

Neck pain& pain management procedures in neck pain

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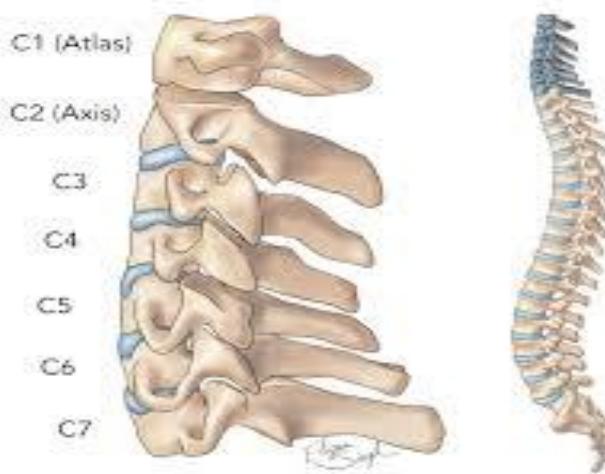
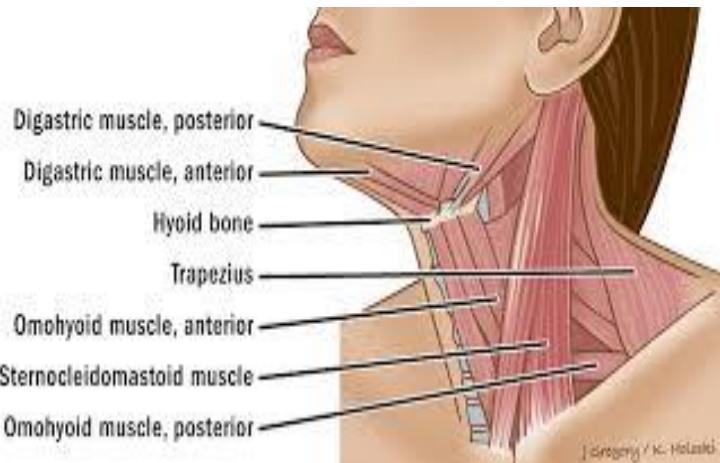
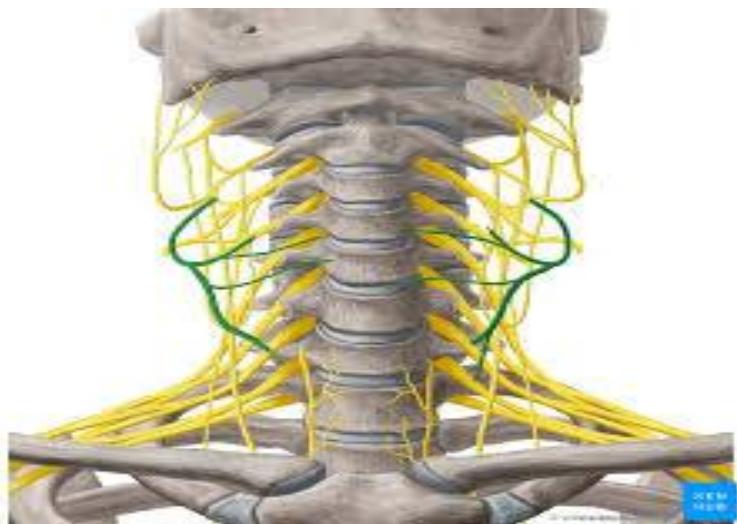
4th stage

Introduction & Epidemiology

- Neck pain affects ~20–70% of adults at some point
- Common cause of disability and work absenteeism
- May be mechanical, neuropathic, or systemic

Relevant Cervical Anatomy

- Cervical vertebrae (C1–C7)
- Intervertebral discs and facet joints
- Cervical nerve roots
- Muscles: trapezius, levator scapulae, paraspinals
- Ligaments and soft tissues



Common Causes of Neck Pain

- Mechanical strain and posture-related pain
- Cervical spondylosis / degenerative disc disease
- Facet arthropathy
- Radiculopathy from disc herniation
- Myofascial pain
- Whiplash-associated disorders

Clinical Assessment

- Detailed history: onset, radiation, red flags
- Physical exam: ROM, tenderness, neuro exam
- Indications for imaging: trauma, red flags, persistent pain
- MRI preferred for nerve root or spinal cord involvement

Conservative Management

- Activity modification and ergonomics
- Physical therapy and stretching
- NSAIDs/acetaminophen
- Muscle relaxants for acute spasm
- Heat/ice therapy
- Behavioral and lifestyle interventions

Interventional Pain Procedures

- Trigger point injections
- Cervical epidural steroid injections
- Facet joint injections
- Medial branch blocks
- Radiofrequency ablation (RFA)
- Botulinum toxin for refractory myofascial pain
(select cases)

Indications for Procedures

- Failure of conservative therapy
- Persistent radicular pain
- Confirmed facetogenic pain (via diagnostic blocks)
- Severe myofascial pain not responding to therapy

Summary

- Neck pain is multifactorial with significant global impact
- Assessment guides appropriate management
- Interventions can provide relief when conservative measures fail
- Multimodal approach yields best outcomes