

SPLenius CERVICIS SYNDROME

The *splenius cervicis syndrome* was arbitrarily named for the coincidental presence of a typical inflamed zone found over the site where the splenius cervicis muscle overlaps the splenius capitis muscle (illustrated below). The syndrome itself is characterized by a pain pattern that includes the lateral neck and the upper trapezius area. The inflamed zone usually occurs independently of any cervical nerve root irritation or trigger point. The patient generally does not complain of any pain radiation into the anterior chest or down the arm on the involved side. Some loss of head rotation range of motion may be evident.

The cause of this syndrome is unknown, and no distinct behaviors have been associated with it, though it does seem to predictably occur in the late stages of resolution of some whiplash or neck strain conditions. Adhesions are generally densely and exclusively present in the inflamed zone, leading to the assumption that the splenius cervicis and splenius capitis muscle fascial layers may have become “stuck together” as the result of a prolonged inflammation process. No overt swelling is associated with the site of inflammation.



The high skin resistance pattern commonly associated with the Splenius Cervicis Syndrome

Treatment

The treatment of the *splenius cervicis syndrome* amounts to breaking any adhesions that are present and eliminating any existing inflammation.

Application:

- Place a negative electrode over the inflamed zone, and a positive electrode over the lower trapezius muscle. Preset an electrical stimulation unit to deliver a visible contraction, at 7 Hz, and stimulate for a 10-minute period. Then set the unit to deliver a medium frequency current, with a duty cycle of 10-seconds on and 10-seconds off, sufficient to produce a visible near tetanic contraction of the involved muscles, and stimulate for a 10-minute period.
- Perform soft tissue manipulation of the tissues over the splenius to relieve any adhesions that are present.
- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.5 W/cm².

Ultrasound the inflamed zone utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six minutes.

With adequate treatment, cervical ranges of motion should improve immediately. Successful treatment may take place in one or two sessions. Since it is unclear how this condition develops, no recommendations can be made with regard to preventing future injury.

Trigger Points

The following is a list of trigger point formations which may, singly or in combination, imitate or contribute to the pain accompanying a *splenius cervicis syndrome*: Upper trapezius [A], Posterior cervical group, Levator scapulae, Scalenus, Lower splenius cervicis, Upper trapezius [B], Middle trapezius [A], Middle trapezius [B], Lower trapezius [A], Lower trapezius [B], Cervical multifidus (C4-C5), Supraspinatus (muscle), Serratus posterior superior, Subscapularis, Pectoralis major (sternal portion), Rhomboids, Triceps (long head), Biceps brachii, and Iliocostalis thoracis (T6).