



DynamicHealth



How to help your neck pain



Cambridgeshire Community Services NHS Trust: delivering excellence in musculo-skeletal services and pelvic health physiotherapy across Cambridgeshire and Peterborough

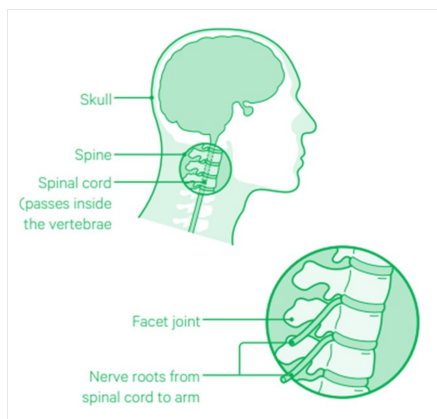
This guidance has been produced by the DynamicHealth physiotherapy service. It offers simple measures to help you manage your neck problem safely; often the right advice and exercises are all you need to improve the problem. This leaflet has been made available to your GP, who may ask you to try the advice and exercises prior to consulting a physiotherapist.

If your neck pain started after recent trauma or you have any of the following symptoms please seek urgent medical advice before reading any further.

- Arms and/or legs are becoming progressively weaker or losing co-ordination
- Progressive worsening of balance and unsteadiness on walking
- New recent changes to bladder or bowel function such as urgency to pass urine, difficulty passing urine/faeces or lack of control leading to incontinence.
- Any rapid muscle wastage in the upper body

About the neck

The neck, also referred to as the cervical spine region, consists of seven vertebrae bones (C1-C7). Between the vertebrae are round rubbery pads called discs that act like shock absorbers throughout the spinal column to cushion the bones as the body moves. Bands of tissue known as ligaments hold the vertebrae in place, and tendons attach the muscles to the spinal column. The spine also provides protection to important neurological structures such as the spinal cord, which is contained within the centre of the spine called the spinal canal.



Neck pain or a stiff neck is a common problem that will affect almost everybody at some stage in their life. Around 50 per cent of people with neck pain will experience a recurrence of their problem. Most neck pain is "*mechanical*" (the pain originates from the joints, bones or soft tissues in and around the spine). Symptoms usually get better after a few days or weeks with simple self help treatments, and will not cause any long-term damage. **It's rarely a sign of anything serious.**

You can often get a painful or stiff neck if you:

- sleep in an awkward position
- use a computer for a prolonged period of time
- strain a muscle because of bad posture
- are stressed or have anxiety, this can also sometimes cause tension in your neck muscles, leading to neck pain.

Common causes of neck pain:

Osteoarthritis

Stiffness and restriction, particularly on turning or looking upwards may be felt. There may be pain, particularly at night and difficulty finding a comfortable position. You may hear grinding, grating or clicking noises from the neck. Although this may sound or feel worrying, it is not serious or abnormal and is actually very common.

Muscular

Pain is often felt in the Trapezius muscles, which runs from the base of the head and across to the shoulders and is often described as an aching sensation. Pain can occur when the muscle is stretched when turning the head or tilting the ear across to shoulder. Emotional and psychological stress can result in prolonged muscle tension and shortening, which leads to continued muscular fatigue. Furthermore referred pain can be felt up and around the back of the head and over to the eye(s).

Headaches

Can sometimes be caused by a problem with the neck (muscles and joints) and usually follows an onset of neck pain. The headache will significantly improve or go away at the same time as the neck pain and is often one sided.

Nerves

These run from the brain to the rest of the body via the spinal cord. Nerves branch out from the spinal cord at different levels supplying the power and sensation to the arms/legs and body. The nerves that branch out from the neck supply the muscles that enable function and sensation of the shoulders, arms, hands, and fingers.

When these nerves are irritated, symptoms of pain, weakness, pins and needles or numbness are felt. Symptoms are often aggravated with certain turning of your head and tilting your head towards the side of pain and with prolonged positions e.g. reading.

Symptoms can be very painful for the first **6 weeks**, but typically they gradually start to improve over a **3 month** period (nerve healing timeframes are much longer than those of bones, muscles and ligaments and sensory symptoms e.g. pins and needles or numbness often persist longer). It is important in the earlier stages to discuss a short trial of reasonable pain medication and with your GP and maintain normal activities as able. **Seek an earlier health professional assessment, should symptoms not be starting to improve after 6 weeks, or sooner if you develop any concerning symptoms stated at the start of this leaflet.**

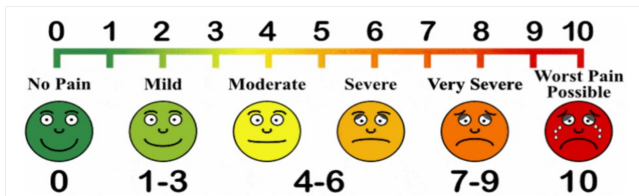
Neck exercises

How much should I do?

- **Exercise every other day** – allowing enough rest is important to let the soft tissues recover and develop.
- **Choose 3 or 4 exercises** from the set below that are challenging but manageable.
- **Perform 5 –10 repetitions** of each exercise, 3 - 5 times a day.
- **Rest for up to 1–2 minutes** between each set.
- **Once an exercise is easy, progress it** by increasing the number of repetitions (you could aim to increase it by 2 - 5 repetitions every 2 weeks) or for holding the positions for longer, or moving to a more challenging exercise.

How much pain is too much?

- **Before exercising, rate your pain** at that moment on a scale of 0–10, where 0 is no pain and 10 is the worst pain you can imagine.
- **A maximum pain level of 4/10 while exercising is fine**, as long as this eases within 45 minutes of the session and does not interfere with sleep or activities the next day.
- **If your pain increases beyond this, simplify the exercise** by reducing the range of movement or number of repetitions, or try an easier exercise.



Range of movement exercises



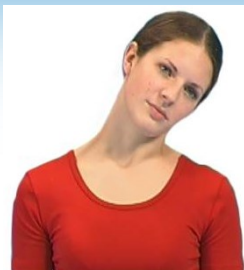
Neck Flexion

Bend your head forward until you feel a stretch behind your neck



Neck Rotation

Turn your head to one side until you feel a stretch



Neck Side Flexion

Tilt your head toward one shoulder until you feel the stretch on the opposite side



Chin Tucks

Sit up straight.

Slightly tuck your chin in. You can assist the movement direction by slightly pressing your chin backwards with your fingers (hand supported on your chest).



Scapula Retraction

Start by sitting on a chair with your hands resting on your thighs.

Pull your shoulder blades together. Then relax.



Trunk rotation

Sit up straight on a chair. One hand is placed on the outer side of your opposite thigh/knee and the other hand behind you.

Twist your trunk, assisting with your hands until you feel a stretch in your side and back.



Seated Row without Equipment

Sit up straight and lift arms forwards, with your elbows straight.

Pull your elbows backwards and shoulder blades together. Straighten your arms back to starting position.

Strength exercises



Prone Scapula Retraction with Dumbbells

Lie on your stomach on your bed with your arms straight by your sides, holding a small weight in both hands is optional if it is initially too easy. Rest your forehead on the bed and gently lengthen your neck.



Keeping your elbows straight, lift your arms and upper body off the bed. In a controlled manner, return to starting position.



Shoulder Blade Retraction (Middle Trapezius)

Lie on your stomach on your bed. Take your arms out to the side. Lengthen and align your body through your toes to the top of your head. Maintain the width of your chest and back.



Lift your arms up and feel your shoulder blades moving towards your spine. In a controlled manner, lower your arms back to the bed.



Prone Shoulder Blade Retraction with Arms Bent (Middle Trapezius)

Lie on your stomach on your bed. Take your arms out to the side with your elbows at right angles. Lengthen and align your body through your toes to the top of your head. Maintain the width of your chest and back.



Lift your arms up and feel your shoulder blades moving towards your spine. In a controlled manner, lower your arms to the bed.



Prone Arm Lift (Lower Trapezius)

Lie on your stomach on your bed, arms diagonally above your head. Lengthen and align your body through your toes to the top of your head. Maintain the width of your chest and back.



Lift your arms up and feel your shoulder blades moving towards your spine. In a controlled manner, lower your arms back to the bed.

All these exercises could be adapted to be done sat in a chair instead of laying down.

Top tips

- Keep active whilst reducing activities that are aggravating your symptoms, for example, the length of time spent at your desk or the amount of heavy lifting.
- A hot or cold pack can provide short-term pain relief. Apply this to the area for up to 15 minutes, every three hours and up to four times a day, ensuring it is never in direct contact with the skin.
- Increased levels of stress can cause neck and back pain. Learning to practise relaxation, meditation or mindfulness techniques may be a useful management tool to reduce stress and general wellbeing.
- Pain relief can help manage the discomfort in the short term. Normally painkillers bought from a pharmacist will work. If you have any questions please speak to a pharmacist or your GP.
- Exercise aiming to strengthen and help the way you move in order to return to your normal activities. You do not need to do them all in one go; try and build them into your everyday activities
- It is normal for it to take 6-12 weeks before you see a good improvement in your pain, movement and strength.
- General exercise can really help your recovery so try to keep going with other activities you enjoy to keep fit. Even a brisk walk could really help.

Lifestyle and Wellbeing Support Services

<https://haycambspboro.co.uk/>

<https://healthyyou.org.uk/>

Speaking to the social prescriber at your GP practice can also be a very useful resource

Useful Information Sources

<https://www.versusarthritis.org/about-arthritis/conditions/neck-pain/>

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

<https://cks.nice.org.uk/topics/neck-pain-non-specific/management/management/>

For further information about this service contact:

General Enquiries: 0300 555 0123

Physiotherapy Dept, Hinchingsbrooke Hospital, Hinchingsbrooke Park, Huntingdon, Cambs PE29 6NT

Physiotherapy Dept, Brookfields Campus, 351 Mill Road, Cambridge, CB1 3DF

Physiotherapy Dept, Princess of Wales Hospital, Lynn Road, Ely, Cambs, CB6 1DN

Physiotherapy Dept, Doddington Hospital, Benwick Road, Doddington, Cambs, PE15 0UG

Physiotherapy Dept, Rowan Lodge, North Cambs Hospital, The Park, Wisbech, Cambs, PE13 3AB

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