

Neck Pain

Neck pain can be divided into **acute** and **chronic pain**.

- Acute pain is pain that has been present for less than six weeks,
- Chronic pain is pain that has been present for over three months.

Between six weeks and three months some people still call this acute pain, some chronic pain and others create a new category, *sub-acute pain*.

Acute Neck Pain:

Acute neck pain is most commonly idiopathic (of unknown cause) or attributed to a whiplash injury; serious causes of neck pain are rare (<1%). Degenerative changes, osteoarthritis or spondylosis of the neck are neither causes nor risk factors for idiopathic neck pain. There is no evidence that “sprains” or “strains” of the neck muscles and ligaments occur and cause acute or chronic pain.

- Approximately 40% of patients recover fully from idiopathic neck pain
- Approximately 30% continue to have mild symptoms
- 30% of patients continue to have moderate or severe symptoms.
- Approximately 56% of patients fully recover within three months from the onset of acute whiplash-associated neck pain,
- 60-85% fully recover within one – two years;
- 15-40% continue to have symptoms
- 5% are severely affected.

Psychological factors are not determinants of chronicity in whiplash-associated injuries.

There is evidence that some physical therapies and staying active are the best means of treating acute neck pain. There is insufficient evidence to make a judgement on the effectiveness of acupuncture, simple analgesics, cervical manipulation and electrotherapies in acute neck pain. There is evidence that soft collars do not work in the majority of cases.

X-rays may be necessary in the acute setting in order to exclude entities such as fracture; but more often than not provide little relevant information (for example, degeneration is not particularly relevant unless there are neurological symptoms). The Canadian C-Spine Rule (Stiell et al, 2001) can be used to clinically assess whether someone needs an x-ray or not.

Remember:

- The primary goal is to help you find ways to manage your pain and return to your usual activities.
- It is important to work with your health practitioner to manage your pain and address your concerns.
- If pain persists it is important to follow up with your doctor or health practitioner as you may need further assessment.

Chronic Neck Pain:

The only validated cause of chronic neck pain is pain arising from the **facet joints** of the neck. Excellent data supports the fact that facet joint pain can be diagnosed by a series of controlled medial branch blocks on the facet joints

(follow link to ***cervical medial branch blocks***).

A medial branch is a branch of a nerve that supplies the sensation to the facet joint above and below it. So each joint gets two nerves supplying it, one from above and one from below. To anesthetize one joint, two medial branches have to be blocked (put to sleep temporarily); to anesthetize two joints, three nerves need to be blocked. If a patient has concordant pain relief (ie the longer acting local anesthetic eases their pain for longer than the shorter acting local anesthetic) following two medial branch blocks, then the patient has a 90% chance of having significant relief from a **radiofrequency neurotomy** to those medial branches.

(For more information see ***cervical radiofrequency neurotomy***)

Disc pain is a presumptive diagnosis in neck pain. There is no validated and reliable tool that can be used to diagnose cervical disc pain. Discography is performed in some centers (this involved placing a needle into the disc and pressurising it and seeing if this reproduces the patient's pain, and then injecting local anesthetic to see if the typical pain is relieved). While lumbar discography is widely practiced and has some good data supporting its use (although there is still controversy), cervical discography has very limited data supporting its use. Diagnosis of cervical disc pain is often made from changes seen on an MRI. These changes on MRI exist in the pain-free population as well, so using these changes alone to diagnose the cause of neck pain can lead to the wrong diagnosis. Never the less; some patients get pain relief from a cervical fusion operation, or from a disc replacement. Some people believe that, if the facet joints have been ruled out as a source of pain, that (delete this word) disc replacement is a better operation to fusion, as it puts less pressure on the "healthy" discs alongside the area of surgery.

X-rays and other imaging is rarely of help in diagnosing chronic neck pain, as the changes seen on imaging (and often blamed for the patients pain) are seen in the pain free population just as commonly.

Trigger points and ligament injuries have not been scientifically proven to exist as a cause of chronic pain.

Why aren't the causes of chronic neck pain and acute neck pain the same? They may well be; it may be that muscle injuries heal, and joint injuries do not. More studies are required.

References:

1. Stiell JG, Wells GA, Vandernheen KL, Clement CM, Lesiuk H, De Maio VJ, Laupacis A, Schull M, McKnight RD, Verbeek R, Brison R, Cass D, Dreyer J, Eisenhauer MA, Greenberg GH, MacPahil I, Morrison L, Reardon M, Worthington JW (2001) The Canadian C-spine rule for radiography in alert and stable trauma patients. Journal of the American Medical Association.286: 1841 – 1848.
2. Evidenced – based Management of Acute Musculoskeletal Pain. Australasian Faculty of Musculoskeletal Medicine.

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