



NEWSLETTER

Neck Pain



This is the quarterly newsletter for Waldron's Peak PT. The newsletters will be a way for us to let you know what is new with the clinic, and also keep you up to date on relevant and recent research regarding physical therapy and your health.

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Problem:

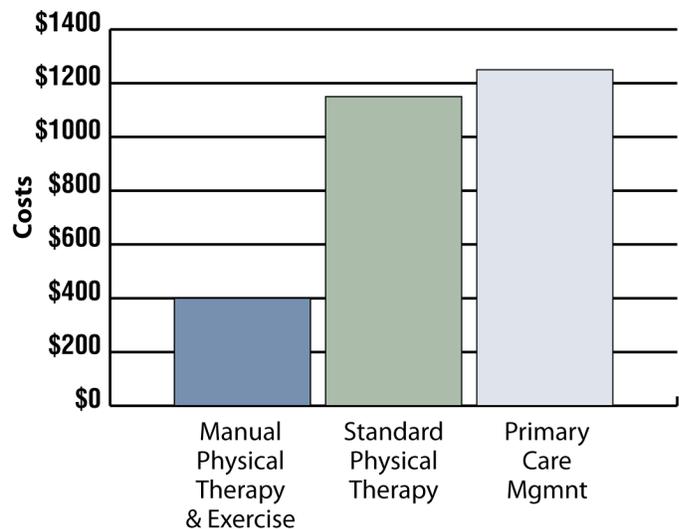
Neck pain is a common problem affecting 10-15% of the population at any one time, with a lifetime incidence of 22-70%.¹ The natural history of this problem is not as favorable as once thought with only 6% of patients with neck pain report resolution of symptoms at one year.²

Additionally, a recent systematic review demonstrated the prognosis from idiopathic neck pain is poor³ and 50-75% of patients with neck pain will report symptoms at 1 and 5 year follow up.⁴

Scientific evidence suggests the utilization of manual therapy and exercise is a more cost effective intervention compared to primary care management alone or standard physical therapy (see graph).⁵ Our effectiveness in treating patients with musculoskeletal disorders including neck pain increases as we match interventions to a patient's signs and symptoms. Specifically, outcomes are improved by correctly matching each intervention to a specific patient category seen below.⁶

Patients with mechanical neck pain, neck and arm pain (cervical radiculopathy), and headaches caused by neck pain (cervicogenic headaches) can benefit from Physical Therapy interventions including manual therapy and exercise to reduce

pain and improve disability. Interventions at Waldron's Peak Physical Therapy are provided by licensed Physical Therapists and tailored to match the patient's needs. These interventions provide solutions to a patient's neck pains and can be utilized to facilitate their return to an active lifestyle.



Solutions:

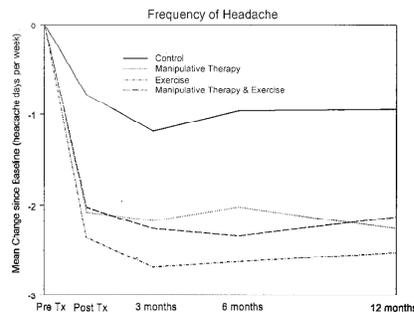
Exercise and Conditioning

Patients within this category of treatment may display lower pain and disability levels, but report a longer duration of symptoms. Exercises prescribed by the Physical Therapist will aim to improve muscle function within the deep cervical flexors and scapular muscles. A recent systematic review provided Level 1 evidence on the benefits of exercise for patients with mechanical neck pain.⁷ Further, strong evidence supports the utilization of postural and stability training (proprioception) and strengthening exercises for patients with recurrent or chronic neck pain.⁸



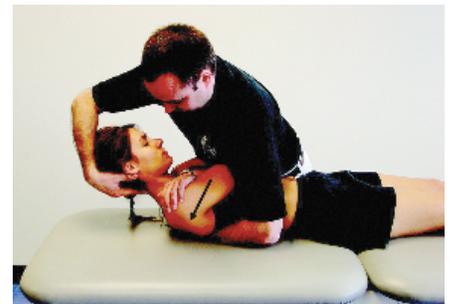
Cervicogenic Headache

Patients in this category complain of headaches associated with neck and head movements or prolonged positions. Authors have reported the benefit of cervical manipulation on reducing headache intensity and frequency in patients with headache.⁹ Further, a recent Cochrane review documented the improved effectiveness of manual therapy and exercise over manual therapy alone in patients with neck pain with or without headaches.¹⁰ It appears exercise combined with manual therapy is critical to promoting lasting improvement from these headaches.¹¹



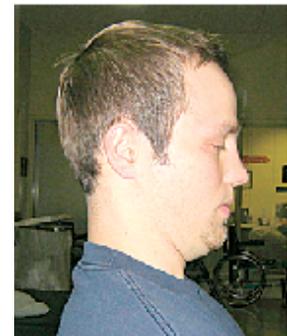
Mobility

Patients within this group include those with symptoms above the elbow, have an acute onset (<30 days) of symptoms, and are younger than 60 years old.⁶ Evidence supports the utilization of both cervical and thoracic mobilization/manipulation, combined with exercise, to restore mobility, decrease pain, and improve function.^{1, 22, 23} Utilization of manual therapy can reduce long term health care costs by as much as 2/3 in comparison with exercises or medical management alone.²⁴



Centralization

Patients within this category include those who have signs and symptoms of nerve root impingement or radicular symptoms (neck pain and arm pain, paresthesias or pins and needles, or numbness). Studies demonstrate 26% of patients with cervical radiculopathy who undergo surgery continue to experience high levels of pain at a 1-year follow-up.¹² Studies also suggest that patient outcomes may be superior with conservative management versus surgical interventions.^{13, 14} Physical therapy interventions consisting of manual therapy¹⁷, cervical traction^{15, 16}, and cervical centralization exercises have been shown to decrease pain and improve function in this category of patients. Specifically, authors reported 91% of patients with cervical radiculopathy who underwent treatment of manual physical therapy, cervical traction and strengthening exercises showed significant functional improvement after a course of Physical Therapy.¹⁷



Pain Control Classification

This subgroup comprises patients with acute or traumatic onset of neck pain, including whiplash injury, and those presenting with high levels of pain and disability. Physical therapy interventions for this category aim to decrease pain and allow transition into other subgroups for treatment to further improve range of motion, strength, and reduce disability. Evidence suggests utilization of thoracic spine manipulation¹⁸, cervical spine mobilizations¹⁹, neck active ROM exercises²⁰, gentle soft tissue massage²¹, and physical modalities such as TENS²² can be used effectively within this category. Physical Therapy interventions in this category, tailored to the patient's specific needs, demonstrate greater changes in pain and disability than unmatched interventions.⁶

Summary

Neck pain is a common condition causing increased pain and disability in the majority of adults in our community. The most current medical literature demonstrates excellent outcomes for patients with neck pain when Physical Therapists match interventions based on the individual's current signs and symptoms. To learn more about how Physical Therapy can improve your musculoskeletal symptoms please contact the experts at Waldron's Peak Physical Therapy.



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