

Neck Pain Information & Exercise

Neck Pain

Sudden onset neck pain is common. Two out of three of us will have neck pain at some time in our life. In most cases it is not due to a serious disease or structural problem and often the exact cause of the pain is not clear.



Causes

Non-specific neck pain is very common in people who spend much of their working day at a desk, with a 'bent-forward' posture. This is sometimes called 'simple' or 'mechanical' neck pain. Often the exact cause is not known. It may include minor strains and sprains to muscles or ligaments in the neck. Bad posture may be a contributing factor in some cases. For example, neck pain is more common

Acute (sudden onset) Torticollis

This is sometimes called a 'wry neck'. A torticollis is when the head becomes twisted to one side and it is very painful to move. It may be due to a minor strain or sprain to a muscle or ligament in the neck. It is common for people to go to bed feeling fine and to wake up the next morning with an acute torticollis. The pain usually eases and resolves over a few days without any treatment.

'Whiplash' Jolt

A 'whiplash' jolt to the neck, most commonly due to a car accident, may cause neck pain. This can be very distressing due to the nature of the injury. Thankfully, our necks are resilient and serious injury rarely occurs. Often there is considerable muscle spasm to protect your neck, which can be very painful and make it difficult to move. However, research shows that early movement is the best treatment.

Degeneration

Degeneration ('wear and tear') of the vertebrae (spinal bones) is a common cause of persistent neck pain in older people. This is called cervical spondylosis. Most people over the age of 50 have some degree of spondylosis, often without any symptoms.

Cervical Radiculopathy

Cervical radiculopathy is when a nerve is irritated in the cervical (neck) region. As well as neck pain, there may be symptoms such as numbness, pins and needles, pain and weakness in parts of an arm supplied by that nerve.

When should you seek medical attention?

On rare occasions you may need to seek emergency attention for your neck pain especially if:

- You have had a significant injury such as a major road traffic accident or a serious sporting injury
- You have neurological symptoms such as dizziness, headache, double vision, slurred speech, swallowing difficulties or numbness or weakness of your face or limbs.
- You have had a collapse
- You have a history of cancer, particularly if your neck pain is worse at night

What tests do you need?

In most cases you will not need any further tests. A full clinical examination carried out by a doctor or physiotherapist is much more accurate at diagnosing your neck problem. Most imaging scans will be negative and do not quicken your recovery.

When should you see your GP?

You should seek GP attention if your neck pain is continually affecting your sleep and daily activities. Your GP can refer you for physiotherapy.

Management

Self-help measures are the initial treatment for most neck pain.

Medication

Over the counter pain relief or anti-inflammatory medication can be used to reduce your pain so you can be more active or complete your exercises.

All medications have side effects and must be used carefully. Paracetamol and ibuprofen are the most common over the counter painkillers. However, some medical conditions will prevent you from taking them, so you should always check with your GP or Pharmacist to ensure they are safe for you.

If you decide to take pain medication it is important to take them at the recommended dose and to take them regularly to prevent a flare up of your symptoms and allow you to remain active and continue exercising.

Don't wait until your pain is severe before taking the pain killers as they won't work as well.

Ice/Heat

Using Ice to cool or Heat to warm the painful area can be helpful in managing pain, swelling and help the healing process. The smaller the body area the less time you will need to keep the ice or heat on. Start with 5 minutes but no more than 15/20 minutes per body part.

Use a damp towel between yourself and ice to prevent any cold burns. Use a dry towel between yourself and the heat to prevent heat burns. Regularly check your skin while using ice or heat and remove immediately if any burns or injury occurs.

Use Ice for Pain relief or *after* activity/exercise.

Use heat for pain relief or *before* activity/exercise.

Try gentle exercises within comfort to maintain range of movement of your neck—gentle exercise increases blood flow to the tissues and promotes healing

- Reduce activities that aggravate your pain, and allow your neck to rest
- Avoid heavy lifting and repetitive tasks
- Address any issues at work that may be irritating your neck - place a rolled-up towel in the base of your pillow to provide a support for your neck whilst you sleep

Have a positive and realistic outlook as your neck pain will get better but may take some time, with good and bad days—pace yourself and do not overdo it by setting unrealistic goals on the way to recovery at home and work

Further Information

<https://patient.info/bones-joints-muscles/neck-pain>

<https://www.nhs.uk/conditions/neck-pain-and-stiff-neck/>

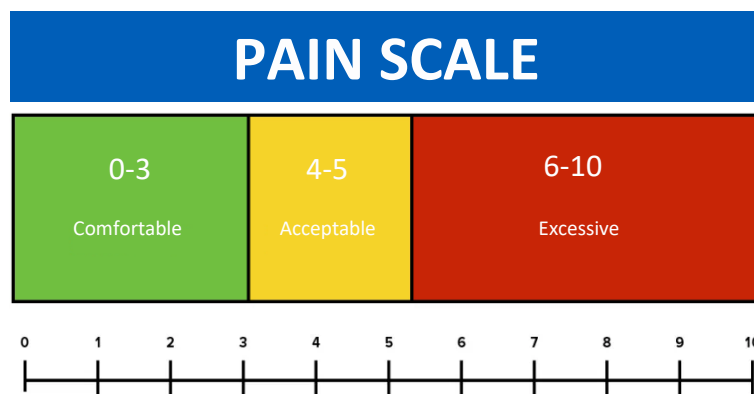
Exercise

Pain during exercises should be manageable. Aim to stay within the green and amber zones. If experiencing excessive pain then you can modify the exercise, and then slowly build it back up over time;

- Reduce the range of movement
- Reduce repetitions
- Reduce the resistance/weight being used
- Slower, less intensity and control the movement more
- Increase the rest between each set of exercises

Progress onto the next stage of exercise once they become easier and you can fully complete the exercises in the comfortable zone of the pain scale.

- Pain after exercise should settle to your pre exercise levels within 30-60 minutes.
- Pain or stiffness due to exercise in the next morning should not last longer than 60 minutes.
- Use your pain relief, ice/heat or anything else you have found that eases your symptoms to help manage.



Stop the exercises and contact your doctor or therapist if you notice:

- Dizziness, light headedness, blurred vision, fainting or disorientation
- Sudden pain shooting down your arm, or numbness or weakness in your arm or hand
- Unusually severe neck pain
- The exercises consistently produce a headache.

For each exercise:

- Move smoothly and slowly, without sudden jerks
- Keep your mouth and jaw relaxed. Keep your lips together, teeth slightly apart and let your tongue rest away from the roof of your mouth.
- Gently hold your shoulders back and down so that they are relaxed while doing all the exercises
- In movement exercises, try to move the same distance to each side. If one side is stiffer, move gently into the stiffness. Move to that direction a little more often.

Neck Rotation

Sit tall in a chair with shoulders relaxed but slightly back and down with chin slightly tucked, as described above. Gently turn your head from one side to the other. Your eyes should follow the direction in which you are turning. Gradually aim to turn your head far enough so your chin is in line with your shoulder.



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Hold for 1-2 seconds | Repeat 5 times to each side | Perform 1 times daily

Neck Bending

Sit tall in a chair with shoulders relaxed but slightly back and down with chin slightly tucked, as described above. Gently tilt your head towards your shoulder and feel the gentle stretch in the muscles on the side of your neck. Perform the movement to both sides.



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Hold for 1-2 seconds | Repeat 5 times to each side | Perform 1 times daily

Neck Retraction

Sit tall in a chair with shoulders relaxed but slightly back and down with chin slightly tucked, as described above. Gently pull your chin back as far as comfortable and lengthen the back of your neck. You will feel some gentle tension at the front and back of your neck. This exercise will help your neck and upper back posture.



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Hold for 5 seconds | Repeat 5-10 times | Perform 1 times daily