



Highlight on Neck Pain

Individuals seeking care for neck pain make up approximately 25% of a general physical therapy practice. Patients with chronic neck pain use healthcare services twice as much as the population on average.¹ Neck pain is second only to low back pain in annual worker's compensation costs in the United States.²

A **Cochrane Review** published in July 2004 confirms that **physical therapy is beneficial for pain relief, functional improvement and global perceived effect for subacute and chronic mechanical neck disorder with or without headache.**³ Physical therapy is effective when it includes both exercise and mobilization, according to the review.

Physical therapy is a cost-effective approach to acute or subacute neck pain.

Ingeborg et.al. found that manual therapy, which included stabilization exercise, was more cost-effective than exclusive general practitioner care or than physical therapy which included exercise only. □ Modality use (ie: ultrasound, electrical stimulation) is of questionable benefit, according to several studies.³ Appropriate clinical decision-making with regard to utilization of these modalities will ensure excellent clinical outcomes and cost-effective treatment.

Current research reveals important parameters to consider in exercise prescription for the individual with neck pain. The long-held view that stretching should be the primary recommendation is being challenged. A randomized, controlled study by Ylinen, et.al. □, reported that a strength or endurance training program was more effective than stretching and aerobic exercise. □ Basic science research is demonstrating that patients with chronic neck pain have altered patterns of muscle activation during performance of an upper limb task. □ □ □

The therapists at Body One Physical Therapy are committed to utilizing an evidence-based approach to individuals with neck pain. A manual therapy and exercise approach is utilized with all neck patients in accordance with the Cochrane Review findings.* All therapists have completed post-graduate training in manual

therapy and regularly review current literature. Please contact us if you have any questions!

**for patients exhibiting fear-avoidance behaviors, an exercise and education approach is emphasized*□

References

1. Jette AM, Smith K, Haley SM, Davis D. Physical therapy episodes of care for patients with low back pain. **Phys Ther.** 1994;74:101-110
2. Wright A, Mayer, TG, Gatchel RJ. Outcomes of disabling cervical spine disorders in compensation injuries. A prospective comparison to tertiary rehabilitation response for chronic lumbar spinal disorders. **Spine.** 1999; 24:178-183.
3. Gross NR, Moving JL, Haines TA, et.al. A Cochrane Review of Manipulation and Mobilization for Mechanical Neck Disorders. **Spine.** 2004; 29:1541-1548.
4. Korthals-de Bos IBC, Moving JL, van Tudler MW, et.al. Cost effectiveness of physiotherapy, manual therapy, a general practitioner care for neck pain: economic evaluation alongside a randomized controlled trial. **BMJ.** 2003; 326:911-917.
5. Ylinen J, Takala EP, Nykanen M, et.al. Active neck muscle training in the treatment of chronic neck pain in women: A randomized controlled trial. **JAMA.** 2003;289(19):2509-2516.
6. Falla d, Bilenkij G, Jull G. Patients with chronic neck pain demonstrate altered patterns of muscle activation during performance of a functional upper limb task. **Spine.** 2004; 29(130):1436-1440.
7. Falla D, Jull G, Hodges PW. Feedforward activity of the cervical flexor muscles during voluntary arm movements is delayed in chronic neck pain. **Experimental Brain Research.** 2004; 157(1):43-48.
8. Falla D, Jull G, Edwards S., Koh D, Rainoldi A. Neuromuscular efficiency of the sternocleidomastoid and anterior scalene muscles in patients with chronic neck pain. **Disability and Rehabilitation.** 2004;26(12):712-717.
9. Nederhand MJ, Ijzerman, MJ, Hermens HJ, et.al. Predictive value of fear avoidance in developing chronic neck pain disability: Consequences for clinical decision making. **Archives of Physical Medicine and Rehabilitation.** 2004;85(3):496-501