Rotherham Neck Pain Pathway

Patient presents to GP with: Neck pain

(above the first thoracic vertebra)

Secondary Care

Primary Care

Please refer the following directly to Secondary Care

Red flags:

History of, or suspected malignance, investigate and refer as appropriate. Consider red flags of unexplained weight loss, night pain and high inflammatory markers.

Suspected fracture, dislocation or infection, refer to A&E.

Cervical myelopathy or multi-level neurological signs, refer to neurosurgery.

Vascular disorders of the carotid or vertebral arteries, refer to vascular service.

Suspected inflammatory, condition, investigate and refer to rheumatology.

Acute non specific neck pain

Investigations
None unless red flags suspected

Management
Reassure patient
Recommend simple range of movement exercises
Encourage maintaining function
Consider analgesia

Referral
If no improvement by 6 weeks from onset of symptoms refer to physiotherapy.

Self Help/ Patient education

Neck pain - causes and symptoms

Neck pain - symptoms and treatments

Neck pain information

Persistent non specific neck pain

Investigations
None unless red flags suspected

Management
Reassure patient
Recommend simple range of movement exercises
Encourage maintaining function
Consider analgesia

Referral
If no improvement by 6 weeks from onset of symptoms, refer to physiotherapy.

If unresponsive to a previous course of physiotherapy, refer to MSK CATS

Self Help/ Patient education

Neck pain - causes and symptoms

Neck pain information

Neck pain with referred arm pain

Investigations
None unless red flags suspected

Management
Consider medication management as outlined in supporting information

Referral
Immediate referral to MSK CATS

Self Help/ Patient education

Neck pain - causes and symptoms

Neck pain - symptoms and treatments

Neck pain information

Neck pathway supporting information

Acute non specific neck pain

- Pain of less than 3 months duration
- Pain mainly in the neck, less significant arm pain, usually proximal upper limb
- No neurological signs

GP management of acute non specific neck pain:

In patients with neck pain without red flag features there is no indication for investigations.

I. **Positive reassurance**
   - At least 40% of patients can expect full recovery without any treatment

II. **Recommend continuation of normal activity**
   - Encourage and convince the patient to resume or maintain normal activities
   - Identify any barriers to doing so
   - Suggest alternative ways of maintaining activities if patients way is impeded by pain

III. **Recommend simple range of movement exercises**

IV. **Consider analgesia**

Refer patient to physiotherapy if no improvement is shown after 6 weeks **since onset of symptoms** or earlier referral if patient reports high levels of pain intensity VAS 7+/10.

Persistent non specific neck pain:

- Pain of greater than 3 months duration
- Pain mainly in the neck, less significant arm pain, usually proximal upper limb
- No neurological signs

GP management of persistent non specific neck pain:

- Patients presenting for the first time, manage as an acute neck pain. If unresponsive to a previous course of physiotherapy , **refer to the MSK CATS**

Referred arm pain

- Symptoms are perceived in the shoulder girdle and proximal upper limb but will more often extend into the distal forearm and hand.
- The pain is often although not exclusively accompanied by neurological signs i.e. paraethesia, numbness, weakness and loss of reflexes each in a dermatomal or myotomal distribution
- Pain often described as shooting or lancinating
- Patient often describes paroxysmal pain

GP management of referred arm pain

- Patients with altered peripheral neurology should be **referred immediately to the MSK CATS**
- Referred arm pain without altered objective peripheral neurology should be managed as an acute neck pain

Medication for referred arm pain

- 1st line: Amitriptyline 10mg/day up to 75mg/day (alternative Imipramine/Nortriptyline)
- 2nd line: Switch to or combine with Pregabalin, 75mg BD up to 150mg BD. **OR** Gabapentin 300mg/day up to 1800mg/day.