The Clinical Decision Making and Outcomes of a Patient with C7, C8 Radiculopathy and Contralateral Upper Quarter Lateral Epicondylitis: A Case Report

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Background
Preliminary diagnosis and management strategies exist for both cervical radiculopathy (CR) and lateral epicondylitis, however little literature exists describing the clinical decision making and management in the presence of both conditions simultaneously.

Management of CR (right side) can include neural mobilizations, manual therapy, and exercises. Management of lateral epicondylitis (left side) can include eccentric tendinopathy management and manual therapy.

Purpose
The purpose of this case report is to discuss the diagnosis and management for a patient presenting simultaneously with right C7, C8 cervical radiculopathy and contralateral lateral epicondylitis.

Case Description
- 64-year-old male
- Diagnosed with C7, C8 right-sided cervical radiculopathy via the Wainner clinical prediction rule.
  - C7, C8 myotomal weakness
  - C7, C8 dermatomal numbness and tingling
- Diagnosed with left-sided lateral epicondylitis via a positive Cozen’s test
- Decreased grip strength on the left side

Interventions

<table>
<thead>
<tr>
<th>C7, C8 Cervical Radiculopathy Therapeutic Exercises</th>
<th>C7, C8 CR</th>
<th>Manual Therapy</th>
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<tbody>
<tr>
<td>Median nerve tension stretching</td>
<td>Upper and mid-thoracic bilateral facet traction-Grade 3; 5 minutes</td>
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<tr>
<td>Scapular retraction</td>
<td>Upper cervical joints-dorsal caudal glide-Grade 3; 2 minutes</td>
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<tr>
<td>Computer posture education</td>
<td>Right first rib traction-Grade 3; 2 minutes</td>
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- 2 minutes Each session
- 10 repetitions; 3 sets Each session
- 15 minutes Sessions 3 and 4

Lateral Epicondylitis Manual Therapy and Therapeutic Exercise

Cross friction massage
- Eccentric wrist extensor strengthening

Discussion
- The patient received interventions for both right sided C7, C8 CR and contralateral lateral epicondylitis. The patient improved with both conditions.
- It is difficult to understand if the etiology of the lateral epicondylitis stemmed from the axioskeleton or was purely lateral epicondylitis.
- Future cases of this type need clear diagnostic tests in order to determine if symptoms were truly from the cervical spine versus the appendicular skeleton.

Outcomes
- Neck Disability Index: Initial examination: 4% Discharge: 4%
- Outcomes of Wainner’s clinical prediction rule for CR: positive at initial examination and negative at discharge
- Cervical distraction
- Spurling’s test A
- Upper limb tension test
- Right cervical range of motion less than 60 degrees

QuickDASH Score

The QuickDASH is scored on a 0-100 scale with 0% being no disability and 100% being total disability.

Visual Analog Scale

The patient’s worst pain reported between therapy visits on a 0-10 scale. 0 being no pain and 10 being the patient’s worst possible pain.

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References