Diagnosis and Management of Neck Pain

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<tr><th>Diagnostic Criteria</th><th>Guideline-Supported Interventions</th></tr>
<tr><td>Common Neck Pain: (e.g., non-specific neck pain, cervical strain/sprain, facet joint irritation, mechanical cervicalgia, WAD I-II, osteoarthritis, myofascial pain).
90% of cases; sharp/dull/shooting/aching pain between nuchal line and cervicothoracic junction, with/without radiation to head, shoulders, or arms.
Aggravated by movement/posture; associated muscle stiffness/spasms.
Pain reproducible with tests; no significant neurological deficits.</td><td rowspan="2">Goal: Reduce pain, optimize function, promote daily activity through a multimodal approach.
Education & self-management: Highlight neck pain’s typically self-limiting nature with tailored guidance (written, digital, visual). Encourage exercise, nutrition, stress management, and movement (avoid prolonged rest and neck collars). Support social/work participation.
Employ SMART goals and Brief Action Planning to sustain engagement.
Exercise: Create personalized programs for strength, mobility, and fitness.
Manual therapy: Spinal manipulation, mobilization, soft tissue techniques.
Psychosocial support: Screen and address barriers (e.g., fear, low recovery expectations). Offer stress management, self-efficacy resources, and refer persistent cases to medical/mental health providers.
Medication: Short-term NSAIDs, analgesics, or muscle relaxants as needed with medical oversight; avoid long-term use, especially of opioids.
Multimodal care: Especially for persistent neck pain, combine physical, psychological, and social interventions tailored to patient needs, focusing on non-pharmacologic strategies.
Ongoing follow-up: Ensure alignment with treatment goals.
Criteria for discharge/referral: Achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks).</td></tr>
<tr><td>Neck Pain with Radicular Pain/Radiculopathy: (from disc pathology, WAD III, foraminal stenosis)
Common in younger adults (disc herniation) or older adults (foraminal stenosis).
Sharp/burning pain radiates down arm in dermatomal pattern; numbness/tingling/weakness in arm.
Worsens with bending head forward, lifting, coughing, or sneezing.
Positive tests (e.g., Spurling’s, cervical distraction, Bakody, Valsalva, upper limb tension tests); sensory deficits, muscle weakness, altered reflexes.</td></tr>
<tr><th colspan="2">Red Flags: Immediate Emergency Care Referral</th></tr>
<tr><td colspan="2">Cervical Myelopathy: Gait disturbances, hand clumsiness, non-dermatomal numbness/weakness in upper/lower extremities, bowel/bladder dysfunction.
Meningitis: Neck stiffness, severe headache worsening with neck flexion, fever, vomiting, rash, altered mental status, photophobia.
Spinal Infection: Immunosuppression, recent infection/surgery, TB history, constitutional symptoms (e.g., fever/chills), IV drug use, poor living conditions.
Intracranial/Brain Lesion: Sudden intense headache (thunderclap); unexplained headache, dizziness, visual changes.
Vertebral/Carotid Artery Dissection: Severe neck pain, “worst headache ever”, double vision, difficulty swallowing speaking/walking, facial numbness, drop attacks, nausea, nystagmus.
Traumatic Spinal Fracture: Age ≥65, dangerous mechanism (e.g., pedestrian struck, high-speed collision, fall from height >3 feet), extremity weakness/tingling/burning, inability to rotate neck 45°, midline cervical spine tenderness (Canadian C-Spine Rule).</td></tr>
<tr><th colspan="2">Red Flags: Referral to Medical Provider</th></tr>
<tr><td colspan="2">Spinal Fracture: Sudden severe neck pain, osteoporosis, corticosteroid use, female sex, age >60, history of spinal fracture/cancer, possible extremity weakness/tingling/burning.
Spinal Malignancy: Progressive pain, cancer history, systemic symptoms (fatigue, weight loss, night pain), headache worsening with exertion.
Inflammatory Arthritides (e.g., spondyloarthropathies, rheumatoid arthritis, systemic lupus erythematosus): Morning stiffness >1 hour, systemic symptoms (fatigue, weight loss, fever), symmetrical joint pain, joint swelling/deformity, skin lesions.</td></tr>
<tr><td>Orange Flags (Symptoms of Psychiatric Disorders)
Immediate referral: Suicidal ideation, severe distress/psychosis, harm intent.
Non-urgent referral: Persistent symptoms affecting function (e.g., anxiety).
Co-management: Triage with medical/psychiatric care, manage comorbid MSK conditions, use tools (PHQ-9, GAD-7, etc.) to guide care/escalation.</td><td>Yellow Flags (Psychosocial Factors)
Factors: Individual (fear, low expectations), social (lack of support), socioeconomic (employment/financial stress), work stressors.
Co-management: Provide resources (stress management, graded activity), monitor challenges, refer if persistent, use tools (PHQ-9, GAD-7, etc.) to guide care/escalation..</td></tr>
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