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Original Articles

Reprints & Abstracts

Simple and Efficient Recognition of Migraine With 3-Question Headache Screen

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Abstract:

Objective.—To correlate the results of a new 3-question headache screen to 3 established methods of diagnosing migraine: the International Headache Society diagnostic criteria, physician's clinical impression, and presence of recurring disabling headaches.
Background.—A simple tool to recognize patients who experience migraine may facilitate diagnosis of this debilitating and frequently undiagnosed condition.
Methods.—Primary care physicians and neurologists in the United States enrolled 3014 adults with a diagnosis of migraine based on one of the following: International Headache Society criteria, an investigator's clinical impression, or presence of recurring disabling headaches. Each patient completed a 3-question headache screen: (1) Do you have recurrent headaches that interfere with work, family, or social functions? (2) Do your headaches last at least 4 hours? (3) Have you had new or different headaches in the past 6 months? A diagnosis of migraine was suggested by a yes answer to questions 1 and 2 and a no answer to question 3.
Results.—The 3-question headache screen identified migraine in 77% of the study population; including 78% of the patients enrolled based on International Headache Society criteria, 74% based on clinical impression, and 68% because of recurring disabling headaches.
Conclusions.—Positive 3-question headache screen results agreed well with migraine diagnoses based on International Headache Society criteria, clinical impressions, and presence of recurring disabling headaches. These findings support use of the 3-question headache screen to recognize migraine.

Keywords: diagnosis; migraine; questionnaire

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US of the Shoulder: Rotator Cuff and Non-Rotator Cuff Disorders.

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Ultrasonography (US) has been shown to be an effective imaging modality in the evaluation of both rotator cuff and non-rotator cuff disorders, usually serving in a complementary role to magnetic resonance imaging of the shoulder. US technique for shoulder examination depends on patient positioning, scanning protocol for every tendon and anatomic part, and dynamic imaging. The primary US signs for rotator cuff supraspinatus tendon tears are tendon nonvisualization for complete tears, focal tendon defect for full-thickness tears, a hypoechoic defect of the articular side of the tendon for an articular-side partial-thickness tear, and flattening of the bursal surface of the tendon for a bursal-side partial-thickness tear. Secondary US signs such as cortical irregularity of the greater tuberosity and joint and subacromial-subdeltoid bursal fluid are helpful when correlated with the primary signs. Tendon degeneration, tendinosis, and intrasubstance tear are demonstrated as internal heterogeneity. Long-head biceps tendon abnormalities include instability, acute or chronic tear, and tendinosis. The acromioclavicular joint is assessed for dislocation, fluid collection, cysts, and bone erosions. Other non-rotator cuff disorders include synovial disorders such as adhesive capsulitis and synovial osteochondromatosis; degenerative disorders such as osteoarthritis, amyloid arthropathy, hemarthrosis, and chondrocalcinosis; infectious disorders such as septic arthritis and bursitis; and space-occupying lesions. Movies: http://radiographics.rsnajnls.org/cgi/content/full/e23/DC1.

The mechanical effect of a pelvic belt in patients with pregnancy-related pelvic pain

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Abstract

Background. Many patients with pregnancy-related pelvic girdle pain experience relief of pain when using a pelvic belt, which makes its usea common part of the therapy, but there is no in vivo proof of the mechanical effect of the application of a pelvic belt.

Methods. The influence of a pelvic belt on sacroiliac joint laxity values was tested in 25 subjects with pregnancy-related pelvic girdle pain by means of Doppler imaging of vibrations in prone position with and without the application of a pelvic belt. The belt was adjusted just below the anterior superior iliac spines (high position) and at the level of the pubic symphysis (low position).

Findings. Sacroiliac joint laxity values decreased significantly during both applications of a pelvic belt ($P < 0.001$). The application of a pelvic belt in high position decreased sacroiliac joint laxity to a significantly greater degree than the application of a belt in low position ($P = 0.006$). The decrease of laxity significantly correlated with the decrease of the score on the active straight leg raise test ($r = 0.57$ for the low position, $P = 0.003$ and $r = 0.54$ for the high position, $P = 0.005$).

Interpretation. Application of a pelvic belt significantly decreases mobility of the sacroiliac joints. The decrease of mobility is larger with the belt positioned just caudal to the anterior superior iliac spines than at the level of the pubic symphysis. The findings are in line with the biomechanical predictions and might be the basis for clinical studies about the use of pelvic belts in pregnancy-related pelvic girdle pain.

Keywords: Doppler ultrasonography; Joint laxity; Braces; Pregnancy; Low back pain; Sacroiliac joint

"Surfing for Scoliosis: The Quality of Information Available on the Internet."

Sameer Mathur, MD; Nael Shanti, MD; Mario Brkaric, MD; Vivek Sood, MD; Justin Kubeck, MD; Carl Paulino, MD; Andrew A. Merola, MD Spine. 2005;30(23):2695-2700.
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Abstract and Introduction
Abstract

Study Design: A cross section of Web sites accessible to the general public was surveyed.
Objective: To evaluate the quality and accuracy of information on scoliosis that a patient might access on the Internet. Summary of Background Data. The Internet is a rapidly expanding communications network with an estimated 765 million users worldwide by the year 2005. Medical information is one of the most common sources of inquires on the Web. More than 100 million Americans accessed the Internet for medical information in the year 2000. Undoubtedly, the use of the Internet for patient information needs will continue to expand as Internet access becomes more readily available. This expansion combined with the Internet's poorly regulated format can lead to problems in the quality of information available. Since the Internet operates on a global scale, implementing and enforcing standards have been difficult. The largely uncontrolled information can potentially negatively influence consumer health outcomes.
Methods: To identify potential sites, five search engines were selected and the word "scoliosis" was entered into each search engine. A total of 50 Web sites were chosen for review. Each Web site was evaluated according to the type of Web site, quality content, and informational accuracy by three board-certified academic orthopedic surgeons, fellowship trained in spinal surgery, who each has been in practice for a minimum of 8 years. Each Web site was categorized as academic, commercial, physician, nonphysician health professional, and unidentified. In addition, each Web site was evaluated according to scoliosis-specific content using a point value system of 32 disease-specific key words pertinent to the care of scoliosis on an ordinal scale. A list of these words is given. Point values were given for the use of key words related to disease summary, classifications, treatment options, and complications. The accuracy of the individual Web site was evaluated by each spine surgeon using a scale of 1 to 4. A score of 1 represents that the examiner agreed with less than 25% of the information while a score of 4 represents greater than 75% agreement.
Results: Of the total 50 Web sites evaluated, 44% were academic, 18% were physician based, 16% were commercial, 12% were unidentified, and 10% were nonphysician health professionals. The quality content score (maximum, 32 points) for academic sites was 12.6 ± 3.8, physician sites 11.3 ± 4.0, commercial sites 11 ± 4.2, unidentified 7.6 ± 3.9, and nonphysician health professional site 7.0 ± 1.8. The accuracy score (maximum, 12 points) was 6.6 ± 2.4 for academic sites, 6.3 ± 3.0 for physician-professional sites, 6.0 ± 2.7 for unidentified sites, 5.5 ± 3.8 for nonphysician professional sites, and 5.0 ± 1.5 for commercial Web sites. The academic Web sites had the highest mean scores in both quality and accuracy content scores.
Conclusion: The information about scoliosis on the Internet is of limited quality and poor information value. Although the majority of the Web sites were academic, the content quality and accuracy scores were still poor. The lowest scoring Web sites were the nonphysician professionals and the unidentified sites, which were often message boards. Overall, the highest scoring Web site related to both quality and accuracy of information was www.srs.org. This Web site was designed by the Scoliosis Research Society. The public and the medical

communities need to be aware of these existing limitations of the Internet. Based on our review, the physician must assume primary responsibility of educating and counseling their patients.

Case History

Clinical Pearl

Review of the Literature

Current Events

Attribution

Ed Payne, FCER,