

8. THE PAINFUL NECK

8.1	Contents	Paragraph
	Introduction	8.2
	Painful Neck	8.3
	Care Needs	8.4
	Mobility Considerations	8.5
	Duration of Needs	8.6
	Further Evidence	8.7

8.2 Introduction

8.2.1 Injury to the bones and soft tissue of the neck or "degenerative" disease of the bones and joints (spondylosis) are the frequent causes of neck pain. Pain in the neck can be acute (sudden) or chronic (longstanding). Common examples of the former are acute cervical disc prolapse and whiplash injury; the most common cause of chronic pain and stiffness in the neck is cervical spondylosis. This condition is due to degenerative changes in the neck vertebrae and the discs in between the vertebrae.

8.3 Painful Neck

8.3.1 The symptoms and any limitation of neck movements due to an acute disc prolapse or strain injury generally last for no more than a few weeks. The pain is in the region of the neck, shoulder blades and may be felt in the shoulders and the arms. The pain may be accompanied by numbness and tingling or muscle weakness resulting in a poor grip and varying degree of muscle weakness of the upper limb muscles. Neck movements may also be stiff and limited. Very rarely a disc may press on the spinal cord leading to weakness and loss of sensation in upper and lower limbs, along with difficulty controlling the bladder and bowel.

8.3.2 Cervical spondylosis is part of the ageing process. It is a form of osteoarthritis. On X-ray there may be well developed bony and disc changes in cervical spondylosis which cause no significant pain or disability. Most people over the age of 50 years will show some changes due to cervical spondylosis on X-ray of the neck. The condition comes on gradually, in some cases it may be made worse by trauma. The symptoms are similar to those in acute lesions but are usually less severe. In some cases due to progressive compression of the nerve roots there may be muscle wasting and weakness of the upper limbs.

8.4 Care Needs

8.4.1 The help that is needed generally relates to tasks that involve the use of upper

limbs ie dressing, washing hair, impairment of grip in using household utensils. The symptoms from cervical spondylosis can often subside spontaneously, or in response to treatment like a collar, analgesics or physiotherapy. In all but acute episodes of pain and stiffness due to a prolapsed disc or following severe neck strain, which rarely last longer than a few months, the pain and disability due to cervical spondylosis rarely gives rise to significant care needs. When there is evidence of muscle wasting or significant loss of sensation in the upper limbs and hands care needs as described above may be present.

8.5 Mobility Considerations

8.5.1 There may be difficulty in walking in cases of acute cervical disc prolapse when pressure on the spinal cord has produced leg muscle weakness. In people with cervical spondylosis it is unlikely that there will be any significant effects on the ability to walk unless there is evidence of irreversible damage to the spinal cord [see also Chapter 18]. In all such cases there will be a history of hospital admission, and in the acute cases, frequently of surgical intervention. In elderly people with advanced cervical spondylosis there may be pressure on the vertebro-basilar arteries providing blood to the brain. Certain movements of the neck can result in brief episodes of dizziness and/or unsteadiness. Rarely such episodes of vertebro-basilar insufficiency can result in brief altered consciousness or loss of consciousness.

8.6 Duration of Needs

8.6.1 In cases of acute disc prolapse the condition is likely to settle within a few weeks to months with treatment (including surgery). In cervical spondylosis, the established needs tend to be long-standing though they may be intermittent.

8.7 Further Evidence

8.7.1 Further evidence is most appropriate in these cases: a factual report from the hospital or GP or an examination by an examining medical practitioner should be helpful..