

**Clinical Guideline:** Neck Pain Site: FPH

History

* Neck pain +/- nerve root symptoms
* Ask regarding advancing weakness/spasticity in legs

General Information

**Please use MSK/Tier 2 services if available**

**Role of MSK:**

Reassess progress and consider further investigations as appropriate e.g. MRI

Consider further physiotherapy if likely to be useful

Review analgesia according to pain management guidelines

Refer onto Secondary Care if surgical intervention is >80% likely and patient is willing and ready for surgery

Consider referral onto chronic pain service

**Role of Secondary Care:**

Urgent surgical intervention if red flag signs

Consider surgery if persistent nerve root pain/symptoms

* Encourage activity
* Regular analgesia and intermittent use of NSAIDs
* Advice on posture e.g. at computer
* Review stress

Advice and Treatment

Refer urgently to secondary care, either orthopaedic or neurosurgical team if red flag signs either for same day assessment or to be seen urgently with 1-2 weeks depending on speed of onset. Usually self limiting to less than 2 months.

Refer local physiotherapy service if simple neck pain is persistent, to be seen within 3 weeks and offered up to 6 sessions over subsequent 3 weeks.

Consider referral to MSK (if available)/FPH if symptoms persist despite above measures after 8 weeks

Referral Guidelines – red flag signs

* Cervical spine x-rays not usually indicated
* Blood tests if systemically unwell

Investigation

* Assess mechanics (range of movement), posture, signs of degenerative disease elsewhere, stress
* Look for signs of nerve root compression
* Red flags:
1. age -20yrs, >50years old
2. pain unremitting, especially at night
3. pins and needles on neck flexion
4. systemic ill health e.g. weight loss, night sweats, systemically unwell
5. assess for signs of spasticity including abnormal gait, brisk reflexes, sensory level, urinary retention

Examination