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The website for the answer to all your Orthopaedic Questions

- **Orthopaedic Opinion Online** is a website designed to provide information to patients who have orthopaedic and musculoskeletal problems and are undergoing treatment.
- **Patient information** is provided in the form of downloadable information sheets.
- **Orthopaedic advice** and second opinions can be provided by our expert internationally renowned Consultant Orthopaedic Surgeons.
- **Online review** of patients' X rays or MRI scans can also be provided and any proposed treatment plans reviewed.
- **Book a clinical consultation** with one of our internationally renowned consultant orthopaedic surgeons in Bristol or London.
- **Orthopaedic reports** can be provided for Injury or Accident Claims and Medical Negligence claims.

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Neck Pain in Adults

Episodes of acute neck pain are usually short lived and are commonly associated with a rapid and full recovery. They commonly result from minor injuries, or a bad posture at work, when driving or computing. The usual advice is to stretch and maintain the flexibility of the neck. Painkillers and NSAID's are helpful. If severe, chronic or persistent pain develops further treatment may then be needed.

Introduction

Neck pain is common. More than half of people develop a bout of neck pain at some time in their life. The causes commonly include the following conditions:

- **'Mechanical' neck pain.** This includes minor injuries or sprains to muscles or ligaments in the neck. Bad posture is also a common cause. For example, neck pain is more common in people who spend much of their working day at a desk with a 'bent-forward' posture. Often the exact cause or origin of the pain is not known. Fortunately recovery often occurs before the need for investigation arises.
- **Degeneration or wear and tear of the neck.** Commonly the neck bones or vertebrae and the discs between them become worn, deformed or arthritic. This is a common cause in older people. This is sometimes called cervical spondylosis. The symptoms may include pain from the nerve root which may be experienced or shoot into the arm or hand.
- **More general causes.** Causes of general arthritis of rheumatoid arthritis, the small facet joints of the neck, or problems with the neck musculature may result in pain.
- **Whiplash.** Perhaps the most common cause of acute neck pain in the younger population is from a rear end road traffic accident or resulting in a characteristic whiplash type injury. , bone disorders, and serious injuries that damage the vertebrae or spinal cord in the neck.

The rest of this article deals only with the common 'mechanical' causes of neck pain. Whiplash type injuries are covered in more detail in the Orthopaedic 100 –Whiplash Injury information sheet.

Symptoms of common mechanical neck pain

Pain develops in the neck and may spread to the base of the skull and shoulders. Movement of the neck may make the pain worse. The pain is worse when upright or sitting reading, at a desk or computer terminal. The pain may spread down an arm to a hand or fingers. This is due to irritation of a nerve going to the arm from the spinal cord in the neck.

Some numbness or pins and needles may occur in part of the arm or hand. It is best to tell a doctor if these symptoms occur as they may indicate a problem with a nerve in the neck.

The outlook is usually good in most cases of acute neck pain. The symptoms commonly begin to improve after a few days, and are usually gone within a few weeks. However, the time taken for the symptoms to settle varies from person to person.

Some people develop chronic persistent neck pain. If you develop chronic neck pain, the tendency is for the pain to wax and wane with 'flare-ups' from time to time.

A doctor's assessment and examination can usually determine that a bout of neck pain is not due to a more serious cause. The following are the sort of symptoms that may indicate a more serious problem and which you should bring to the attention of your doctor.

- If neck pain develops when you are ill with other problems such as infections, cancer, or rheumatoid arthritis.
- If the pain becomes severe or persistent.
- If some function of an arm is affected. For example, pins and needles, weakness or clumsiness of a hand or arm, or persistent numbness.
- If you feel ill with other symptoms such as weight loss, fever, loss of appetite, headaches or difficulty swallowing.
- If the neck bones are tender to the touch.

Treatment

Stretching, exercise and physiotherapy

Aim to keep your neck moving as normally as possible. At first the pain may be quite bad, and you may need to rest for a day or so. However, gently stretch the neck as soon as you are able. You should not let it 'stiffen up'. Gradually try to increase the range of the neck movements. Every few hours gently move the neck in each direction. Do this several times a day. As far as possible, continue with normal activities. Avoid those activities and postures which exacerbate the symptoms and make the neck more painful.

In the past, some people have worn a neck collar for long periods when a bout of neck pain developed. The problem with collars is that they prevent you from moving your neck. Studies have shown that you are more likely to make a quicker recovery if you do regular neck exercises, and keep your neck active rather than resting it for long periods in a collar. Also, if you keep the neck active during a bout of neck pain, it is thought to help prevent chronic or persistent neck pain from developing. A trained physiotherapist may be of great assistance with various forms of therapy. General physiotherapy advice includes:

- **A good posture may help.** Brace your shoulders slightly backwards, and walk 'like a model'. Try not to stoop when you sit at a desk. Sit upright.
- **A firm supporting pillow** seems to help some people when sleeping.
- **Physiotherapy.** It is not clear whether this makes much difference to the outcome of mechanical neck pain. Therapies such as traction, heat, cold, manipulation, etc, may be tried, but the evidence that these help is not strong. What may be helpful is the advice a physiotherapist can give on neck exercises to do at home. A common situation is for a doctor to advise on painkillers and gentle neck exercises. If symptoms do not begin to settle over a week or so, you may then be referred to a physiotherapist to help with pain
- relief and for advice on specific neck exercises.

Medicines

Painkillers are often helpful. It is best to take painkillers regularly until the pain eases. This may help enable you to exercise and keep your neck mobile and active. Non steroidal anti-inflammatories are preferable to simple analgesics or pain killers. The NSAID's reduce the surrounding inflammation in addition to providing an analgesic or pain killing effect. This may be more effective and help reduce stiffness and maintain mobility.

- **Paracetamol** at full strength is often effective. For an adult this is two 500mg tablets, four times a day. Stronger painkillers such as codeine or Dihydrocodeine are an option if anti-inflammatories do not suit or do not work well. These are often taken in addition to Paracetamol. Constipation is a common side-effect from codeine and Dihydrocodeine. To prevent constipation, have lots to drink and eat foods with plenty of fibre.
- **NSAID: Anti-inflammatory drugs.** These include ibuprofen which you can buy at pharmacies or get on prescription. Other types such as Diclofenac, Naproxen, or Tolfenamic need a prescription. Some people with asthma, high blood pressure, kidney failure, or heart failure may not be able to take anti-inflammatory painkillers.
- **Muscle relaxants.** These drugs such as diazepam is sometimes prescribed for a few days if your neck muscles become tense and make the pain worse.

Other advice

The various treatments advised by various therapists and doctors may vary to some degree. However you should return to see your doctor for advice and supervision. This should be undertaken if:

- The pain becomes worse.
- The pain persists beyond 4-6 weeks.
- Other symptoms develop such as numbness, weakness, or pins and needles in an arm or hand.

Other pain relieving techniques may be tried if the pain becomes chronic (persistent). Chronic neck pain is also sometimes associated with anxiety and depression which may also need to be treated.

To drive safely you must be able to turn your head quickly. It is perhaps best not to drive until any bad pain or stiffness has settled. Certainly it is unsafe to drive if your mobility, ability to look behind or control the vehicle is affected.

In summary

- Most bouts of neck pain due to mechanical causes get better within a few weeks.
- Keep your neck stretching, moving, and mobile. Do not let it 'stiffen up'.
- A good posture at work, reading, sitting, driving and at a computer is essential.
- At night adjustment of pillows may help.
- If needed, take NSAID's or painkillers regularly to ease pain.
- Physiotherapy may be advised if the pain does not settle.
- Tell a doctor if symptoms become worse, or new symptoms develop.

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