Trafford NHS
Primary Care Trust

Neck Pain Protocols

Introduction: Diagnostic Triage and Management Guidelines

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1. Patient Group

Adults aged 18 years and over with routine neck problems. Patients who have had recent surgery should be referred directly to Secondary Care.

2. Diagnostic Triage and Management Guidelines

Perform diagnostic triage to exclude serious spinal pathology and distinguish a nerve root problem from simple neck pain.
See Section 1 for Triage and Management Guidelines.

3. Biopychosocial Assessment

Consider DRAM or ROLAND MORRIS Assessment at 6 weeks if problem not resolving and mechanical problem ruled out. Referral to appropriate cognitive behavioural programme should be considered.

4. Abbreviations

DRAM	Distress and risk Assessment
ESR	Erythrocyte sedimentation rate
FBC	Full Blood Count
MRI	Magnetic Resonance Imaging
NSAID	Non-Steroidal Anti inflammatory Drug
O.T.	Occupational Therapy
RTA	Road Traffic Accident

Diagnostic Triage	Management Guidelines
Simple Neck Pain: Clinical Features: High incidence of neck pain. In a sample of 10,000 adults 34% had experienced neck pain in previous year Risk factors for developing neck pain include: Sustained neck flexion and prolonged positioning: Onset may be sudden or insidious, nature may be acute or chronic Patients may have radiographic signs of cervical spondylosis **No Red Flags** Pain, stiffness and muscle spasm may be present within cervico – thoracic region Symptoms are mechanical in nature and vary with activity and time Nerve root signs are not present Neurogolocal tests & vertebral artery tests are negative **Differential Diagnosis** **Red Flags:** 1. Systemic illness 2. Inflammatory pathology (AS/RA) 3. Significant recent trauma 4. Cancer 5. Abnormal blood tests 6. Vertebral artery signs incl: 5 D's 1. dizziness 2. dysarthria 3. dysphasia 4. drop attacks 5. dyspraxia	Investigations: Oblique X rays not routinely required unless '**Red Flags**' are suspected, diagnosis unclear or nerve root signs present. First Line Management: 1. **Reassurance and Advice** Practice psychosocial approach essential to promote positive attitudes towards activity and work. Provide patient information leaflet on neck pain 2. **Neck Collars** Early mobilisation is important to recovery. Avoid giving neck collars were possible. If employed they should only be used for short periods i.e. 2-4 days 3. **Drug Therapy** Paracetamol should be considered as the first choice of pain relief: Analgesics are more effective when taken regularly and not p.r.n. However, for some patients p.r.n. may be sufficient Consider adding codeine if symptoms persist. Alternatively, use an NSAID taken regularly Diazepam may be prescribed for between 3-7 days if muscle spasm present A trial of amitriptyline for one month may be helpful for patients with chronic pain Avoid strong opiods if possible. 4. **Physiotherapy** If symptoms are not resolving, consider referring to physiotherapy from two weeks. Physiotherapy treatment should be considered for those patients who need additional help with pain relief or who are failing to return to normal activities 5. Consider referral to MSK Tier 2 service if symptoms persist

Diagnostic Triage	Management Guidelines
Simple Neck Pain – Unresolved	**<u>Re-assess</u>** Review diagnostic triage – consider: FBC, X-ray, ESR, CRP, DRAM Immediate referral to Secondary care if: 1. Red Flags are present 2. Rapid progression of neural symptoms 3. Young child 4. Significant trauma/injury suspected 5. Metabolic, infective, malignant or inflammatory cause is suspected 6. Pain becomes intractable or if complications arise Consider referral for biopsychosocial pain management **<u>Drug Therapy</u>** Consider amitriptyline x1 month for chronic pain. If symptoms persist, consider referral to Pain Clinic.
Nerve Root Pain <u>Clinical Features:</u> 1. Unilateral pain radiates to dermatomes in upper limb 2. May be more severe than neck pain and disturb sleep 3. Motor, sensory or reflex changes limited to same nerve root 4. May present with Horners Syndrome – indicates injury to cervical sympathetic chain 5. No Red Flags 6. No vertebral artery signs	**<u>Investigations:</u>** Refer to Secondary Care if: 1. Significant trauma / Injury 2. Red Flags 3. Progressive neurological signs 4. Metabolic, malignant, inflammatory or infective cause are suspected X-rays may be indicated depending on severity <u>First Line Management:</u> 1. **Explanation and Advice:** Give guarded positive messages. Conservative management should suffice – but may take 1-2 months Give patient information leaflet 2. **Drug Therapy:** Consider analgesia / NSAIDs Consider gastroprotection Consider short course of diazepam Consider amitriptyline x1 month for chronic pain <u>Second Line Management:</u> 1. **Physiotherapy:** If symptoms fail to settle, consider referral to MSK Tier 2 service