

# Neck Pain Treatment: A Joint Approach

**A GP's Guide to Diagnosis,  
Early Intervention and  
Collaborative Treatment**



## FACT

- Neck pain is reported at a mean rate of 37.2% in adult Australians
- General practitioners in Australia are consulted about neck pain approximately seven times a week on average.
- The prevalence of neck pain in adult Australians peaks at 50-54 years old in female and 45-49 years old in males.

### A deeper dive: understanding the causes

Neck pain is so prevalent in adult Australians that it's difficult to pinpoint the exact cause, but understanding the likely mix of causes is crucial in developing effective treatment plans for your patient. The most common causes are:

- Muscle and apophyseal joint strains due to poor posture, particularly for patients who spend long hours working with a computer, laptop or smartphone
- Worn and/or irritated apophyseal joints due to age, overuse or degenerative conditions such as Osteoarthritis.
- Nerve compression due to mechanical compression (eg disc or osteophytes) or chemical irritation (due to inflammatory chemical reaction in the body)
- Injury due to trauma such as whiplash, direct blow

## Understanding the presentation of neck pain



### Localised pain:

Primarily evident in the cervical region but will often refer to the shoulders, thoracic spine or base of the skull.



### Restricted movement:

Severe and sharp pain or stiffness may occur when the patient attempts to move their neck, restricting their mobility.



### Radiating or neuropathic pain:

Neck pain with neural involvement can often radiate to other areas of the body migrating as far as the arm or hands with patients reporting a "pins and needles"-like sensation.



### Recurring headaches:

Neck pain very often presents with headaches (cervicogenic in nature) and can trigger an increased frequency of secondary headaches (such as tension headaches or migraine).



## Effective treatment - a collaborative approach



### Exercise Program

Individualised exercise programs to help strengthen the deep cervical flexor muscles, to improve posture and enhance function/mobility.



### Spinal Mobilisation

Physiotherapy-focused treatments such as apophyseal joint mobilisation and soft tissue treatment mobilisation techniques are crucial in a tailored, structured treatment plan.



### Heat

Prescribed heat therapy to soothe muscles and reduce inflammation.



### Dry Needling

Dry needling or acupressure therapies can be effective by stimulating specific points to promote relaxation and reduce pain.



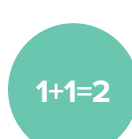
### Medical Intervention

Medications such as paracetamol or NSAID based may need to be prescribed and in more severe instances corticosteroid injections be appropriate where symptoms are resistant to physiotherapy.



### Stretching

Personalised stretching plans based on hands-on diagnosis are a highly effective treatment method, empowering patients to take treatment into their own hands with the support of their physio.



### A Joint Approach

The most effective treatment method typically is one that utilises both physiotherapy and medical intervention to achieve a better patient outcome. It's not "the apple versus the orange", the real answer is simply "both."

## Patient Outcomes

At **Benchmark Physiotherapy**, our treatment philosophy is to Remove, Restore and Redefine. Our experienced physiotherapists are highly knowledgeable in the specific demands of musculoskeletal issues and expertly trained in injury management. We will work with you and your patients, young or old to develop an individualised rehabilitation program that will ensure they are able to return to all activities that they wish to perform.

**Did you find this information useful?**

Visit the **Benchmark Physiotherapy General Practitioners Hub** for more valuable resources to empower your patient for better outcomes with physiotherapy.

Contact us to find out more about how we can help your patients reach their potential.

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## References

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