

Neck pain

The proverbial 'pain in the neck' is all too often seen these days. The purpose of this page is to describe a few of the more common neck problems treated at our clinic, Newport Pain Management, in Newport Beach, California.

Whiplash

Whiplash is the term that describes the to and fro motion of the head and neck which occurs when an occupant of a car is hit from behind by another vehicle. One estimate is that there are more than a million such injuries a year. After the accident, 65% of people have pain develop within 6 hours, 28% within 24 hours and 7% within 72 hours. The good news is that a majority of patients are back to work within 30 days. The bad news is that a quarter of patients could not return to normal activity in 6 months, and nearly 10% had some permanent disability.

Is one car better than another?

Statistics show that driving a car with headrests help reduce the incidence of neck pain by 24%. The headrest should be no further than 1 inch from the head to be helpful.

What structure does the whiplash motion injure?

The vast majority of whiplash injuries are due to damage of the muscles, ligaments and tendons in the neck. The pain from this damaged is collectively called myofascial pain. Many people experience a wide variety of other effects, from headaches, to dizziness, sleep problems, fatigue and mental changes. MRI scan can pick up some of these injuries, but a skilled radiologist is needed to assess the films. One of the more common problems is **occipital neuralgia**, which is pain felt in the upper neck and back of the head. It is thought to be due to irritation or inflammation of the nerves in this area. Occipital neuralgia can be caused by other things besides whiplash, including stress, muscle tension, and wear and tear on the neck bones.

Other causes of neck pain

The three most common causes of neck pain seen in a pain clinic are myofascial pain, cervical spine disc degeneration, or problems with

the joints or alignment of the neck bones. Pinched nerves in the neck will usually cause neck pain with arm pain.

The pinched nerve

A pinched nerve in the neck will usually cause two types of pain, a severe ache and a shooting pain. When the pain goes into the arm, it is called a 'radiculopathy'. What happens is that the nerve that works a certain area of the arm has a very narrow opening to get through as it leaves the main wiring bundle, the spinal cord. The neck bones or vertebrae are separated by rubber pads called discs. As a result of wear and tear or a sudden injury, the disc can become deformed, causing it to touch the arm nerve as it leaves the spinal cord through the narrow opening. This is called a disc protrusion, or if large in size, a herniated disc. The nerve can also become pinched, so to speak, by the boney vertebrae itself, with wear and tear or trauma of the joints that support the vertebra. These are known as facet joints. The most common pinching point is between the 6th and 7th cervical vertebra, or as doctors call it, C6-7.

Who gets this?

Unfortunately if your are past retirement age, you have a good chance of having disc problems. The good news is that most of us don't have pain from the problem. In one study of people who did not have any pain, 20% of people aged 45-55 and 57% of people over 64 had a disc protrusion. Some doctors believe this makes us walking time bombs for pain.

Is there anything I can do to keep from having problems?

Yes. The best thing you can do is keep physically fit. Rapid walking, swimming or bike riding are just fine. Keeping good bone strength is important, and women should ask their doctor about calcium, estrogen or bone loss prevention medications.

What should I do if I get pain?

Don't panic. 92% of the time, the pain will go away within 3 months. In the mean-time, pain medications including nonsteroidal anti-inflammatories, narcotic pain relievers, Ultram®, and muscle relaxants may be effective. Warm heat packs followed by cervical traction give temporary relief. A series of epidural injections of a type of cortisone can provide relief. Cortisone and its cousins like triamcinolone or methylprednisolone, reduce swelling around the

damaged area, and help the pain. They can be injected near the area of damage as in an epidural or even at the damaged nerve in a 'root block'. Oral steroids like dexamethasone over a 12-day period may also help, but may have more side effects. A small proportion of patients need surgery, typically performed as an anterior cervical discectomy and fusion.

Pain in the back of the neck and close shoulder

Many times, pain in this distribution tends to be myofascial in nature. That means that the pain comes from tense muscles or damage to ligaments or tendons in the area. The problem can stem from the muscles themselves, or can be the body's own reaction to an injury or damage elsewhere. Commonly, the person with myofascial pain will point to a specific area of the neck and shoulder and say 'Doc, I feel a knot right here and it hurts when I touch it.' Think of the knot as a kind of cramp in the neck muscle, not too much unlike the cramp that everyone gets in their calf at times. This knot is called a 'trigger point', as it is thought to be a trigger for your pain. This trigger is present 24 hours a day, seven days a week.

How to get rid of myofascial pain

Myofascial pain is a stubborn problem. However, with a combination of neck stretching, electrical stimulation, medications and muscular injections, dramatic improvement and/or cure can be at hand.

Pain in the front of the neck

Muscular pain can not only be seen in the back of the neck, but also in the front of the neck. The front of the neck is an important area, because it is where the wiring bundle for the arm known as the brachial plexus forms. Thus spasm in the front of the neck can pinch this wiring bundle and cause arm pain as well. These problems are discussed in the section on arm pain. Isolated neck pain can be due to a condition known as **Spastic Torticollis**. It is believed that an abnormality in the brain itself triggers one particular neck muscle to contract. This causes the head to tilt to one side and the shoulder to appear to be raised up. The condition is very difficult to treat, with paralysis of the muscle an option with limited success.