

## Neck pain

This booklet provides information and answers to your questions about this condition.

Arthritis Research UK produce and print our booklets entirely from charitable donations.

# What is neck pain?



Neck pain is a very common problem but it's not usually a sign of arthritis or any other underlying medical condition. In this booklet we'll explain what causes neck pain and how it can be treated. We'll also look at what you can do to help yourself and suggest where you can find out more.

At the back of this booklet you'll find a brief glossary of medical words - we've underlined these when they're first used.

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**Neck pain is a common problem – two out of three of us will experience it during our lives. It's not usually serious and most often eases on its own or with simple treatment within a few days. Many people also experience stiffness and clicking or grating noises.**

# At a glance

## Neck pain

### What can I do to help myself?

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There are several ways you can help yourself, including:

- taking painkillers
- massaging your neck
- doing simple exercises
- learning how to relax your neck muscles
- using ice/heat packs
- checking your posture.

### When should I see my doctor?

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You should see your doctor if:

- the pain doesn't improve within a few days
- you have pain, tingling, numbness or weakness in your arms
- you suddenly develop stiffness in the neck along with stiffness in both shoulders.

### What causes it?

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Neck pain is often caused by a simple muscle strain or tension. Other causes include injuries (for example whiplash) or changes in the bones or joints of the spine.

In most cases neck pain will improve either by itself or with simple self-help treatments.

### How are neck problems diagnosed?

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Your doctor will usually examine your neck and may sometimes ask you to have x-rays or blood tests. More rarely, they may suggest a magnetic resonance imaging (MRI) scan.

### What treatments are there?

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Simple self-help measures will often help ease symptoms, but your doctor may recommend the following treatment for specific neck conditions:

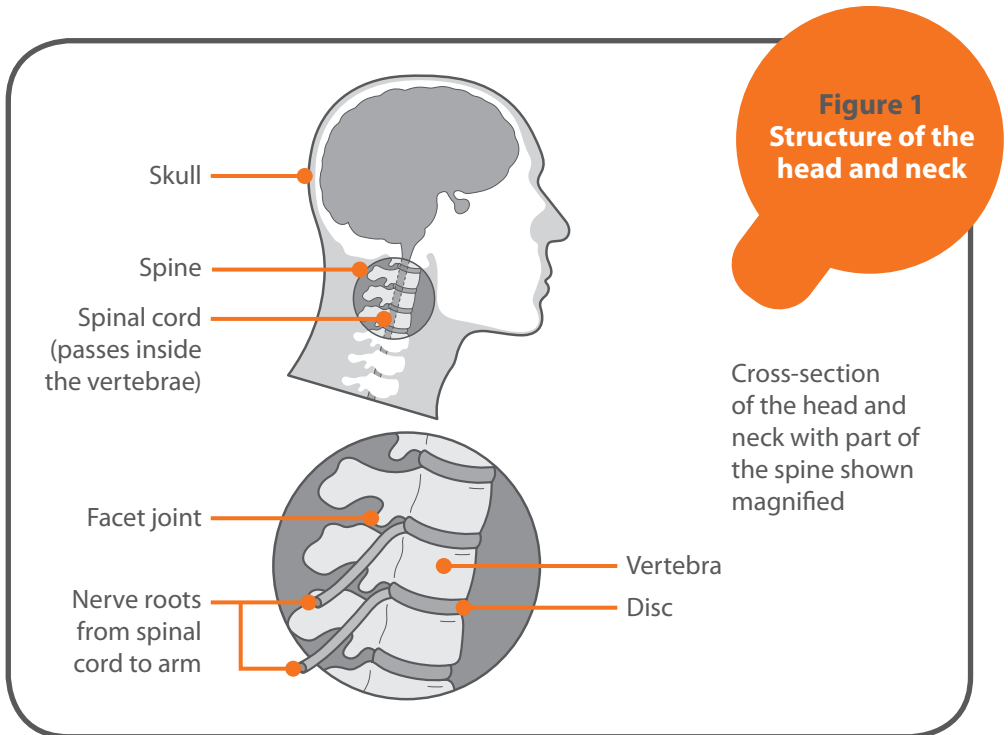
- physical therapies (for example physiotherapy, chiropractic)
- injections
- surgery (very rarely needed).

## What is neck pain?

Most neck pain is caused by a simple muscular strain and clears up within a few days. You can often treat these spells of neck pain yourself with over-the-counter painkillers and a few days' rest, and you may not need to see your doctor. It's important not to rest for too long as lack of movement causes the muscles to weaken, which makes it more likely that you'll strain them in the future. Simple exercises can help to reduce the risk of future problems – the pull-out section at the back of the booklet gives you some examples to try.

## How is the neck structured?

Your neck and back are made up of a column of bones (vertebrae), stacked one on top of the other (the spinal column). The bones help to support your head and protect the spinal cord – the main nerve which links nerves throughout your body to your brain (see Figure 1). The top seven bones in this column (the cervical vertebrae) form your neck. The bones are linked together by facet joints which, together with the neck muscles, allow you to move your head in any direction.



**Pain and stiffness are the most common symptoms of neck problems and usually occur together.**

Between the bones are discs of cartilage known as intervertebral discs. At the level of each disc, nerve roots branch out from your spinal cord, passing through an opening in the side of your spine. The nerve roots in your neck join to form the nerve trunks that run into your arms. Impulses travel along these nerves, sending sensations such as touch and pain to your brain and messages from your brain to your muscles.

Four arteries carry blood from your heart to your brain. Two of these run inside the bones of your spine and supply the part of your brain that controls your balance (the cerebellum). All four arteries connect to your brain so that the circulation can still be maintained if one or two of the arteries are narrowed or blocked.

## What are the symptoms of neck problems?

Almost everyone will have neck pain at some stage in their life, but it's usually short-lived – just a few days or a week or so at a time – and won't cause any long-term damage.

### Pain and stiffness

You may feel pain in the middle or on either side of your neck, but it may also stretch to your shoulder and shoulder blade, or to your upper chest. If you have tension headaches, the pain often travels to the back of your head, and sometimes behind your eye or even into your ear. It may be painful to move and your muscles may feel tight, especially if

you've been sitting in one position for a long time or resting. You may notice that your neck won't twist as far as it normally does, for example when you turn your head while reversing the car.

If your neck stiffness came on quickly and you also have stiffness in both shoulders, this can be a sign of a condition called polymyalgia rheumatica (PMR). You should see your doctor as soon as possible as this condition needs to be treated quickly.

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**i** See Arthritis Research UK booklet *Polymyalgia rheumatica (PMR)*.

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### Numbness or tingling

If a nerve root is pinched then you may have numbness or tingling that can be felt down your arm to your fingers.

### Clicking and grating noises

You may hear or feel clicking or grating as you move your head. This is called crepitus, and it's caused by roughened bony surfaces moving against each other or by ligaments rubbing against bone. The noises are often loudest at the top of the neck and may be more noticeable at night. This is a common symptom and can be upsetting but it's not serious.

## **Dizziness and blackouts**

If you feel dizzy when looking up or turning your head, this may be due to pinching of the vertebral arteries. This can sometimes happen as a result of changes in the vertebrae. Pinching of the vertebral arteries can occasionally cause blackouts as the blood flow is reduced. This kind of dizziness can have other causes – for example, problems in your ear – so it's best to seek medical advice if the problem carries on.

## **Muscle spasms**

Sometimes if you have neck pain you may also have muscle spasms that turn the head to one side. This is called torticollis, cervical dystonia or acute wry neck. It's not very common but is an unpleasant complication of neck pain. It usually lasts only a few hours or days, although rarely it may continue for several weeks.

## **Other symptoms**

If you have long-lasting neck pain and stiffness, particularly if your sleep is disturbed, then you may feel excessively tired and, not surprisingly, you may start to feel rather down. Talking about your pain with friends, family or your doctor may help.

## **What causes neck pain?**

Neck pain can have a number of causes. We've listed the most common below, but other, rarer causes may include a reaction to medication or faulty heart valves. You should speak with your doctor if you think this may be the case for you.

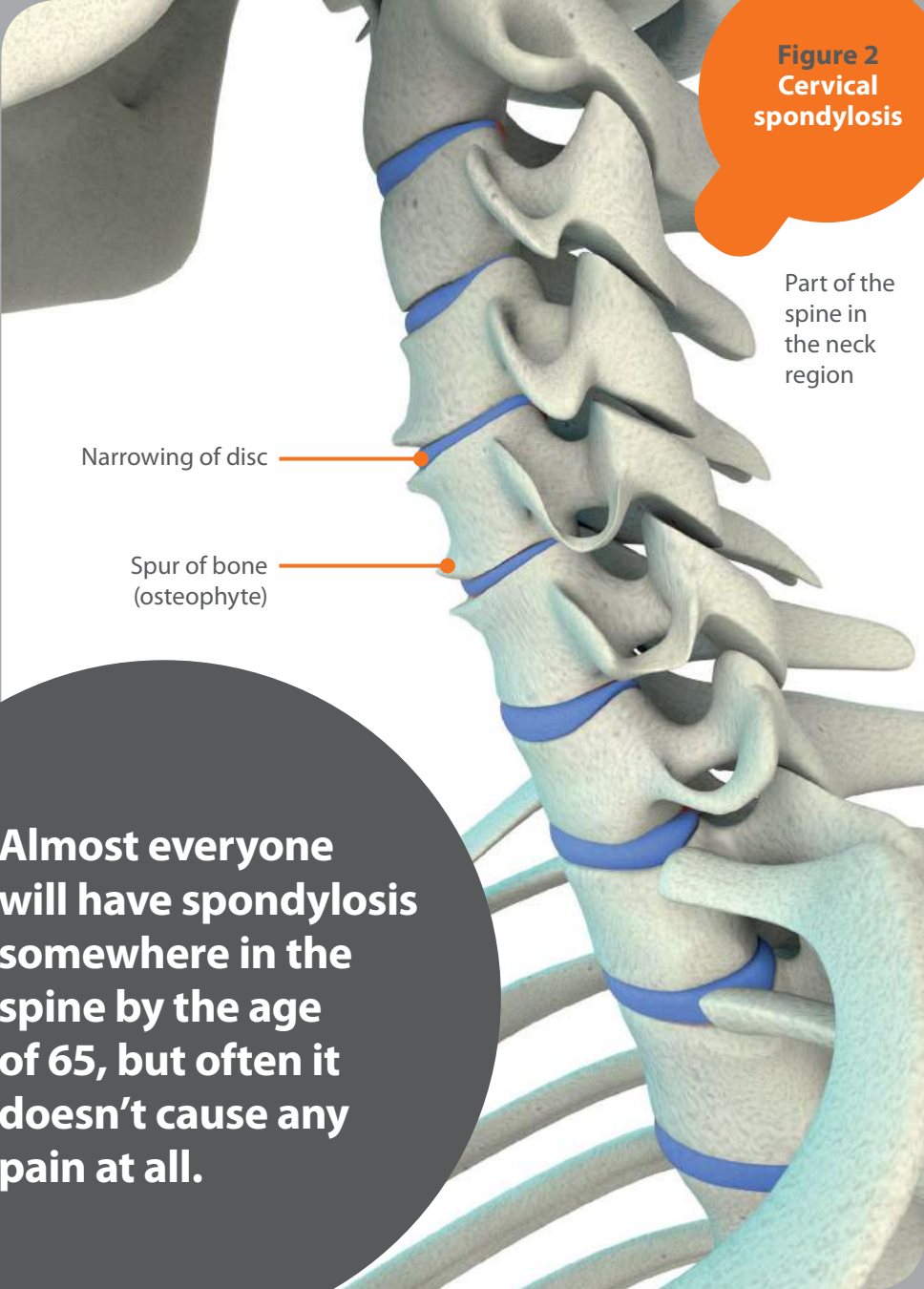
### **Non-specific neck pain**

Many people develop a stiff and painful neck for no obvious reason. It may happen after sitting in a draught or after a minor twisting injury, for example while gardening. This is called non-specific neck pain. We don't yet fully understand what causes this type of neck pain, but it's thought to be due to spasm in the muscles supporting your neck. This doesn't mean that your neck is damaged. This is the most common type of neck pain and usually disappears after a few days, providing you keep moving your neck and rest when you need to.

### **Cervical spondylosis**

Spondylosis happens when the discs and the facet joints in your spine become worn. It's caused by everyday use over many years and is quite normal as you get older. The discs between the vertebrae become thinner and the spaces between the bones become narrower (see Figure 2).





**Figure 2**  
**Cervical**  
**spondylosis**

Part of the spine in the neck region

Narrowing of disc

Spur of bone (osteophyte)

**Almost everyone will have spondylosis somewhere in the spine by the age of 65, but often it doesn't cause any pain at all.**

Spurs of bone called osteophytes form at the edges of the vertebrae and the facet joints. These changes can be seen in x-rays and are very similar to the changes that occur in osteoarthritis, but in the neck they're known as cervical spondylosis. (They may also occur at the bottom of the spine, where they're known as lumbar spondylosis.)

Although spondylosis doesn't always cause pain, it may increase the risk of having spells of neck pain. However, because neck pain tends to come and go, it's not usually possible to identify spondylosis as a direct cause.

When spondylosis does cause problems, they may come either from the linings of worn joints or from stretched ligaments:

- Occasionally, the nerve roots may be pinched (either by bulging discs or osteophytes), which causes pain or numbness.
- If the vertebral artery is pinched, it can affect the blood supply to your brain, causing dizziness or blackouts.

Spondylosis shouldn't be confused with ankylosing spondylitis, where inflammation in the spine can cause the bones to fuse together.

### **Whiplash**

Whiplash is caused by your body being carried forward, causing your head to flip back. As your body stops, your head is thrown forwards. This happens most commonly in car accidents and sports injuries. It's thought that the pain is



caused by the capsule around the facet joints and the ligaments stretching, along with muscle spasm as your body tries to splint the injury. There's often a delay before you feel any pain or stiffness from whiplash.

Although whiplash can badly strain your neck, most of these injuries improve within a few weeks or months. Seat belts and properly adjusted headrests in cars greatly reduce the damage, and gentle exercises to keep your neck moving will help to prevent longer-term problems and get you back to normal as soon as possible.

### Tension

Most of your muscles relax completely when they're not being used, but some muscles (known as anti-gravity muscles) have to work all the time in order to keep your body upright. Muscles at the back of your neck must always be tensed, otherwise your head would fall forwards when you're sitting or standing. When you're worried or stressed you often tighten these muscles even more, which can cause neck pain and tension headaches. Tension headaches are very common and are often wrongly called migraines.

### Slipped discs

A slipped or bulging disc in your neck can cause neck pain which is usually associated with pain radiating down one arm, numbness, pins and needles or weakness. This will often settle by itself or following physiotherapy, but occasionally you may need further treatment.

### Stenosis and myelopathy

Rarely, disc bulges and osteophytes can cause narrowing of the spinal canal (stenosis) which can affect the spinal cord and cause weakness in arms and legs (myelopathy).

### Should I see a doctor?

If your neck pain lasts for more than a few days, you should see your doctor. You should also speak to them if you:

- have symptoms other than pain and stiffness

**Gentle exercises to keep the neck mobile will help prevent longer-term problems.**

- have pain, tingling, numbness or weakness in your arms
- suddenly develop neck stiffness along with stiffness in both shoulders.

Your doctor may suggest you have an x-ray or other tests to check for the cause of your pain and, depending on the problem, may recommend treatments such as physiotherapy or an injection of a long-acting local anaesthetic or steroid preparation.

## What can I do to help myself?

### Painkillers

Simple painkillers such as paracetamol will often help. It's best to take them before the pain becomes very bad but you shouldn't take them more often than every four hours. Over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can also help. You can use these for a short course of treatment (about 5–10 days), but if they've

not helped within this time then they're unlikely to. If the pain returns when you stop taking the tablets, try another short course. You can rub anti-inflammatory gels or creams onto tender areas if you prefer.

**!** You shouldn't take ibuprofen or aspirin if you're pregnant, or if you have asthma, indigestion or a stomach (gastrointestinal) ulcer, until you've spoken with your doctor or pharmacist.

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**i** See Arthritis Research UK **drug leaflets** *Non-steroidal anti-inflammatory drugs, Painkillers.*

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### Massage

Gentle massage of your neck muscles, particularly with aromatic oils, often helps. Please note, however, that some oils can be poisonous (toxic) in large amounts and can be harmful if you're pregnant or have a condition such as epilepsy.

Rubbing the area with liniments can also help – these produce a feeling of warmth and reduce pain. Some over-the-counter liniments contain capsaicin (an extract of the pepper plant that can be used as a painkiller), and a similar but stronger preparation is available on prescription.

### Exercise

To prevent your neck muscles becoming weaker and your joints from stiffening, you shouldn't rest for more than a few

**A few days' rest can be helpful but resting for longer isn't recommended as lack of activity can weaken the neck muscles.**

## Arthritis Research UK

### Neck pain

days. Start some gentle exercises as soon as the pain begins to ease. Simple exercises can promote strength, ease stiffness, and help to restore your range of movement and get your neck back to normal.

The pull-out section at the back of the booklet shows some simple stretching and strengthening exercises. If you do these every day, the neck movements will increase your muscle strength. Start by exercising very gently and gradually build up.

As with any physical activity, you'll need to use some common sense when you're doing exercises. While some aches or discomfort during or following exercise are normal and should be expected, if an exercise makes your symptoms significantly worse you should stop doing it.

### Relaxation

Stress can make neck pain worse. One way of reducing the effects of stress is to learn how to relax your neck muscles. Aim for a balance between relaxation and exercise.

There are many relaxation, meditation or mindfulness tapes, CDs and MP3 downloads available – your doctor or physiotherapist may be able to offer you some, or they're available to buy from high-street and internet shops.

### Using heat/ice packs

Applying a heat pack to your neck can help to ease pain. You can use a

reusable heat pad (which you can buy from chemists and sports shops), a microwavable wheat bag or a hot-water bottle. An ice pack (for example a bag of frozen peas) can also be helpful. Make sure you don't put heat or ice packs directly onto your neck to avoid burning or irritating your skin.



## Posture

Pain and stiffness can be caused by:

- poor standing posture
- staying in the same position for too long
- a bed that's too soft
- the wrong thickness of pillow
- poor posture at work (see Figure 3).

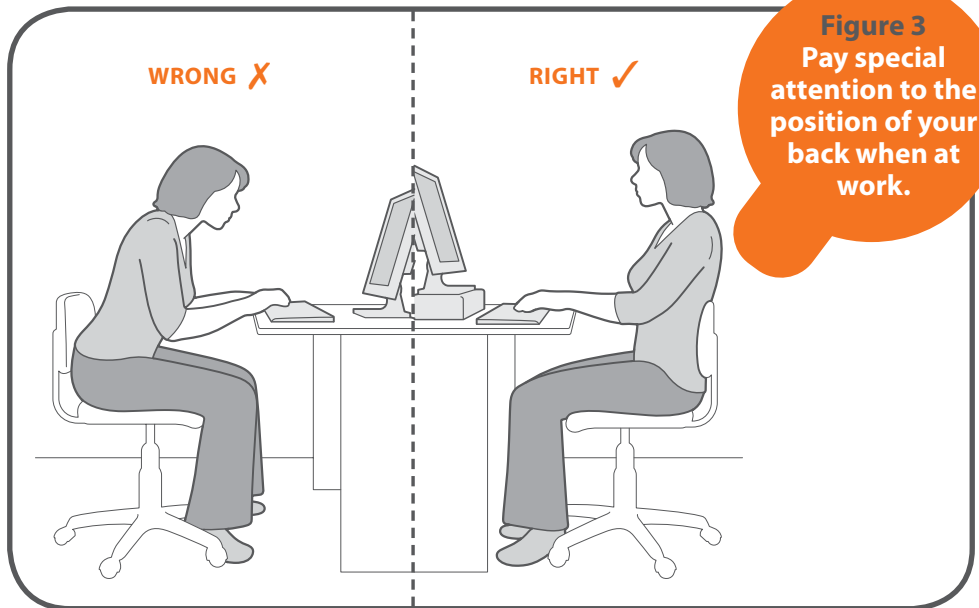
When you're sitting, your hips and knees should be at right angles, and you should have good support for your lower back. Hardback, upright chairs or straight-backed rocking chairs are better for your posture than low, soft, upholstered chairs or sofas. Using back supports can help your posture when sitting at home, at work or in the car.

If your desk or computer screen is too low (so that your head is bent forward for long periods), it can stretch your neck and you may develop muscle pain. Check the height of your desk and monitor and the design of your chairs at work and home – this is important to prevent problems.

If you do a lot of reading, having the book or papers on a reading frame will often help to correct your posture. Many employers have occupational health specialists who can check that workstations are set up according to individual needs.

## Sleep

If your pillow is too firm or thick, it can make neck pain worse. Changing the number or position of pillows may be



helpful – ideally, you should use only one so that your head isn't pushed too far forward or to the side. Your head and neck should be supported so your head is level with your body in a neutral position (see Figure 4). The pillow should fill in the natural hollow between the neck and shoulders – a soft or moulded pillow may be useful, or a supportive roll inside your pillow case can support the hollow of your neck. Some people find it useful to sleep in a narrow soft foam collar.

If your mattress doesn't give your back proper support, it can also make neck pain worse. You may want to consider replacing it if it's old or uncomfortable.

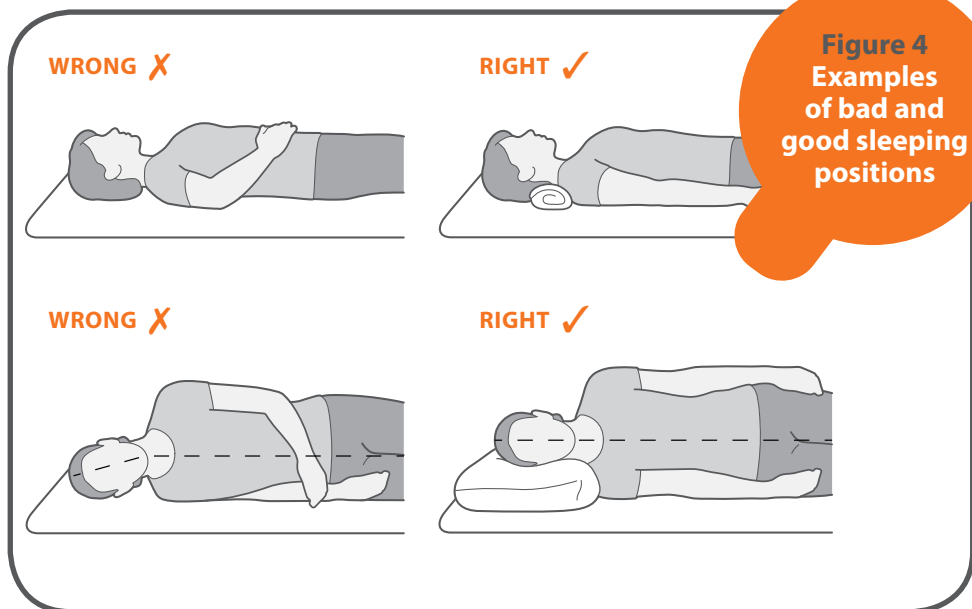
If night-time pain is making it difficult for you to get to sleep, you can take a

painkiller such as paracetamol before you go to bed. It's unlikely to last through the night but should ease pain for long enough for you to go to sleep. Talk to your doctor if you're having problems getting a good night's sleep.

**i** See Arthritis Research UK booklet *Sleep and arthritis*.

## Why does neck pain become persistent?

In some cases, persistent neck pain has a specific cause, such as a damaged facet joint or disc. However, neck pain quite often continues even after the original problem has settled down.



When you're in pain your instinct may be to avoid normal activities and movement. If your first spell of neck pain lasts a while, lack of movement can cause your neck muscles to become weak. They will then tire more easily and will be at greater risk of further strain (see Figure 5).

You may also lose confidence in your ability to resume your normal activities. This may affect your work, social life and personal relationships. You may feel anxious or depressed, particularly if family members and medical professionals appear unhelpful or unsympathetic. If you're anxious or depressed, you may not feel like exercising, so your muscles become weaker still, and so it goes on.

This can happen to anyone, and the longer it continues the harder it'll be for you to recover your movement and confidence. You should use the self-help tips in 'What can I do to help myself?' to prevent or break this pain cycle.

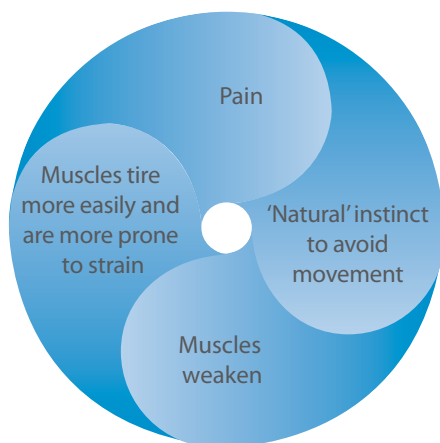
## How are neck problems diagnosed?

Most neck problems can be diagnosed and treated after a simple examination, and it's unlikely that you'll need any special tests. Very occasionally your GP may ask you to have an x-ray to rule out other important causes of neck pain, such as ankylosing spondylitis or an infection.

If your pain is very bad, or if it spreads into your arm or you have dizzy spells, your GP may send you to see a specialist. This

may be a rheumatologist, orthopaedic surgeon or neurosurgeon, depending on the problem. You may need other tests, such as x-rays, blood tests or MRI scans. An MRI scan will only be done if your doctor suspects that a nerve in your neck is being pinched and you need further treatment, such as an injection or surgery.

**Figure 5** The pain cycle



## What treatments are there for neck pain?

Simple self-help treatments and a few days' rest are often enough to clear up a spell of neck pain. But if you do have a more complex or continuing neck problem, your doctor will be able to recommend other treatments and therapies that should help. If your pain isn't settling, your doctor will also be able to prescribe stronger painkillers.



## **Physical treatments**

Physiotherapists, chiropractors and osteopaths are all trained to treat neck problems. Treatment carried out by one of these therapists, along with home exercises, are often all that's needed. It's important to make sure that any physical treatments are given by qualified practitioners – you can find more information in the 'Related organisations' section at the back of the booklet.

## **Manipulation**

Manipulation is a type of manual therapy used to adjust parts of your body to treat stiffness. It can sometimes be uncomfortable at the time, so it's important to understand what's involved. Make sure you talk to your therapist about the treatments before they start. Your therapist should ask you about osteoporosis, as some treatments aren't suitable for people with this condition. Recent research suggests that

manipulation usually only works within the first three months of developing a neck problem.

## **The Alexander technique**

The Alexander technique is a method of teaching bodily awareness and reducing unwanted muscle tension. A qualified teacher will advise you on your standing and sitting posture and your patterns of movement. Many physiotherapists are trained in this technique but it's not always available on the NHS.

## **Acupuncture**

Acupuncture can be used to control pain. During a session, very fine needles are inserted, virtually painlessly, at a number of sites on the skin (meridians) but not necessarily at the painful area. The pain is relieved by interfering with the signals to your brain and by causing the release of natural painkillers (endorphins).



## Transcutaneous electrical nerve stimulation (TENS)

A TENS machine is a small battery-driven machine which can help to relieve pain. Small pads are placed over the painful area and low-voltage electrical stimulation produces a pleasant tingling sensation, which also relieves pain by interfering with pain signals to the brain. You can buy TENS machines from pharmacies, but your physiotherapist may be able to let you borrow one to try first.

There's no evidence that reflexology helps with neck pain.

## Injections

In a very small minority of cases, especially if you have continuing pain in the back of your head or arm, a long-acting local anaesthetic and/or a steroid injection may help. The injection may be given into the small facet joints of your neck or sometimes into the narrow spaces where the nerves branch out from your spine. These injections are usually given in

an x-ray department so that the specialist can position the needle precisely.

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**i See Arthritis Research UK drug leaflet *Local steroid injections*.**

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## Stronger painkillers

### Amitriptyline

If over-the-counter painkillers alone aren't effective, you may be prescribed an additional medication called amitriptyline. This acts to relax muscles and improve sleep. You'll usually be prescribed the lowest possible dose to control your symptoms. If the medication isn't effective, your dose can be gradually increased. This approach will help to lower the risk of side-effects. Common side-effects include dry mouth, drowsiness and blurred vision. If you experience these side-effects you should stop the medication and discuss this with your doctor.

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**i See Arthritis Research UK drug leaflet *Amitriptyline*.**

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#### Gabapentin/Pregabalin

Gabapentin and pregabalin aren't usually given as an initial treatment for 'ordinary' neck pain. Although they don't directly help neck pain, they may help pain in your arm(s) which is coming from the neck by reducing nerve irritation. They may need to be taken for six weeks to begin with, and sometimes longer. As with all drugs there can be side-effects, so they won't be suitable for everyone. You should discuss this with your doctor.

#### Collars

Some people find a special collar helpful if a pinched nerve is causing pain that can be felt down their arm. It's best not to wear them for long periods of time, and there's no evidence that they help with the causes of either short-term or long-term neck pain. The use of collars for neck problems varies in different parts of the UK – some healthcare professionals suggest they promote stiffness whereas others believe they can be helpful for some patients when they're fitted well and not used for long periods.

#### Surgery

Surgery is only rarely needed. It may be helpful if a nerve or the spinal cord is being squeezed and is causing weakness or severe pain that won't go away. The surgeon will ask for a scan to look at the nerves and bones before discussing the pros and cons of surgery with you and whether to go ahead with an operation.

#### What other help is available?

If your neck pain lasts for many months, a pain management programme may help you to control and live with your pain. Pain management programmes are generally outpatient group sessions run by a team of healthcare professionals, often led by a physiotherapist. These programmes include education, exercise, coping strategies and information about using medication.

Your doctor may be able to refer you if they think you would benefit from a pain management programme.

Arthritis Research UK produce a booklet which gives advice on pain management. The booklet focuses on arthritis-related pain, but the information is useful for people with general joint pain. A new self-management guide is also available for people with long-term musculoskeletal pain, which offers self-help tips on how to cope with pain and lets you track your experiences through handy charts.

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**i See Arthritis Research UK booklet and guide** *Pain and arthritis; Living with long-term pain: a guide to self-management.*

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#### Research and new developments

Research has helped us to understand the make-up and processes of the intervertebral discs and has also shown

that inherited (genetic) factors affect the normal wear of the spine.

Discoveries about the effect of stress, workplace conditions and the importance of exercises are changing the way doctors think about neck pain. Imaging techniques such as MRI can now be used to guide treatment, such as injections, into the facet joints.

## Glossary

**Alexander technique** – a method of teaching bodily awareness and reducing unwanted muscle tension. Lessons are given by qualified teachers who will assess and advise on your standing and seating posture and your patterns of movement.

**Ankylosing spondylitis** – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

**Capsule** – the tough, fibrous sleeve of ligaments around a joint, which prevents the bones in the joint from moving too far. The inner layer of the capsule (the synovium) produces a fluid that helps to nourish the cartilage and lubricate the joint.

**Cartilage** – a layer of tough, slippery tissue that covers the ends of the bones in a joint. It acts as a shock absorber and allows smooth movement between bones.

**Chiropractic** – a treatment for mechanical disorders of the musculoskeletal system, often including spine manipulation or adjustment. Chiropractic is given by a specialist and the practice is regulated by the General Chiropractic Council in the UK.

**Facet joints** – the small joints between the vertebrae that allow the spinal column to move. The facet joints are at the back of the spine.

**Intervertebral disc** – a circle of tough, fibrous cartilage with a jelly-like centre found between the bones of the spine. These discs give the spine its flexibility. A slipped disc occurs when the central jelly of the disc bulges (prolapses) through the outer fibrous ring. It can then press on a nerve and cause pain.

**Ligaments** – tough, fibrous bands anchoring the bones on either side of a joint and holding the joint together. In the spine they're attached to the vertebrae and restrict spinal movements, therefore giving stability to the back.

**Magnetic resonance imaging (MRI) scan** – a scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of soft-tissue structures and bones. It works by detecting water molecules in the body's tissue that give out a characteristic signal in the magnetic field.

**Non-steroidal anti-inflammatory drugs (NSAIDs)** – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common

examples include ibuprofen, naproxen and diclofenac.

**Osteoarthritis** – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

**Osteopath** – a trained specialist who treats spinal and other joint problems by manipulating the muscles and joints in order to reduce tension and stiffness, and so helps the spine to move more freely. The General Osteopathic Council regulates the practice of osteopathy in the UK.

**Osteophyte** – an overgrowth of new bone around the edges of osteoarthritic joints. Spurs of new bone can alter the shape of the joint and may press on nearby nerves.

**Osteoporosis** – a condition where bones become less dense and more fragile, which means they break or fracture more easily.

**Physiotherapy** – a therapy given by a trained specialist that helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

**Polymyalgia rheumatica (PMR)** – a rheumatic condition in which you have many (*poly*) painful muscles (*myalgia*). It's characterised by pain and stiffness of the muscles of the neck, hips, shoulders and thighs, which is usually worse in the mornings.

**Reflexology** – a type of complementary therapy based on the principle that reflex points on the feet and hands correspond with every part of the body. The practitioner stimulates pressure points on the hands and feet through firm massage in order to treat disorders affecting other parts of the body.

**Spinal cord** – a cord that runs down the centre of the spine and contains the nerves that connect the brain to all the other parts of the body. The nerve fibres are surrounded by several protective layers and pass through the vertebrae (the bones of the back). The spinal cord and the brain together form the central nervous system.

**Spondylosis** – the term used to describe mechanical or degenerative changes in the small joints in the neck and back. Most of us will have some degeneration in these joints, which can be seen on x-rays; however, research has shown that x-rays aren't a good indicator of how much pain you're likely to have – some people have a lot of pain from fairly minor changes, while others have little pain from more severe changes.

**Steroids** – drugs that have a very powerful effect on inflammation. They're also known as corticosteroids and are similar to cortisone, which is produced naturally in the adrenal glands. Steroids can be taken as tablets or as injections – either into the joint itself or into the tissues around the joint.

## Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

### Conditions

- *Back pain*
- *Osteoarthritis*
- *Osteoporosis*
- *Polymyalgia rheumatica (PMR)*
- *Shoulder pain*

### Self-help and daily living

- *Keep moving*
- *Living with long-term pain: a guide to self-management*
- *Pain and arthritis*
- *Sleep and arthritis*

### Therapies

- *Physiotherapy and arthritis*

### Drug leaflets

- *Amitriptyline*
- *Local steroid injections*
- *Non-steroidal anti-inflammatory drugs*
- *Physiotherapy and arthritis*

You can download all of our booklets and leaflets from our website or order them by contacting:

### Arthritis Research UK

Copeman House  
St Mary's Court  
St Mary's Gate, Chesterfield  
Derbyshire S41 7TD  
Phone: 0300 790 0400  
[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

### Related organisations

The following organisations may be able to provide additional advice and information:

### Arthritis Care

Floor 4, Linen Court  
10 East Road  
London N1 6AD  
Phone: 0207 380 6500  
Helpline: 0808 800 4050  
Email: [info@arthritiscare.org.uk](mailto:info@arthritiscare.org.uk)  
[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

### British Acupuncture Council

63 Jeddo Road  
London W12 9HQ  
Phone: 0208 735 0400  
[www.acupuncture.org.uk](http://www.acupuncture.org.uk)

## Arthritis Research UK

### Neck pain

#### **British Chiropractic Association**

59 Castle Street, Reading  
Berkshire RG1 7SN  
Phone: 01722 415 027  
Public enquiries: 0118 950 5950  
[www.chiropractic-uk.co.uk](http://www.chiropractic-uk.co.uk)

#### **British Medical Acupuncture Society**

BMAS House  
3 Winnington Court, Northwich  
Cheshire CW8 1AQ  
Phone: 01606 786782  
[www.medical-acupuncture.co.uk](http://www.medical-acupuncture.co.uk)

#### **Royal London Homoeopathic Hospital**

60 Great Ormond Street  
London WC1N 3HR  
Phone: 0845 155 5000 or 020 3456 7890  
[www.rlhh.eu](http://www.rlhh.eu)

#### **Chartered Society of Physiotherapy**

14 Bedford Row  
London WC1R 4ED  
Phone: 0207 306 6666  
[www.csp.org.uk](http://www.csp.org.uk)

#### **The Dystonia Society**

1<sup>st</sup> Floor, 89 Albert Embankment  
Vauxhall  
London SE1 7TP  
Phone: 0845 458 6211  
[www.dystonia.org.uk](http://www.dystonia.org.uk)

#### **General Chiropractic Council**

44 Wicklow Street  
London WC1X 9HL  
Phone: 0207 713 5155  
[www.gcc-uk.org](http://www.gcc-uk.org)

#### **General Osteopathic Council**

176 Tower Bridge Road  
London SE1 3LU  
Phone: 0207 357 6655  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

#### **Institute for Complementary and Natural Medicine (ICNM)**

Can-Mezzanine  
32–36 Loman Street  
London SE1 0EH  
Phone: 0207 922 7980  
[www.i-c-m.org.uk](http://www.i-c-m.org.uk)

#### **Pain Relief Foundation**

Clinical Sciences Centre  
University Hospital Aintree  
Lower Lane  
Liverpool L9 7AL  
Phone: 0151 529 5820  
[www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)  
The Pain Relief Foundation produce a range of audiotapes, including a relaxation tape.

#### **Society of Teachers of the Alexander Technique**

1<sup>st</sup> Floor, Linton House  
39–51 Highgate Road  
London NW5 1RS  
Phone: 0207 482 5135  
[www.stat.org.uk](http://www.stat.org.uk)



## We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education

news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

### Tell us what you think

Please send your views to:

**[feedback@arthritisresearchuk.org](mailto:feedback@arthritisresearchuk.org)**

or write to us at:

Arthritis Research UK, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by consultant rheumatologist Dr Paul Thompson, who has expertise in the subject. It was assessed at draft stage by physiotherapists Donna Morris and Maureen Motion, and occupational therapist Margaret Saynor (retired). An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Dr Jonathan Hill, is responsible for the content overall.







# Keeping active with neck pain

It's important to keep active because extended periods of rest can weaken muscles and make your neck pain worse. Exercising every day will strengthen your neck muscles and should help prevent future neck pain. If your pain increases when exercising, stop doing it and seek medical advice.

Remember to keep exercising regularly, even after your neck pain has cleared up!

# Exercises for neck pain

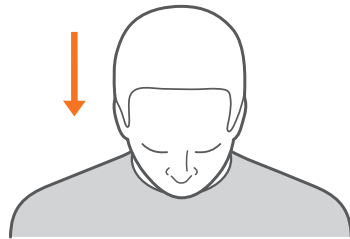
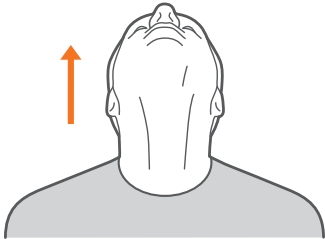
**This handy tear-off section contains exercises that are designed to help ease neck pain and strengthen the structures that support your neck.**

## Stretching and strengthening exercises

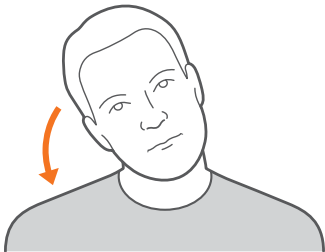
1

### Neck tilt (up and down)

Sit or stand, keeping a good posture. It's best to sit down if you have trouble balancing. Tilt your head backwards, stretching your neck muscles. Hold this for five seconds and then repeat five times. Tilt your head down to rest your chin on your chest. Gently tense your neck muscles and hold for five seconds. Repeat five times.



2



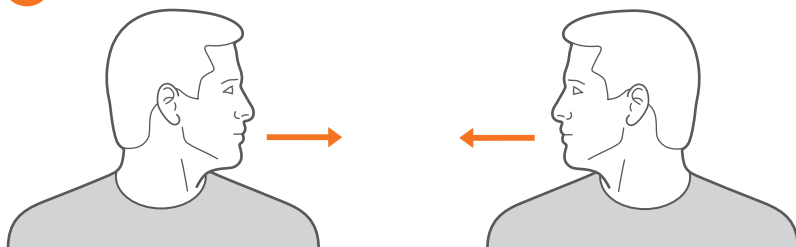
### Neck tilt (side to side)

It's best to sit down for this exercise to help you balance. Tilt your head down towards your shoulder, leading with your ear. Gently tense your neck muscles and hold for five seconds.

Return your head to centre and repeat on the opposite side. Repeat five times on each side.

**!** We recommend that you repeat these exercises twice a day.

3

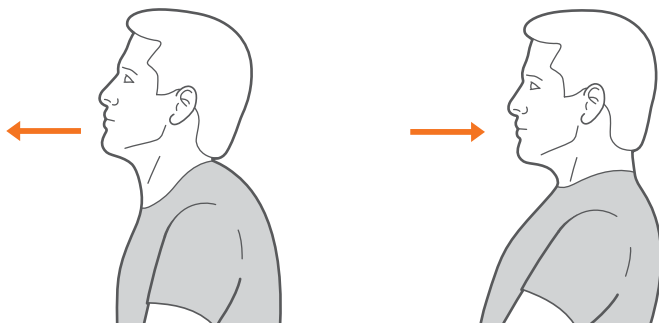


### Neck turn

It's best to sit down for this exercise to help you balance. Turn your head towards one side, keeping your chin at the same height. Gently tense

your neck muscles and hold for five seconds. Return your head to the centre and repeat on the opposite side. Repeat five times on each side.

4



### Neck stretch

Sit or stand with good posture. It's best to sit down if you have trouble balancing. Keeping the rest of the body straight, push your chin forward so your throat is stretched.

Gently tense your neck muscles and hold for five seconds. Return your head to the centre and push it backwards, keeping your chin up. Hold for five seconds. Repeat five times.

**Seek medical advice if you feel dizzy doing any of these exercises.**

## Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **[enquiries@arthritisresearchuk.org](mailto:enquiries@arthritisresearchuk.org)** or go to **[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)**



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calls charged at standard rate

**[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)**

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