

Neck

The neck is also known as the cervical spine. The cervical portion of the spine comprises seven bony segments, typically referred to as C-1 to C-7, with cartilaginous disks between each vertebral body. Not only can these discs bulge and exert pressure onto nerve tissue, the surrounding bones can develop spurs or similar which have the potential to encroach on the nerve roots which come from the main spinal cord, exiting the column via a foramina, then tracking through and around various structures until they reach the structures that they are supplying. The vertebral bodies are held firmly together by various ligaments. The neck supports the weight of the head and protects the nerves that travel from the brain down to the base of the spine. In addition, the neck is highly flexible and allows the head to turn and flex in all directions. From top to bottom the cervical spine is gently slanted in convex-forward fashion. The neck has many muscles which assist its ability to function. Many of these muscles attach to the shoulder girdle. There are numerous nerves which

control muscular activity. At any point along their course these nerves are vulnerable to damage. There are however sites within their journey that are more vulnerable to injury. There are also many muscles which control facial and jaw function. This can create some difficulty in isolating the precise origin of symptoms. For example a headache can derive from many sources such as the upper neck and orofacial soft tissue ie: the muscles around the eyes.



Neck Assessment Disorders of the neck are a common source of pain. The neck has a great deal of functionality but is also subject to a lot of stress. Common sources of neck pain (and related pain syndromes, such as pain that radiates down the arm) include:

- * [Whiplash](#) , strained muscle or other soft tissue injury
- * Facet joint dysfunction
- * [Cervical herniated disc](#)
- * [Cervical spinal stenosis](#)
- * Cervical spondylosis and [Osteoarthritis](#)
- * Vascular sources of pain, like [arterial](#) dissections or internal [jugular vein thrombosis](#)

Your Physiotherapist will ask you a number of questions which will provide valuable information for identifying the origin or cause of your symptoms. A thorough objective examination will then be completed. This part of the examination looks at the joint range of movement, quality of movement, surrounding muscles, nerve root impingement,

postural alignment, neurology and neural tension. The assessment will also identify any upper limb weakness or symptoms which you may or may not recognise as part of your global problem. Given the complexity of the neck and its supporting structures it is accepted that differentially diagnosing a particular lesion should be done with a certain wariness. If for example you have a blatant disc prolapse which is identified using an MRI scan then the diagnosis is clear, however you cannot diagnose a similar lesion using an x - ray. It is said that many structures supply many structures so identifying a particular structure which is causing a particular pain is done with caution. In other words, don't expect your Physiotherapist to be dogmatic and precise about diagnosis unless the tests are extremely clear. Having said that, treatment is in the most part extremely effective which suggests that while being able to recognise specific lesions is difficult, fortunately we have a clear understanding of spinal mechanics.

Neck Treatment/Home Programme

Having completed a thorough assessment and discussed the findings with you, your Physiotherapist will institute a regime of treatment which they perceive will produce the best possible outcome for you. It is important that any Physiotherapy treatment that you receive is accompanied by a home programme. The home programme may be simple or complex and will often include a pamphlet which will guide you through your exercises. The pamphlets are only a guideline and for best results and safety you should always consult your Physiotherapist for the best exercises for your individual case.

At KCP Physiotherapy we have developed a large collection of pamphlets which act as a starting point for a Home Programme or in some cases provide a complex Home Programme which will need to be wound back for each individual.