Environmental Risk Factors for Cervical Artery Dissection
Recent acute infection, i.e., mainly respiratory | Hyperhomocysteinemia, i.e., B-6, 9 and 12 vitamin deficiency | Low body mass index | Low cholesterol | Smoking | Pulsating tinnitus

Inherited Risk Factors for Cervical Artery Dissection
Medical history of arterial anomalies, i.e., Fibromuscular dysplasia | Connective tissue disorders, i.e., Ehlers-Danlos syndrome type IV; Marfan’s syndrome; Osteogenesis Imperfecta; Loeys-Dietz syndrome | Familial history of cervical artery dissection

Internal Carotid Artery Dissection

Vertebral Artery Dissection

≥2 Distinct Symptoms Should Warrant Referral to Medical Emergency
A: Recent head, neck or thoracic trauma
B: New ipsilateral periorbital, frontal, and upper neck pain
C: Distinct, new and continuous headache
D: Partial Horner’s syndrome
E: Retinal and/or cerebral ischemic symptoms

≥2 Distinct Symptoms Should Warrant Referral to Medical Emergency
A: Recent head, neck or thoracic trauma
B: New ipsilateral sub-occipital neck pain
C: Distinct, new and continuous headache
D: Brainstem ischemic symptoms
E: Cerebellar ischemic symptoms

≥2 Positive Physical Tests Should Warrant Referral to Medical Emergency
A: Cranial nerve palsy XII, XI, X, IX
B: Hypertension (>140/90)
C: Neck swelling
D: Midline tenderness suggestive for a fracture

≥2 Positive Physical Tests Should Warrant Referral to Medical Emergency
A: Cervical radiculopathy (C5-C6)
B: Hypertension (>140/90)
C: Neck swelling
D: Midline tenderness suggestive for a fracture

Initiate Manual Intervention
Minimize end-range when conducting cervical manual therapy, especially rotational techniques
Be specific and minimize force and amplitude when manipulating a single spinal segment
Appraise pre-manipulative cervical provocation test prior to manual intervention