

Neck Pain & Posture Management and Treatment

GETTING YOU BACK FROM INJURY FASTER

Neck Pain and Posture

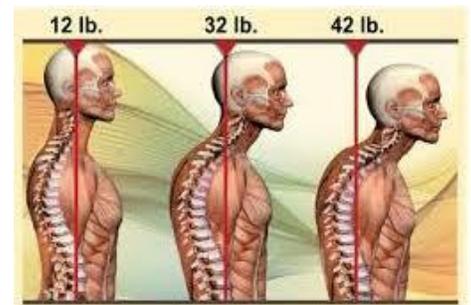
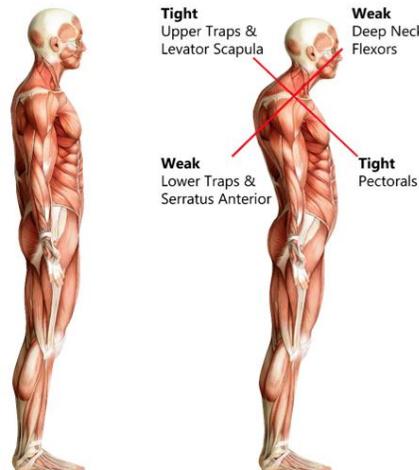
Management and Treatment

Neck pain is a common condition that affects many people and can involve any of the structures in the neck. Some of the associated symptoms include dull aching, numbness, tingling, tenderness, pinching sensation with movement, headaches, shoulder pain, and dizziness. Symptoms can be caused by poor posture, sleeping position, trauma, or weakness in structures surrounding the neck and shoulders. It is important to seek help if your pain is progressively getting worse, if you have weakness in one or both arms that is unusual for your level of function, or if you are experiencing pain or numbness. Based on observation and a history of how your pain began, a physical therapist will be able to give you the resources to work towards recovery and refer you for further medical attention if necessary.

Causes

Neck pain can often be attributed to postural faults in your daily life. Most people sit or stand with their heads forward, hunched over, or leaning to an armrest. Poor posture maintained

throughout your everyday activities can lead to something called upper crossed syndrome, pictured below. When the head is not properly aligned atop the cervical spine, the stress placed on the muscles and spine to hold the head up increases greatly. This forward head posture causes tightness in the pectoral muscles that pulls the shoulder blade forward, and in the upper trapezius and levator scapula which causes a shrug in



the shoulders. Along with this, there is weakness in the deep neck flexors and lower trapezius and serratus which work to stabilize the scapula and keep the head in proper alignment.

Similar to the low back, the cervical spine can become weak with aging. With degenerative disc disease, the water content in the disc decreases over time, decreasing their ability to absorb shock and cushion the vertebrae. If you have a symptomatic herniated disc, you will experience weakness, numbness, and/or tingling along the path related to that part of the neck. If there is an injury to the facet - where two vertebrae meet - you may experience the same kinds of symptoms, but generally will not extend into the arm. The pain with a facet problem should not be as constant, and can have additional symptoms such as dizziness and headaches. The spine will be tender to the touch, and pain may increase with extending the neck.

Another cause of neck pain includes trauma such as that from a sports injury or motor vehicle accident. **Whiplash** is caused by rapid back and forth motion of the neck that strains the muscles. (cont.) Symptoms of a whiplash injury include neck pain that is worse with movement, stiffness, loss of motion, tenderness in shoulder or upper back, tingling or numbness in the arms, dizziness, fatigue, and headaches. Following trauma, it is important to see your physician to rule out possible fracture or damage to intervertebral joints, discs, ligaments, or nerves. It is also recommended to seek physical therapy as soon as possible to relieve tension, strengthen weak muscles, and prevent chronic pain that can occur in some people.

Physical Therapy

How we can help

The goals of physical therapy for those with neck pain is to control pain, restore normal range of motion, and correct muscle imbalances to return you to your regular activities. While rest is important for recovery from an acute injury, activity is encouraged with neck pain to prevent further tightness or losses in motion. As with any injury, a comprehensive physical therapy program will include stretching of tight muscles, strengthening of weakened muscles, and improving mobility in the cervical and thoracic spine to optimize mobility.

Postural Education

Postural correction is aimed at maintaining the natural curves of the back and neck at rest and with activity to reduce stress on surrounding structures. The key to having good posture is to start from the hips and work up from a stable base. Below are some examples of common postural

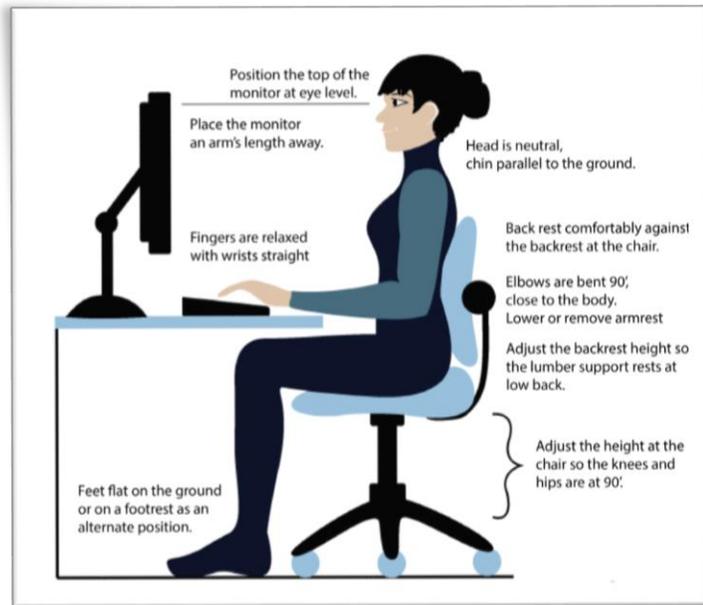


faults, as well as an example of what good posture looks like.

With neck pain, common impairments are weakness in the scapular muscles, as discussed earlier, and poor endurance in the neck. There may also be contributing factors such as improper workplace set up, sleeping with too many pillows under the head, or slouching during prolonged sitting. Above are some easy posture adjustments for a typical workplace.

Exercise

In the high irritability stages of your neck pain, some beginning exercises will include rotation and tilting of your head back and forth to maintain the pain free range of motion. We will also begin with strengthening the postural muscles, trapezius, serratus anterior, and deep neck flexors, to help improve spinal alignment. Band and pulleys will be used for shoulder musculature strengthening while you will be taught exercises for neck muscle endurance, such as a chin tuck, pictured below. Similar to strengthening the core for low back pain, the deep neck flexors are the core of the neck, which will help to stabilize the



spine during every day activity.

Mobility

Cervical spine mobility is dependent upon a variety of factors. A physical therapist will be able to improve neck mobility using manual techniques such as trigger point release, stretching, and glides to the cervical vertebrae to loosen up the muscles and joints that are restricted. Following manual therapy to the neck, you can expect to have some soreness for 24-48 hours, depending on irritability, followed by decrease in pain and increase in motion once soreness wears off.



Thoracic spine mobility is also essential to improve in patients with neck pain. This can be achieved through manual techniques as well as with exercises using a foam roller. Utilizing a foam roller for mobility allows opening of the chest and stretching of the thoracic spine, as well as putting you in an optimal position for stretching the muscles in the front of the chest. As your mobility improves, you will progress to various other thoracic mobility exercises to maintain mobility.