

## **Neck Pain**

Cervical or neck pain is very common and most people in their life will have at least one episode. Sometimes it is associated with arm pain or neurological symptoms in the arms or legs.

Fortunately most of us have simple neck ache after doing too much that gets better on its own although sometimes physio or other manual therapy may help while the body heals itself. Serious pathology is a worry for many but is fortunately rare. The pain associated with serious pathology is often constant, unchanging with activity and may be associated with generally poor health. Neck pain often causes posterior headache as well as a pain that radiates to the shoulders. In most cases physiotherapy should be the mainstay of treatment, but in some cases, more invasive treatment may be indicated. Examples include cervical osteoarthritis and inflammatory arthritis. Of course, in many cases, nerve compression is also a problem and when treatment is planned this needs to be considered.

### **Assessment**

Following a full history and examination investigation may be indicated. MRI scanning is useful in ruling out serious pathology and also shows the state of the discs and facet joints in detail together with any evidence of neurological compression. An Xray may also be taken to assess any spinal deformity. An MRI or Xray in isolation is of only limited use. It is the combination of imaging together with a full history and examination that gives the clinician the information needed to give a diagnosis. Sometimes, if further invasive treatment is to be considered then diagnostic injections may be used. These either numb an area or provoke pain in an area to pin down the exact site of pain and to correlate the abnormality on an MRI scan with the pain.

### **Treatment**

This of course depends on the diagnosis, any association with arm pain or myelopathy, the impact it has on the patient's life and what has been tried already. More information can be obtained on the treatment page help sheets.