



My Approach to Treating Mechanical Neck Pain

Neck pain is extremely common. It is possibly more prevalent than low back pain. The difference is that people are more likely to ignore their neck pain and let it become chronic. With the majority of people working at computers or spending substantial periods of the day sitting, postural stresses are always a contributing factor. I get the occasional patient who 'slept badly' and woke with pain. Even then, I will question whether previous days activities started the pain process.

There are obviously many different types of neck dysfunction. I am interested in whether the problem is primarily pain, stiffness or both. If there is pain without loss of movement this is sometimes challenging to treat, as the pain is often largely postural. In this case lasting improvement can only occur if the patient can be convinced that they need to make significant changes to how they do things throughout the day.

Examination

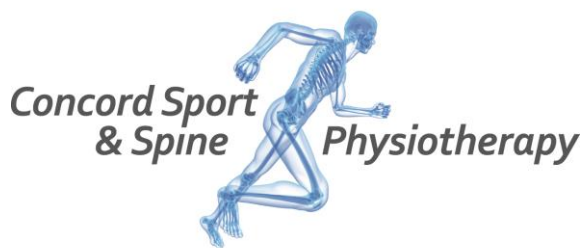
- Posture: While I look at posture with the patient standing & sitting, sitting is the most relevant for most patients. How they hold their lumbar spine is just as important as whether they protract their neck or shoulders.
- Range of motion. If there is restriction of cervical range (usually rotation), mobilisation will form part of treatment as there will usually be joint restriction. Whether the restriction is ipsilateral or contralateral to the side of pain will influence how much of mobilisation or soft-tissue techniques will likely be of benefit. I also look at thoracic flexibility which greatly influences neck posture and movement.

- Palpation will tell me the level(s) of joint restriction, and if there is general muscle tension or muscle trigger points.

Treatment

This will of course depend on examination findings. The treatments I most commonly use in treating neck pain are listed below:

- Mobilisation. Direct facet joint mobilisation to areas of joint restriction. This is a very effective treatment when there is stiffness present.
- Mobilisation with movement. Mobilisation techniques are sometimes more effective when performed with joint movement into the painful or restricted direction.
- Massage - in particular
 - 'Massage with movement', a trigger point technique combined with neck movement.
 - Upper cervical traction with massage to stretch & release tight neck extensors
 - General massage to upper trapezius, levator scapulae, rhomboids etc.
- Thoracic mobilisation or manipulation
- Stretches for cervical and thoracic spine - often performed in lying to enhance gravity assisted correction rather than gravity contributed stress.
- Postural correction exercises, particularly:
 - Neck retractions
 - Pelvic tilting to adjust position of lumbar lordosis in sitting.
- Education regarding posture and the



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effect this has on joints and muscles. This usually involves taking photos of the patient from different angles so that can see how they look from the sides and behind.

- There may be some need for core strengthening, particularly for the 'neck core' – the deep neck flexors.



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