



YOUR GUIDE TO NECK PAIN

MUSCULOSKELETAL

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Introduction

Please take note of the following before starting any of the exercises in this guide:

- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research in the field and contains the best advice available to the best of our knowledge.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation. Never disregard medical advice or delay in seeking advice because of something you have read in this guide.

● Many people have found quick and lasting relief from their pain by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

When consulting your health professional, it is wise to take this guide with you to show them.

The Neck or Cervical Spine

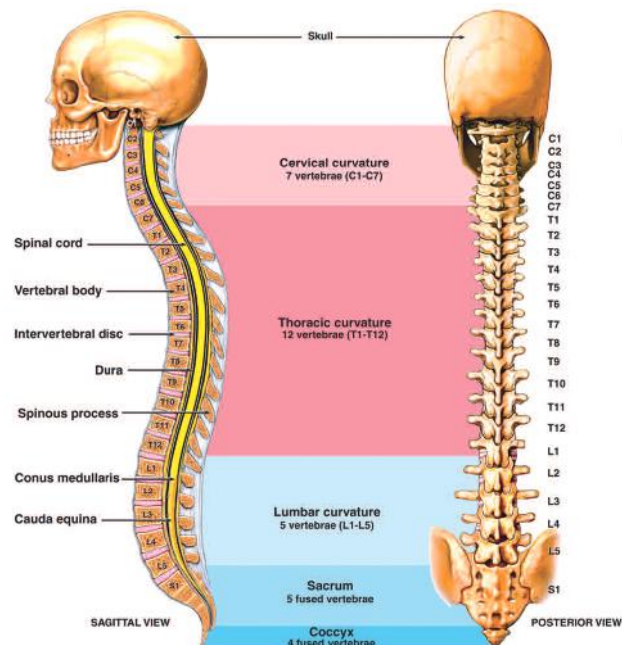
The neck consists of the first 7 vertebrae of the spinal column (vertebrae column). The vertebrae of the neck (cervical vertebrae) provide support for the head, and along with those of the rest of the spine serve to provide protection for the spinal cord which runs through the spinal column from the brain to the lower back and it is from here that the nerves which supply the body project. Between each of the neck vertebrae is an intervertebral disc which consists of tough, fibrous type cartilage and serve to provide stability and shock absorption to the spine. At the level of

each of the discs, nerve roots branch out from the spinal cord through openings in the spinal column. The nerve roots in the neck join to form nerve trunks that supply the arms, hands and upper trunk regions with sensory, motor and proprioceptive (awareness of body parts in space) information to allow normal movement to occur and to make us aware of sensations such as touch, pain etc. The vertebral artery which supplies blood to an area of the brain that controls balance also runs inside the cervical vertebrae which provide protection for this artery. Stability of

the neck is provided by the many ligaments and muscles that attach to the vertebrae of the neck as well as from the neck to the collar bone and shoulder blades. The muscles of the neck not only provide stability, but also allow for normal movement to occur in both the neck and shoulder regions.

Due to the multitude of structures that originate in this region and which attach to the vertebrae of the neck, being able to pin-point what is causing the pain when it occurs, can be extremely difficult. It is therefore essential that if you are experiencing neck pain that you consult with your

GP or allied health professional so that a full assessment can be carried out and an accurate diagnosis given regarding the origin of your pain. In this pack we will highlight some of the main causes of neck pain, but with regards to the treatment options and exercises provided; these will be based on simple or non specific neck pain which implies that the pain is not from any serious origin. If you are experiencing any dizziness, pins and needles, numbness, headaches etc it is essential that you consult with a professional before continuing with any of the treatments or exercises recommended in this pack.



What Causes Neck Pain?

Non specific neck pain: This is the most common type of neck pain experienced with its causes including minor injuries or sprains to muscles or ligaments in the neck. Poor posture can also result in non specific neck pain and is often experienced in those who sit in slouched static postures for long periods of time. When in these positions for long periods of time, tension can result in the anti-gravity muscles (those that work constantly to hold your head up against gravity) resulting in neck pain and headaches. Stress is also a common cause for these muscles getting tight and causing neck pain and headaches. In

a lot of cases however the exact cause of the neck pain remains unknown and pain will often disappear after a few days.

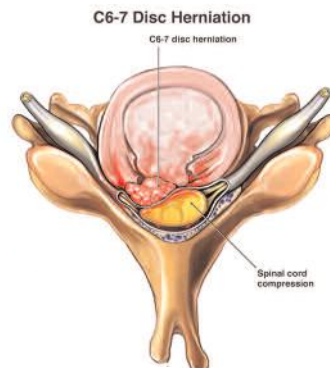
Cervical Spondylosis: This is a common cause of neck pain in older people and is a result of wear and tear that occurs over many years. This wear and tear that occurs differs from person to person and results in the discs between the vertebrae becoming thinner, and the facet joints (joints between the vertebrae) becoming worn. Spurs of bone, known as osteophytes, may also form at the edges of the vertebrae and

facet joints. Cervical spondylosis is a type of osteoarthritis of the neck and depending on the extent of degeneration can also result in neural changes or irritation. The abnormalities found in the cervical spine can be seen on x-ray and are present in almost everyone by the age of 65, however many people experience no neck pain despite these changes that occur. Therefore x-rays or MRI's may only be requested by your GP if you are experiencing associated neurological symptoms with your neck pain.

Whiplash injury: This is most commonly caused due to a car accident where you are hit from behind. In this type of collision, the body travels forwards while the head flips backwards and as the body stops, the head is thrown forwards causing damage to the structures of the neck. Following a whiplash injury, there is often a delay before the pain and stiffness start. Although whiplash can badly damage your neck, many people who have these accidents do not have major damage and are often better within a few weeks. Adjustments that have been made to cars have also significantly reduced the damage from whiplash injuries.

Acute Torticollis: This occurs when the head becomes twisted to one side and it is very painful to move the head back straight. This is mostly thought to be due to minor injury or poor posture i.e. while sleeping which causes one or more of the muscles on the one side of the neck to go into spasm. This usually clears after a few days. Occasionally this may be due to more serious causes.

Cervical radiculopathy: This is when the root of a nerve is pressed on or injured as it comes out of the spinal cord in the neck (cervical) region. This causes symptoms such as numbness, pins and needles and weakness in parts of the arm that are supplied by the specific nerve root that is affected in addition to neck pain. Common causes of this are cervical spondylosis and a disc problem (i.e. when the softer inner part of the disc protrudes through a weakened region of the harder outer portion of the disc and touches on the nerve).



More serious causes: These include rheumatoid arthritis, bone disorders, cancers, and serious injuries that damage the vertebrae, spinal cord or nerves in the neck.

If you are experiencing **any dizziness, blackouts, headaches, numbness, pins and needles or weakness in your arms or legs or anything else that you are concerned about**, it is essential that you consult with your

GP or allied health professional so that a full assessment can be carried out and treatment provided that is appropriate to the identified diagnosis of your pain.

What are the symptoms of neck pain?

Pain: This can occur anywhere in the neck and shoulder region and may be accompanied by a headache with pain behind the eyes or at the back/side of the head.

Stiffness: This is very common, and you may find it difficult to move your neck in certain directions or feel that your muscles are very tight. Stiffness is often worse after long periods of rest or sitting in one position for a long time, and it is therefore important if you are experiencing neck pain that you try to keep moving and limit excessive rest.

Torticollis: This occurs when your head becomes twisted to the one side as described above. Symptoms usually only last for a few hours, but can last up to a few days.

Dizziness and Blackouts: These can sometimes occur when bony changes in cervical spondylosis cause pinching of the vertebral artery. If you are feeling dizzy when looking up or experiencing blackouts it is essential that you consult with a medical professional

Other symptoms: Long lasting neck pain, especially if it is disturbing your sleep can result in you feeling excessively tired and depressed. It is therefore essential that you consult a health professional regarding your pain as soon as possible to prevent long term consequences.

What treatment can I receive?

Most cases of neck pain will settle down within a few days and do not require medical treatment. However if you are suffering from neck pain it is advisable that you visit your GP or allied health professional so that a full examination of your neck can be performed and a diagnosis reached as to the cause of your pain. Early advice and treatment can help to reduce the time spent off work or away from activities. Identifying the cause of your pain can also help to prevent future recurrences of neck pain.

CHOICE OF TREATMENT

The treatment that you receive will depend entirely on the diagnosis/cause of your neck pain. Some causes of neck pain will require physical therapy, massage and/or medications while others may require more invasive treatments such as injections or surgery.

DRUG TREATMENT

● **Paracetamol** based pain killers are often prescribed by doctors to help with pain management. By controlling your pain, you will be able to move around a lot easier, and be able to continue to partake in activities of daily living.

● **Anti-inflammatory medication** may be prescribed by your doctor to help to control the inflammatory process which in turn helps to relieve the pain. These can be purchased

over the counter, but it is advisable to consult with your doctor before taking them to ensure that you do not have any contraindications to them. Anti-inflammatory medications should also be taken as a course of treatment, rather than one every now and then.

● **Muscle relaxants** are also sometimes prescribed for a few days if your neck muscles are tense.

● **Steroids** such as cortisone (injections and tablets) are also used to manage pain and inflammation, but are more of a last resort if normal anti-inflammatory medications are having no effect.

● **Ice/heat therapy** is often used by therapists, and can be used as a home therapy to help relieve pain, reduce inflammation and reduce muscle spasms that could be the cause of or contributing to the pain. It is important to be aware of the possibility of a burn when using ice or heat therapy and therefore to never place either directly onto the skin but wrap it in a thin towel beforehand. It is also important to consult with your allied health professional if you think you may have any contra-indications to using either of these therapies. Both can be applied for about 10-20 minutes at a time.

PHYSICAL THERAPY

Physical therapy (provided by a chiropractor, physiotherapist or osteopath) is often required to decrease muscle spasm, reduce inflammation, provide mobilisation techniques, massage and other modalities that will all help to relieve pain and get you back to full function as soon as possible. The extent to which these techniques will help, is however very dependent on your diagnosis, as well as to your compliance to the advice given.

EXERCISE

It is advisable that you keep your neck moving as normally as possible from the onset of your pain. Exercise can play an important role in easing neck pain, maintaining/restoring normal range of motion and preventing its recurrence. You may feel initially that you are unable to move at all, but it is important that you try to do some gentle range of movement exercises from the start, working in your pain free range of movement and repeating this regularly throughout your day. Research has shown that you are more likely to make a quicker recovery if you do regular neck exercises and keep your neck moving, rather than resting it for long periods of time.

COLLARS

These are rarely recommended nowadays as they prevent any neck movement from occurring which can lead to delayed recovery, muscle wasting and chronic/persistent neck pain. There is also no evidence that they are of any benefit for either acute or chronic neck pain. An alternative that can be used at night if you feel extra neck support is required is a neck pillow which can be purchased at a department store.

SURGERY

This is rarely required, but may be used if a nerve is affected and is causing weakness or severe pain that will not relieve with other conservative measures. It may also be required if there is any damage to the bones that may be affecting your spinal cord or resulting in extreme pain. It is important before having any surgery however that you fully understand what the surgery entails and what rehabilitation will be required after the operation. Your compliance of the post surgery rehabilitation programme is essential to ensure a good recovery.

PREVENTION ADVICE

There are ways in which you can look after your neck and work more at prevention rather than cure.

● **Posture:** Be aware of your everyday posture i.e. try not to slouch when sitting or standing. A good posture can help to both prevent neck pain, as well as relieve it when you are in pain. Maintaining a good neck and shoulder position will serve to strengthen the muscles that protect your neck from injury and take the pressure off the joints and soft tissue structures. Do not sit or stand in one position for long periods of time. It is important to periodically stand up or change position and move around the house/office.

● **Lifting technique:** Be aware of your lifting technique. Keep objects close to your body, and use your knees, keeping your back straight when lifting an object. Don't lift objects with outstretch arms, no matter what the weight. Bring them closer to your body and then lift. Use your feet to turn, try not to twist and try not to lift with your arms in an awkward position as this puts undue stress on the joints and soft tissue structures in your neck, shoulders, and lower back.

● **Carrying:** When carrying objects in both hands (e.g. parcels), try to carry similar loads on both sides to avoid leaning. Also try to keep your elbows slightly bent at all times as this puts the muscles in a better position to work more effectively in performing the task.

What exercises can I do?

The focus of exercise for neck pain is initially on restoring normal range of movement in the neck and then strengthening the muscles that serve to stabilise the neck and shoulder girdle and help to maintain a good posture to try and prevent future episodes of neck pain. Stretching exercises are also very important as the neck muscles can get very tight and result in limitations of movement in the neck and shoulder girdle.

SPECIAL CONSIDERATIONS

1. Stretching and stability exercises should be done daily, even when there is no pain, and can be done regularly throughout the day both at work and at home. Make sure however that when doing the exercises you perform them in a pain free range of movement
2. Avoid over stretching, therefore only take the stretch to a comfortable pain/stretch level
3. It is normal to get some post-exercise soft tissue discomfort. If this continues for more than 24 hours it is important to limit how much you are doing on the next session.

Exercises

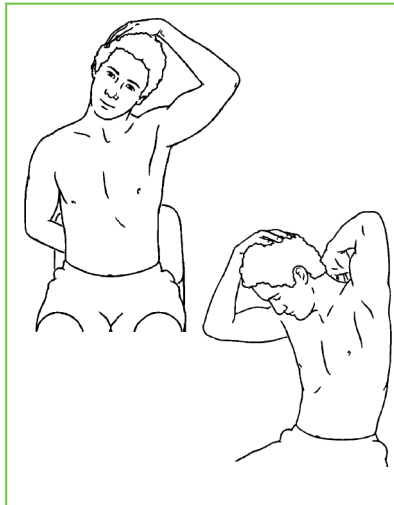
When starting an exercise programme, start slowly and only do as much as you are comfortable with. If you have pain, other than normal muscle stiffness after exercise, then you have done too much or are doing the exercises incorrectly, and need to adjust your programme or consult your therapist. It is important to maintain as much range of movement as possible from the start and therefore even if you are very sore, try

to do some of the stretching and range of movement exercises in this phase gently and in a limited range according to your pain levels. It is important to remember that this is a general exercise programme for neck pain and if you have any concerns regarding whether the exercises are suitable for your specific symptoms, it is essential that you consult with your GP or allied health professional.

Exercises phase 1

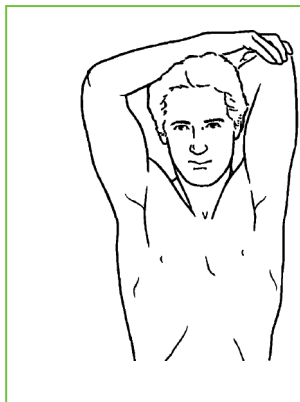
STRETCHING EXERCISES

- Repeat each of these stretches 2-3 times on each side, holding the stretch for at least 30 seconds.
- Hold a steady stretch, do not bounce and do not stretch into pain.
- Breathe normally during all exercises



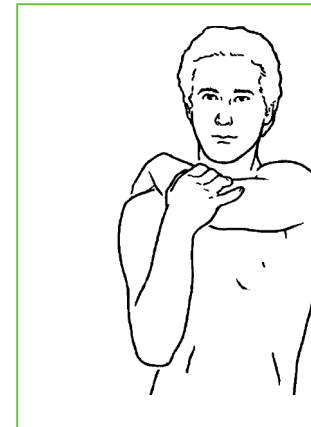
NECK STRETCHES

Sitting on the edge of a chair with your right hand touching your left ear, gently bring your right ear towards your shoulder and hold for 30 seconds. Now rotate your head to 45°, place your right hand over your head so that your nose is facing into your elbow. Gently lower your chin towards your collar bone and hold for 30 seconds. Now facing forwards with both hands touching the back of your head, gently bring your chin towards your chest. Repeat the above routine on the opposite side.



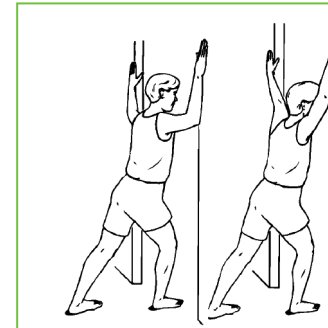
UNDER CUFF

Take one arm up and behind your head, so that your hand is against your back. Gently push down on the raised elbow with your other hand. You should feel a stretch in your triceps muscles (back of your upper arm)



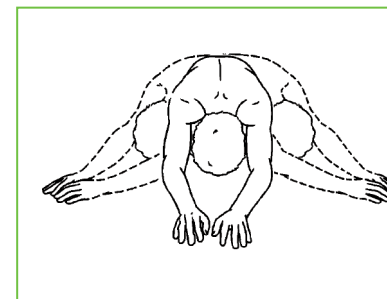
POSTERIOR CUFF

Take one arm across your chest taking care to keep your shoulders level. Use the other hand to pull your arm across your body. You should feel a stretch along the back of your shoulder.



DOOR STRETCH

Stand in a doorway or corner. Bend your elbow and support the forearm against the door frame. The stretch should be felt in the chest muscles.



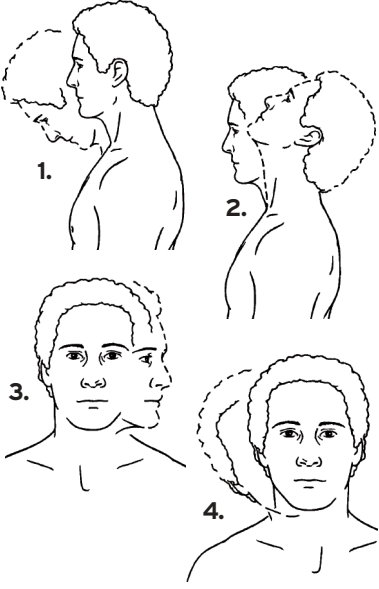
MID BACK ROTATION

Kneeling down on both knees, sit back on your heels and stretch your arms out straight on the floor ahead of you. Stretch out as far as you can. Now move your arms to the side and hold and then walk them to the opposite side and hold

Exercises phase 1 (continued)

MOBILITY EXERCISE

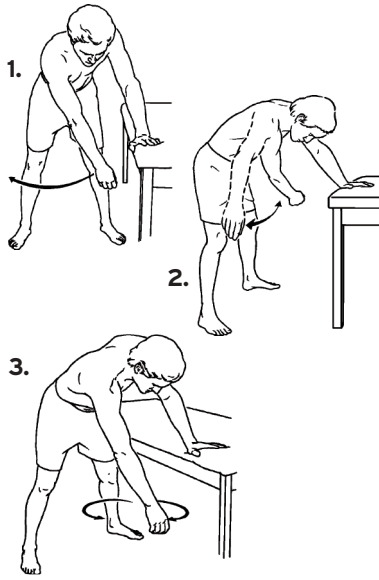
- Perform 1-2 sets of 10-15 repetitions of each exercise
- The movements should be slow and controlled throughout the range
- Ensure that you work in a pain free range of movement



NECK MOBILITY
Sitting in an upright position in your chair with your head in a neutral position i.e. chin in line with eyes and ears in line with shoulders. Now move your head in the following directions:

- 1. Forwards** - chin to chest
- 2. Backwards** - back of head to back
- 3. Side Rotation** - chin to collar bone
- 4. Side bend** - ear to shoulder

Make sure that after each movement you return to the neutral (start) position. Do not try to combine these movements and only go as far as you can pain free, even if the movement is very small.



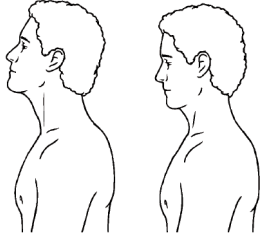
SHOULDER MOBILITY
Standing next to a table, lean slightly forwards at the hips and support yourself by placing one hand on the table. Now with the free arm, allow it to swing freely in the following directions:

- 1. Forwards/Backwards**
- 2. Side to side**
- 3. Clockwise/Anti-clockwise**

Make sure that you move your shoulder in a pain free range of movement and gradually increase this range as you can.

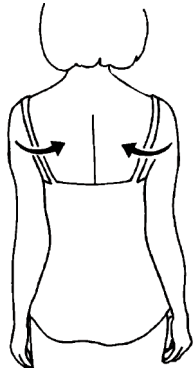
STABILITY & STRENGTHENING EXERCISES

- Hold each exercise for 10 seconds and repeat each 10 times
- Make sure that the movements are slow and controlled.
- Always work in a pain free range of movement and continue to breathe normally throughout



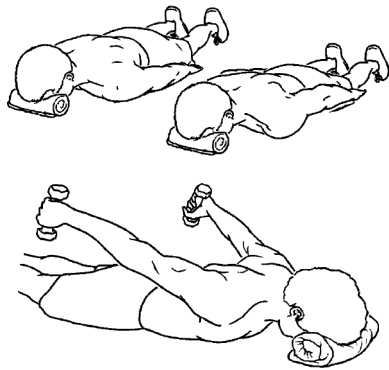
NECK RETRACTION
Pull head straight back keeping jaw and eyes level. Hold for 10 seconds and repeat 10 times. This can be performed regularly throughout the day

Exercises phase 1 (continued)



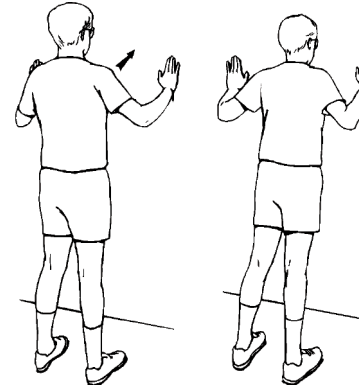
STABILISING

Sitting slightly forwards in your seat, both feet flat on the floor, your shoulders back, your stomach in, your posture good. Keeping your shoulders level and down, retract them, by pulling your shoulder blades slightly down your back and in towards each other. Hold this position for 10 seconds and then relax the retraction. Repeat 10 times. Again this can be performed regularly throughout your day.



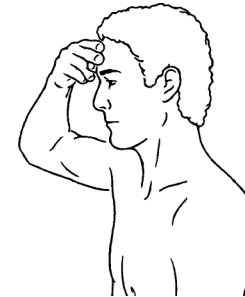
PRONE FLIES 1

Lying face down with your forehead supported by a towel, arms against your sides with your hands turned outwards, i.e. thumbs pointing upwards. Move your shoulder blades down your back and in towards each other and at the same time lift your hands off the floor. Look down at the floor while doing the exercise. This can be progressed by holding small weights in your hands.



PUSH-UP PLUS RETRACTION

Stand facing a wall; place both hands against it at about shoulder level and shoulder width apart. Take your shoulder blades down your back and slightly in towards each other and now slowly and controlled, perform a push-up against the wall maintaining control of your shoulder blades (i.e. keep them down and in). Now push up through your palms



STATIC NECK FLEXION

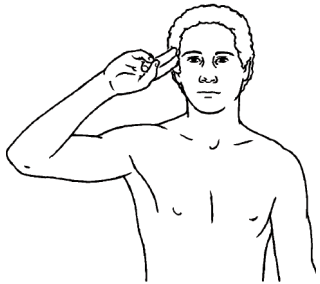
Sitting with your head facing forwards and in a neutral position i.e. chin under eyes and ears in line with shoulders. Use light pressure from your finger-tips on your forehead to resist bending your head forwards.



STATIC NECK EXTENSION

Sitting with your head facing forwards and in a neutral position i.e. chin under eyes and ears in line with shoulders. Use light pressure from your finger-tips on the back of your head to resist bending your head backwards.

Exercises phase 1 (continued)



STATIC NECK SIDE FLEXION

Sitting with your head facing forwards and in a neutral position i.e. chin under eyes and ears in line with shoulders. Use light pressure from your finger-tips to resist bending your head to the side. Repeat on the opposite side

Exercises phase 2

Phase 2 exercises can be started once you are able to perform the exercises in phase 1 pain free and with control (especially the stability and mobility exercises). This will probably be after a week or two of starting with this programme. If you progress to phase

2 but are unable to do some of the exercises, don't be afraid to use some exercises from each phase at the same time and progress yourself slowly. Continue with the stretching programme from phase 1 at the beginning and end of each session.

STABILITY & STRENGTHENING EXERCISES

- Perform sets and repetitions as stated in each exercise
- Ensure that the movement is slow, controlled and pain free



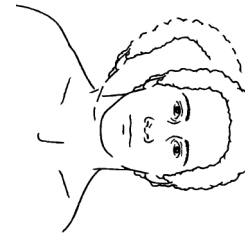
HEAD LIFTS

Lying on your stomach with your chin hanging over the end of the bed. Lift your head backwards/up keeping your chin tucked in and not pushing forwards. Hold that position for 5 seconds. Relax slowly and repeat. Perform 10 repetitions.



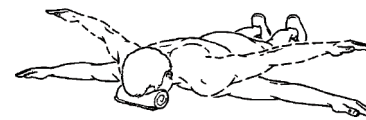
CHIN LIFTS

Lying on your back with your knees bent. Lift your head just off the floor, pulling your chin in towards your chest and hold it here for about 5 seconds. Relax down slowly and repeat. Perform 10 repetitions.



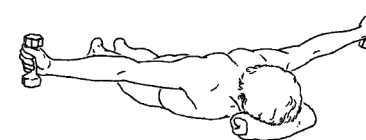
SIDE LIFTS

In a side lying position, supporting your head with a cushion or your opposite arm. Lift your head up off the floor bringing your ear towards your shoulder



PRONE FLIES 2

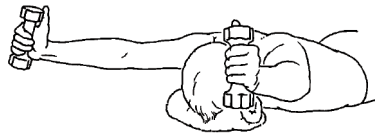
Lying face down, arms out at your sides in a T-position with your hands turned outwards, i.e. thumbs pointing upwards. Bring your shoulder blades down your back and slightly in towards each other and lift your hands off the floor while maintaining your shoulder blade position. Look down at the floor while doing this exercise. Hold for 10 seconds and repeat 10 times. Progress this by lifting your trunk at the same time as raising your arms and small weights can also be added in the hands.



Exercises phase 2 (continued)

SUPERMAN

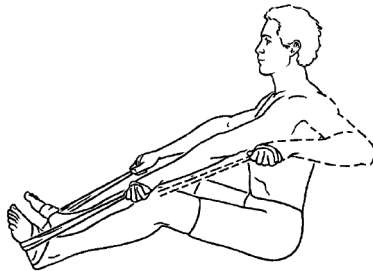
Lying face down, with your arms above your head and in line with your body, and with your hands



turned outwards i.e. thumbs pointing upwards. Bring your shoulder blades down your back and slightly in towards each other and lift your arms and upper trunk off the floor. Breathe normally during the exercise. Hold for 10 seconds and repeat 10 times. Small weights can be held in your hands to progress this exercise.

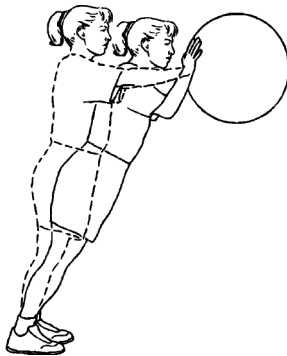
LONG SITTING SHOULDER ROWING

Sit with your legs straight out in front of you. Grasp the ends of your band in both hands. Loop the band around both forefeet. Pull both elbows back squeezing the shoulder blades together. Repeat 10 times. Be sure to keep your feet down and not to lift your shoulders while executing these exercises.



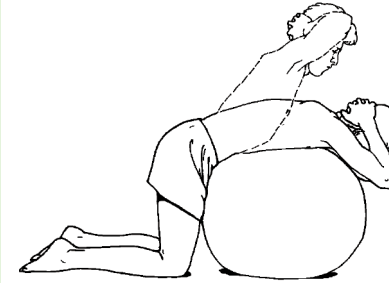
PUSH-UP PLUS RETRACTION WITH BALL

Perform as in phase 1, but this time place a fit ball against the wall, placing both hands on the ball and performing the push-ups. Control your shoulder blade position throughout the movement i.e. no shrugging. Hold for 10 second and repeat 10 times. This can also be done in a normal push-up position on the floor, slowly and controlled while controlling your scapular position throughout the movement.



UPPER BACK EXTENSIONS

Kneeling, sitting back on your heels (or leaning over a ball if you have one) with your arms crossed across your chest. Slowly unravelyourself by lifting your chin and head, opening the chest and bringing the shoulder blades in towards each other. Bend your elbows and bring them out to the side (i.e. 90° angles to your shoulders). Hold for 10 seconds and repeat 10 times



Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries regarding the information, please do not hesitate to contact us on:

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