

Neck pain associated with headaches attributed to rhinosinusitis: an observational study

Shannon M. Petersen, PT, DScPT, OCS Emeritus, FAAOMPT, Professor¹, B O'Halloran, DPT, DScPT, SCS, OCS, FAAOMPT, Assistant Professor², B Swanson, PT, DSc, OCS, FAAOMPT, Associate Professor³, A Luth, DPT, Physical Therapist⁴, K Learman, PT, PhD, FAAOMPT, Professor⁵

¹ Des Moines University, Des Moines, Iowa.

²St. Joseph's University, Philadelphia, Pennsylvania.

³University of Hartford, West Hartford, Connecticut.

⁴Select Physical Therapy, Adel, Iowa.

⁵Youngstown State University, Youngstown, Ohio.

Background/Aim

Neck pain is commonly associated with various headache types, including self-reported sinus headaches. Neck pain's association with headaches attributed to rhinosinusitis (HAR) diagnosed according to International Classification of Headache Disorders has not been investigated. The aim of this study was to determine if individuals diagnosed with HAR report neck pain and disability.

Methods

This was an observational study. Eighty total participants, including a HAR group and a non-headache group, attended one data collection session. All participants reported whether they get neck pain and completed the Neck Disability Index and Sino-Nasal Outcome Test-22 (SNOT). Additionally, the HAR group completed the Headache Impact Test (HIT-6) and the Visual Analog Scale (VAS). Data analysis included means (SD) for headache duration, HIT-6, and VAS scores in the HAR group. Between group differences were analyzed, with independent *t*-tests for continuous variables and χ^2 for dichotomous variables.

Results

There were significant between group differences for neck pain ($p < 0.001$) and disability ($p < 0.001$). In the HAR group 82.5% reported neck pain of moderate disability; 25% of the non-headache group reported neck pain but no associated disability.

Significance/ Conclusion

Neck pain is common in HAR. Patients with HAR perceive neck pain as impacting their quality of life. Clinicians should consider NP as a potential comorbidity when examining and treating people with HAR. Further research is needed to determine potential causes and treatment implications.

IRB-2029-25