The incidence of neck pain in the United States is high, with a 47% probability of recurrence. The Flexor Test (DNFT), in patients referred for physical therapy at the Catholic Health System of Buffalo, reflects the neuromuscular control of the cervical spine, as measured with the Deep Neck Flexor Muscles (DNF) test.

**BACKGROUND**

- Neck pain is the leading musculoskeletal cause of disability, second only to low back pain.

- Mechanical Diagnosis and Therapy (MDT) is an internationally acclaimed method of examination and intervention for spinal and extremity pain involving the assessment, classification, treatment, and prevention of musculoskeletal symptoms.

- Directional preference describes the clinical phenomena in which certain postures or repeated end-range movements result in a clinically relevant, lasting decrease in symptoms, severity, and/or positive mechanical response, such as an increase in range of motion. The DP does not always indicate a change in location of pain.

**Centralization**

- Centralization is a phenomenon by which pain originating from the neck progressively moves to, and remains in, a more central location in response to certain postures or repeated end-range movements.

- Deep neck flexor muscles (DNF) contribute to postural stability in the cervical spine.

**DEEP NECK FLEXOR TEST (DNFT)**

- The Deep Neck Flexor Muscles (DNF) test is a motor performance test that can be used to measure the stability of the cervical spine.

- The test involves the patient lifting their head while maintaining the craniocervical junction in a neutral position.

- The test is repeated 2-3 times a week for 2 weeks.

- The test can be performed in a musculoskeletal outpatient setting.

- The test is performed by McKenzie-trained physical therapists.

- The test measures lumbar spine control.

**MDT CLASSIFICATION AND RELIABILITY**

<table>
<thead>
<tr>
<th>Title</th>
<th>Subjects</th>
<th>Methods</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Influence of Centralization and Directional Preference on Spinal Control in Patients with Nonspecific Neck Pain</td>
<td>Andrew Bartz SPT, Seth Goodier SPT, Ellory Roberts SPT, Alex Warthling SPT</td>
<td>McKenzie classification of mechanical spinal pain: Profile of syndromes and directions of preference.</td>
<td>This study supports the external validity of a directional preference-matched classification of cervical and lumbar pain.</td>
</tr>
</tbody>
</table>

**REFERENCES**