Neck Pain, Cervicalgia

Diagnosis/Condition: Cervicalgia; Neck pain
Sprain/Strain of the neck
Segmental dysfunction, cervical region

Discipline: LAc

ICD-9 Codes: 723.1; 847.0; 739.1

ICD-10 Codes: M54.2 cervicalgia
R25.2 cramp or spasm
S13.4 sprain/strain

Origination Date: 01/2000
Review/Revised Date: 07/2013
Next Review Date: 07/2015

Neck pain is second only to low back pain as the most common musculoskeletal disorder in population surveys and primary care. While most individuals with acute neck pain do not seek health care, those that do account for a disproportionate amount of health care costs. Much neck pain is not attributable to a specific disease or disorder and is labeled as muscular, mechanical, or postural neck pain. Individuals with neck pain do not typically experience full remission; it is estimated that 50-80% will re-experience symptoms in 1-5 years. Despite decades of research and posturing to explain chronic neck pain on the basis of a specific disease or injury, and despite increasingly sophisticated diagnostic imaging, little advance has been made in achieving a specific structural diagnosis.

According to TCM theory, neck pain corresponds to a type of obstruction in the circulation of qi and blood in the channels and collaterals, traditionally known as ‘Bi syndrome.’ This syndrome indicates pain, soreness or numbness of the muscles, tendons and joints from invasion of the ‘external pathogenic factors’ wind, cold and/or dampness. These pathogenic factors obstruct the circulation of qi and blood in the channels and collaterals, causing pain.

Underlying deficiency of the organs (zang-fu) is not necessarily a precipitating factor. Chronic tension patterns or repetitive injuries may cause the qi to become blocked and the blood to become stagnant. Based on these concepts, treatment is primarily channel-based and is directed towards relaxing the muscles and opening the channels. Generally, local points and tender (ashi) points are combined with acupoints that expel wind, transform dampness, and warm the channels.

An axiom of TCM expresses the essential nature of pain: “Where there is free flow there is no pain, where there is pain there is no free flow.” Neck pain, therefore, indicates a stagnation of the movement of qi and blood in the channels and network vessels. In addition to acupuncture, treatments also typically include local massage techniques and home therapies such as hydrotherapy and topical herbal analgesics.

Neck pain is a prevalent complaint in acupuncture patients and frequently treated by acupuncture practitioners. It appears that acupuncture offers adequate adjunctive care for the treatment of neck pain. While no RCTs have been conducted on the benefits of acupuncture for
acute neck pain, numerous RCTs have assessed the value of acupuncture for the treatment of chronic neck pain. With the exception of three recent trials (two comparative effectiveness, one sham controlled), RCTs have been summarized in three systematic reviews. The evidence supports the benefit of acupuncture for:

- Pain relief in chronic neck pain.
- Relieving neck pain as compared to sham treatments and wait-list controls
- Use as an adjunctive to usual medical care as compared to usual medical care alone for pain and disability
- To improve range of motion in chronic neck pain as compared to sham treatment
- Cost-effectiveness for the treatment of chronic neck pain at 1 and 4-years.

**Subjective Findings and History**

- Macro trauma: Onset of pain and paraspinal muscle spasm begins either immediately after the injury or gradually over the next 24 hours
- Micro trauma: Repetitive traumatic events not singularly capable of producing injury
- Local pain, sometimes at standardized acupuncture point locations, sometimes accompanied by pain along acupuncture channels traversing the involved area, diffuse (scleratogenous pain distribution)
- Loss of flexibility
- Pain is usually relieved by rest and aggravated by motion

**Objective Findings**

- Postural evaluation reveals: Decrease/loss of normal spinal curvature, may present with lateral list
- Decrease/loss of normal spinal ROM
- Palpation: Tenderness with pressure over involved tissues, muscle spasm or tautness of paravertebral muscles, MFTPs. tenderness of acupuncture points
- Pulse and tongue diagnosis findings will vary

**Assessment**

The clinical impression should indicate the specific anatomical structures and acupuncture channels involved, and clinically correlate them with the mechanism of injury, history, subjective complaints, and objective findings.

**Plan**

While no RCTs have been conducted on the benefits of acupuncture for acute neck pain, numerous randomized controlled trials have assessed the value of acupuncture for the treatment of chronic neck pain. ⁵ ⁶ ⁷

**Passive Care:**

- Acupuncture, electroacupuncture, other physical modalities
- Trends suggest that patients diagnosed with one of two pattern differentiations achieved the best results: qi & blood stagnation or phlegm-dampness.⁸
- Herbs
- Psychoemotional counseling
Active Care:
- Rest from inciting activity
- Activities/work restrictions if appropriate may include: No repetitive motion, lifting, grasping, pinching
- Appropriate stretching and strengthening exercises, taiji, qigong
- Appropriate dietary modification
- Appropriate postural modification

Length of Treatment
- Estimated duration of care: initially 2-3 times per week for 2-3 weeks
- Patient should be at least 40-50% improved after 2-3 weeks
- Treatments can continue if symptoms are acute (<6 months) for 2-3 months, if chronic (>6 months) for 3-6 months

Outcomes Assessment Tools
- Visual Analog Pain Scale, Numeric Pain Rating Scale (VAS, NRS)
- Neck Pain Disability Index (NDI)
- Patient Specific Functional Scale
- MYMOPS

Referral Criteria
- If patient is not improved with the initial course of treatment (over first 2-3 weeks) then the patient should be referred to an appropriate provider
- If patient worsens then the patient should be referred back to an appropriate provider
- If patient only partially improves with initial course of acupuncture treatment then patient may need PT/OT or Chiropractic care for further improvements in ROM and strength in addition to acupuncture treatment

Resources for Clinicians
http://www.spinejournal.com/pt/re/spine/toe-00007632-200802151-00000.htm?sessionid=HMzpIt5TnfrpDdzjTQbJxQSOVKhLyLj4Kc14Cq4ptvQcKnhQGwmQ!253064403!i81195628!s091!-t

Resources for Patients
Spine-health.com publishes original, award-winning articles written for patients by over 80 physician authors and peer-reviewed by a 23 member Medical Advisory Board. This trusted, independent site is supported by hundreds of physician members and visited by millions of patients and their physicians.
http://www.spine-health.com/pain/neck-pain-0?page=1

MedlinePlus will direct you to information to help answer health questions. MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations.
References


Clinical Pathway Feedback
CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

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