Neck Pain

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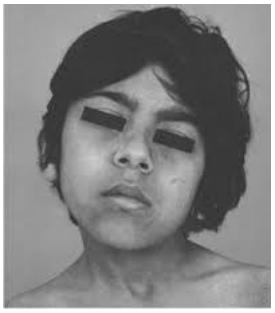
Concord Sport & Spine Physiotherapy

Acute Wry Neck

I regularly treat patients with acute wry neck – sometimes termed acute torticollis. Here is what I have learned about this condition over the years.

Features



Wry neck is a condition typified by the sudden onset of severe neck pain with a characteristic deformity. The pain usually arises early in the day – either before getting out of bed, or with a sudden head movement soon after. The neck will be side flexed away from the side of pain. All movements are painful, and there will be almost complete loss of movement toward the painful side. Cervical extension will also be severely limited.

Pain will often spread from the upper neck into the shoulder and scapular region, with muscle spasm being present is all cases. Palpation will demonstrate unilateral muscle tension, and also that the source of pain is very localized – usually to the upper cervical spine, and over a particular facet joint.

The condition is most common in young teenage boys and girls (generally from 10 to 14 years), and young adult females (18 to 25 years). It is occasionally seen in middle-aged individuals. In young adult females, it tends to occur more in those with a thin frame and long neck.

Cause

The cause of wry neck is not fully understood. One theory is that a small extra-articular 'meniscus' becomes trapped in the joint, making it lock. However this does not fully explain the condition, as the joint can be readily 'unlocked' by laying the patient supine and encouraging gradual movement. Full range of motion can be achieved, until the patient returns to upright, when the restriction is again apparent. In my opinion, muscle spasm secondary to the acute joint injury is largely responsible for the persistent deformity & symptoms.

Treatment

Untreated, the pain and deformity will gradually settle over a week or more. With treatment, patients get completely better in 2 to 3 days. In most cases I will see the patient for 2 treatments on consecutive days, and then send them away with a maintenance and strengthening programme.

Reassurance is important, particularly for the young patient in severe pain, as well as the distressed parent. Ice is useful before and during treatment. It is very effective in reducing the pain and muscle spasm, thus helping to gain the patients confidence.

Manual therapy consists of a specific passive physiological gliding technique, employed toward the side of pain. The main movement used is side flexion, and as the motion improves, this is combined with rotation &/or extension. On the 2nd treatment, the patient is usually 50% better, and can tolerate direct facet joint mobilisation.

Exercises consist of self-correction glides, supine rotation and side flexion stretches, and isometric strengthening commenced on day 2. After the 2nd or 3rd treatment, the patient should have full pain-free

range of motion and very little residual muscle tension.
The condition is sometimes recurrent, however the patient generally outgrows this with improved muscle development and skeletal maturity.

For information for doctors on physiotherapy management of all types of injuries visit:
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Information for patients is at:
http://www.cssphysio.com.au/forpatients.html

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