



Neck Pain

Saying, “It’s a pain in the neck,” can signal overuse problems, most commonly with the structures of the cervical spine. Only in rare instances is neck pain a sign of a systemic illness. Although the pain may be severe, the good news is that most individuals with neck pain improve within 1-2 weeks, and the vast majority are over their episodes in 8-12 weeks.

Fast Facts

- Neck pain affects 10% of the U.S. population each year
- Whiplash from motor vehicle accidents is a common cause of neck pain
- The diagnosis of neck pain is determined by a medical history and physical examination, and rarely requires expensive or uncomfortable tests

What is neck pain and who gets it?

Neck pain is just that – pain in the neck. Pain can be localized to the cervical spine or may radiate down an arm (radiculopathy). All age groups are at risk of developing neck pain. People who sit in one location staring at computer screens for long periods of time may be at an increased risk. About 10% of the population has an episode of neck pain each year. Neck pain may occur slightly more frequently in women than men.

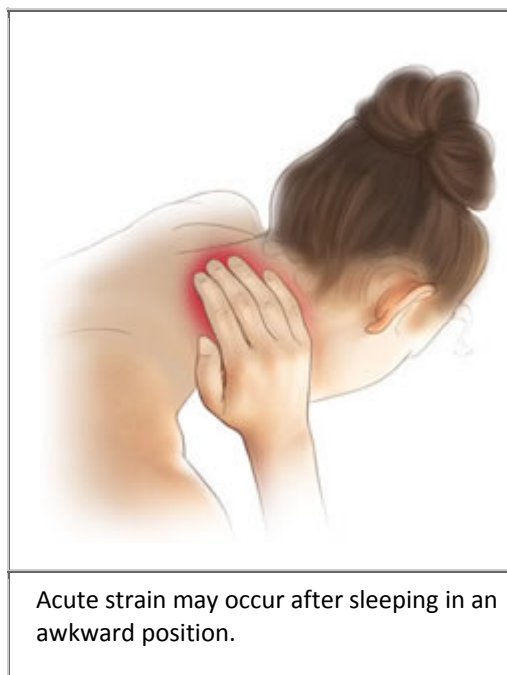
What causes neck pain?

Most episodes of neck pain are caused by the wearing out of the structures (mechanical) of the neck, which is associated with aging, or with overuse of the neck or arms. About 10% of instances of neck pain are associated with systemic illnesses, such as polymyalgia rheumatica.



The common mechanical disorders that cause neck pain are the following:

- Muscle strains usually related to prolonged physical activity such as sitting at computer terminals for extended periods of time. Acute strain also may occur after sleeping in an awkward position
- Osteoarthritis resulting from the narrowing of the intervertebral discs (pieces of cartilage between the bones [vertebra] of the spine. The neighboring vertebrae grow spurs in response to the increasing pressure placed on them. The bony growths can cause localized pain in the neck or arm related to nerve compression.
- Herniated intervertebral discs cause arm pain more frequently than neck pain. The pinching of a nerve in the neck causes severe arm pain (brachialgia). Disc herniations may cause a loss of function of the nerve that may include a loss of reflex, feeling, or muscle strength.
- Spinal stenosis is narrowing of the spinal canal that causes compression of the spinal cord (cervical myelopathy). The narrowing is caused by disc bulging, bony spurs, and thickening of spinal ligaments. The squeezing of the spinal cord may not cause neck pain in all cases but is associated with leg numbness, weakness, and loss of bladder or rectum control.
- Whiplash is a suddenly fast forward and backward injury to the soft tissues of the neck, most commonly caused by rear-impact car accidents. The pain and stiffness associated with these accidents generally develop 24-48 hours after the injury.



Systemic disorders that can lead to neck pain include ankylosing spondylitis, rheumatoid arthritis, polymyalgia rheumatica, tumors, and infections.

How neck pain is diagnosed?

In most circumstances, a medical history and physical examination are the essential parts of an evaluation required for diagnosis of neck disorders. In some instances, individuals who do not respond to starting therapy may undergo specialized radiographic tests, such as plain X-rays, magnetic resonance imaging (MRI) or computerized tomography to screen for additional problems of soft tissues, herniated discs, spinal stenosis, tumors, or nerve injuries.



Massage therapy has proven helpful for those with chronic muscular neck pain.

How neck pain is treated?

Maintaining motion is an important part of therapy for neck pain. The use of neck braces should be kept to a minimum.

While regular exercise should be discontinued until the neck pain is improved, movement of the neck is encouraged. Gradual movement in all directions of motion of the neck stretches muscles that may be excessively tight. This exercise may be particularly helpful while under a stream of warm water during a shower.

Five- to 10-minute ice massages applied to a painful area within the first 48 hours of the start of pain can help relieve pain as can heat, which relaxes the muscles. Heat should be applied for pains of durations greater than 48 hours. Over-the-counter pain relievers such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin, frequently are enough to control episodes of neck pain, and muscle relaxants may help those with limited motion secondary to muscle tightness.

Individuals with increased stress may have contracted neck muscles. Massage therapy has proven helpful for those with chronic muscular neck pain.

A small minority of neck pain patients, particularly those with arm pain or signs of spinal cord compression, require cervical spine surgery. A new option for neck surgery is an artificial disc. This device made of metal and plastic, is the correct choice for a very small number of individuals with neck pain only and no other abnormality in the cervical spine than a worn out disc.

Living with neck pain

The best way of living with neck pain is trying to prevent it. Do not sit at the computer for hours without getting up frequently to stretch the neck and back. Take the stress of the day out of your neck muscles and do your exercise routine. If you smoke, stop. Smoking is a predisposing factor for neck pain. If you are overweight, get into shape. The bottom line is, pay attention to your body and exercise, eat right, and maintain a healthy life style.

Points to Remember

- Neck pain is a common problem and rarely is associated with a systemic illness.
- The vast majority of individuals improve by taking over-the-counter drugs and remaining active.
- Most individuals are better in 1-2 weeks; more than 90% have no more pain after eight weeks.

To find a rheumatologist

For more information about rheumatologists, [click here](#).

Learn more about [rheumatologists](#) and [rheumatology health professionals](#).



For more information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

Arthritis Foundation

www.arthritis.org

National Institutes of Health

www.nih.org

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Written by David Borenstein, MD, and reviewed by the American College of Rheumatology Patient Education Task Force.

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