

Neck pain

Neck complaints that cause pain or restricted movement can be considered a cervical spine dysfunction, a condition most people experience at some point in their life.



The neck consists of seven vertebrae each with a shock absorbing disc between them, supported by muscles and ligaments. A complex structure, the neck is required to support the weight of your head, which is around 8 per cent of your total body weight, as well as provide enough movement to look at the floor, the ceiling, over each of your shoulders and tilt your head to around 45 degrees on each side.

To complicate matters further, the relative weight of your head against gravity increases approximately 1.5 kilograms for every centimetre it sits forward of your shoulders. This means that if you have a 'forward head posture' which is commonly seen in computer workers, your neck joints will be under more pressure with muscles having to work harder just to hold your head up.

Symptoms

Symptoms of cervical spine dysfunction can include pain with movement, restriction (most commonly rotation) with or without pain, muscular spasm/tightness, headaches, general fatigue and a feeling of having a 'heavy head'. Cervical spine dysfunction can commonly refer pain to the top of the shoulders and between the shoulder blades. Clicking, cracking or grinding within the neck may also be present during cervical spine dysfunction and is indicative of restricted individual joint movement. Neck problems may arise from positional problems such as prolonged poor posture or sleeping 'funny', muscle overactivity from stress and tension, or from traumatic events such as a car accident or sporting injury.

There are some more serious causes of cervical spine dysfunction such as pinched nerves and bulging discs which may cause severe neck pain or pins and needles, numbness and/or weakness in the neck, arms or hands.



Neck pain

Physio 4 You

What can you do?

If your neck is sore and you do not have any of the severe symptoms listed above, there are some simple things you can do to relieve discomfort.

Keep moving: Although it may be a little uncomfortable it is important to try to keep your neck moving as much as possible to avoid stiffness, but be sure to stop if you experience any severe pain.

Watch your posture: Be careful to keep your neck in a neutral position during sustained poses such as watching TV, reading or using the computer.

Stretches: Basic neck stretches may reduce muscle tightness.

Heat: A heat pack or hot water bottle on the area for 15-20 minutes at a time can relieve muscle tightness and spasm. Be careful not to burn yourself as gentle warmth is all that is required.

What can physiotherapy do?

Your physiotherapist will perform a thorough physical examination to rule out serious conditions and ascertain whether your cervical spine dysfunction is musculoskeletal in origin. They will explain the cause of the dysfunction, and what treatment will best work for you to resolve the situation.

Treatment will typically include a combination of hands-on therapies. It may include soft tissue massage and gentle joint mobilisations to relieve muscle tightness and spasm to restore normal joint motion as well as an exercise program to stretch, strengthen and activate neck muscles. Your physiotherapist will also address other factors that have contributed to the onset of your neck problem such as poor office workstation set up, sleeping on an incorrect pillow, excessive stress, and working for too long without taking a break. By modifying or eliminating these additional factors, it is less likely that your neck pain will return and you will have strategies to manage your neck pain in the long-term.

Physiotherapists are trained to assess the underlying causes of your injury or condition and provide effective treatment so you can resume



Contact details

6 Gardner Court,
BALWYN NORTH VIC 3104

P 03 9859 4683 F 03 9859 4908

info@georgetsaiphysiotherapy.com.au

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your normal lifestyle as soon as possible. Don't put up with pain—if you are suffering from neck pain speak to us today!

Cervical spine dysfunction

Cervical spine pain is a common ailment seen by health practitioners. Medically, this is often diagnosed by radiography and treated with anti-inflammatory medication. While medication assists in short term pain relief, symptom relief, and masking of pain, it does not address or treat the underlying causes of cervical spine dysfunction.



There is a variety of reasons for cervical spine pain apart from obvious trauma or a history of trauma. These include mainly postural or degenerative causes.

An increasing proportion of the population spend long periods sitting or in sustained positions. This occurs in both the work and social environment. It is in fact, creating an increase in these types of conditions seen, specifically in the younger, more sedentary, population.

For short periods we can maintain good spinal posture, but sustained sedentary activity produces fatigue in the posture muscles and the spine loses the neutral balanced position. This can create upper cervical spine extension and chin protraction, and associated rigidity in the lower cervical and thoracic spine and soft tissue structures. This in conjunction with the fact that many people are not regularly engaging in strength/stretch/cardio-vascular exercise programs to combat this, can create significant long term damage to the spine and its surrounding structures.

During assessment, physiotherapists will often find abnormality of the curves of the spine and specific rigidity to groups of joints throughout the spine. There also may be hypermobile joints working in overdrive to 'take the load' off



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the joints too rigid to work effectively. This, in association with soft tissue tightness, has the ability to radiate symptoms distally and cause a range of other amplified effects. These clients can become very complex with a range of symptoms and signs to treat including headaches, vertigo, shoulder impingements, repetitive strain, referred pain, and neurological signs.

Physiotherapy can be very effective for both short and long term relief for cervical spine pain. Good results can be achieved in as little as two to three treatments, using a range of conservative modalities including muscle releases, mobilisations, acupuncture, electrical modalities, exercise, education and postural advice. Generally the longer the dysfunction has been present, the longer it will take to treat effectively with long-lasting results. Should the cause be postural and/or degenerative in nature, and there is episodic history, then follow up maintenance is vital for best care. Otherwise a return to normal activities will slowly return the rehabilitated spine back to its former dysfunctional state.

For the older or 'at-risk' clients, maintenance therapy treatments every four to six weeks will assist in keeping patients pain free and mobile. Like a tune up, this can assist by mobilising joints, unloading hypermobile joints, releasing tight muscles and revising or updating exercise programs. For the clients not compliant with home exercise programs, intermittent reviews are vital to maintain normal spinal movement and function. As the spine slowly stiffens with age and with repetitive poor posturing, physiotherapists and health professionals are seeing an ever-increasing number of cervical spine dysfunction patients through their clinics. Good assessment, education, treatment, follow ups and referral are vital for good management.



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