

Evidence Discussion Torticollis and Dystonia (NECK- 10.2)

Plain radiography continues to be the primary imaging modality for the initial diagnosis of neck concerns in cases of trauma without high-risk mechanism of injury.

CT offers superior depiction of cortical bone and is more sensitive than radiographs in assessing facet degenerative disease, osteophyte formation, and other osseous structures.

Patients with abnormal neurological findings benefit from MRI to help identify spinal cord abnormalities and soft tissue causes in the workup of dystonia and/or torticollis.

Risks associated with imaging include but are not limited to radiation exposure and contrast complications.

1. McDonald M, Kirsch C, Amin B, et. al. Expert Panel on Neurologic Imaging. ACR Appropriateness Criteria®: Cervical Neck Pain or Cervical Radiculopathy. American College of Radiology (ACR); Revised: 2018.
2. Expert Panel on Neurological Imaging and Musculoskeletal Imaging; Beckmann NM, West OC, et al. ACR Appropriateness Criteria® Suspected Spine Trauma. J Am Coll Radiol. 2019;16(5S):S264-S285. doi:10.1016/j.jacr.2019.02.002
3. ACR Appropriateness Criteria® Cervical Neck Pain or Cervical Radiculopathy. Am Coll Radiol (ACR). Date of origin: 1998. Last review date: 2018
4. Frontera WR, et al., eds. Cervical dystonia. In: Essentials of Physical Medicine and Rehabilitation: Musculoskeletal Disorders, Pain, and Rehabilitation. 4th ed. Philadelphia, Pa.: Elsevier; 2019. <https://www.clinicalkey.com>. Accessed July 23, 2019.
5. Watson RE, Yu L. Safety Considerations in MRI and CT. Continuum (Minneapolis). 2023 Feb 1;29(1):27-53