



Neck pain

Neck pain is one of the more common conditions with which people present for treatment. The pain may be in the upper part of the neck which can radiate upwards and cause a headache (see Cervicogenic Headache fact sheet), or in the mid-lower part of the neck where it can more commonly radiate into the shoulder blade region and/or into the shoulder and down the arm. Brachialgia can be considered the neck version of sciatica and involves pain referring past the elbow and may include altered sensation in the hand.

Causes

Neck pain can be caused in traumatic circumstances (eg. whiplash) or it can come on for no apparent reason. Sometimes it may be associated with physical tasks. Poor sitting posture is a very common cause, particularly protracted periods of computer use or reading.

Characteristics

As with low back pain, the onset of neck pain is frequently associated with stiffness in the neck, particularly when trying to turn the head or extend the neck (tip the head right back). This stiffness can relate to disc complaints and will often change as the pain changes through the day or depending on activity. Worn facet joints may cause a consistent pain at the end of the range of movement or tight facet joints in the upper neck may cause headaches. Stenosis (narrowing of the gaps where the spinal nerves exit) can cause arm pain, as can bulging of the discs. A traumatic event causing neck pain may injure multiple anatomical structures. Muscle injuries are not common in the neck (with the exception of trauma) however muscle spasm will often accompany the onset of neck pain. Muscle spasm is a protective response which unfortunately is often also painful. It is important to recognise that this spasm is a secondary issue, and the only way to eliminate it altogether is to address the primary injury.

Treatment

As with the low back, neck complaints will frequently demonstrate a directional preference, which means that there will be a particular movement or exercise that can rapidly reduce neck pain and stiffness. A full McKenzie assessment is the only way to reliably identify this directional preference. Often exercises alone can clear the problem, or in a number of cases, physio applied mobilisation or manipulation (moving the joints in the same direction) may be required. Where the problem relates to tight joints, frequent stretching of the joints as well as joint mobilisation can restore full movement. In circumstances where the symptoms are aggravated by sitting, posture correction is critical otherwise gains from exercises and physio applied techniques will be cancelled out. Good neck posture is related to good lumbar posture, hence lumbar supports used in an upright chair will assist in maintaining a better neck position.

Once your condition has resolved, your physiotherapist will teach you how to manage your problem and you can help prevent it from recurring.

We employ professional, experienced, and highly qualified physiotherapists and we offer a range of services and products to meet the needs of our community. Open 6 days a week for your convenience in the heart of Mt Beauty. Home and hospital visits by arrangement.

**To find out more make an appointment by visiting our clinic at
5a Hollonds St, Mt Beauty 3699 or call us on 03 5754 1270.**