Pain subsided
Immediate
No relief
Untreated
No relief
No trip to ER
No relief
(+) XRAY for Pain
0/10
Pain subsided
Red and itchy

herpes zoster.

The patient was a 65 year-old retired woman who was referred to a physical therapist for a chief complaint of neck and right shoulder pain that radiated into her forearm, thumb, and index finger for the past 3 weeks. She also had a slight rash that coincided with the painful areas, which started the day prior. Prior to seeing the physical therapist the patient had been evaluated by 3 physicians who had ordered magnetic resonance imaging of her right shoulder and radiographs of her cervical spine, injected her right shoulder with a corticosteroid, and prescribed celecoxib for pain reduction. The patient described her symptoms as constant and progressively worsening despite being unable to identify a specific mechanism of injury, complained of night pain, and complained of an inability to ease her symptoms with position changes. Furthermore, the patient's symptoms appeared to have a non-mechanical component during the physical examination.

Figure 1. Selected history and physical examination for the patient's medical conditions

OUTCOMES

The history and physical examination findings prompted the physical therapist to refer the patient to her primary care physician, and the patient was subsequently diagnosed with herpes zoster, prescribed pregabalin, and referred to the physical therapist for pain control and management of cervical and upper extremity impairments that may be associated with postherpetic neuralgia. The patient was managed by the physical therapist for 8 weeks, which included patient education, pain relieving modalities, manual therapy to the cervical spine and right upper quarter, and progressive therapeutic exercise. At the time of discharge, the patient reported marked improvement and she had achieved all of her goals. From the time of initial evaluation to discharge, the patient’s Neck Disability Index scores improved from 48% to 4%, and her Disability of Arm, Hand, and Shoulder scores improved from 55% to 21%.

DISCUSSION

This patient case underscores the importance of recognizing signs and symptoms of conditions that are beyond the scope of a physical therapist, and appropriately referring to another health care practitioner in a timely fashion when indicated. The case also describes how physical therapy management may play a role in the care of patients with postherpetic neuralgia.

BACKGROUND

The earliest symptoms of herpes zoster, which include headache, fever, and malaise, are commonly followed by sensations of burning pain, hyperesthesia, or paresthesia in an affected dermatomal pattern. The initial phase of the disorder is followed by the appearance of a characteristic skin rash. Unfortunately, these symptoms seen in the early phase of the disorder are nonspecific, and may result in an incorrect or delayed diagnosis.

PURPOSE

This report describes the clinical history of a patient diagnosed with herpes zoster after being referred to a physical therapist for treatment of neck and right upper extremity pain. Additionally, this report will describe the medical and physical therapist management and outcomes of the patient once she was properly diagnosed with herpes zoster.

OUTCOMES

The history and physical examination findings prompted the physical therapist to refer the patient to her primary care physician, and the patient was subsequently diagnosed with herpes zoster, prescribed pregabalin, and referred to the physical therapist for pain control and management of cervical and upper extremity impairments that may be associated with postherpetic neuralgia. The patient was managed by the physical therapist for 8 weeks, which included patient education, pain relieving modalities, manual therapy to the cervical spine and right upper quarter, and progressive therapeutic exercise. At the time of discharge, the patient reported marked improvement and she had achieved all of her goals. From the time of initial evaluation to discharge, the patient’s Neck Disability Index scores improved from 48% to 4%, and her Disability of Arm, Hand, and Shoulder scores improved from 55% to 21%.

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