group (16.7% and 12.8%, respectively) following treatment. In addition, HVLA group had significant ($P<0.01$) improvement in passive rotation range of C1-2. Conclusion: The short term effect of combination of upper segments of cervical and thoracic HVLA thrust manipulation is more significant than conventional mobilization in patients with mechanical neck pain.

Keywords: [high-velocity low-amplitude manipulation](#) [conventional mobilization](#) [cervical spondylopathy](#)

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