

Neck pain

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

What is neck pain?



Neck pain is a very common problem but does not usually have a serious medical cause. 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 at some point. It's not usually serious and most often eases on its own or with simple treatment within a few days.

At a glance

Neck pain

What can I do to help myself?

There are several ways you can help yourself, including:

- taking painkillers
- exercising regularly
- learning how to relax (particularly your neck muscles)
- massaging your neck
- using ice/heat packs
- checking your posture.

When should I see my doctor?

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?

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

Try to start some gentle neck movements and stretches within a couple of days.

How are neck problems diagnosed?

Your doctor will usually examine your neck and ask you about your symptoms. Occasionally, if your pain persists and they think there might be changes to your bones, discs or joints, or a trapped nerve they may ask you to have x-rays, blood tests or a magnetic resonance imaging (MRI) scan.

What treatments are there?

Simple self-help measures will often help ease symptoms, but your doctor may offer the following:

- advice on what else you can do to help yourself
- exercises and advice on keeping active
- physical therapies (for example, physiotherapy, chiropractic, osteopathy)
- medications
- injections
- surgery (very rarely needed).

What is neck pain and what causes it?

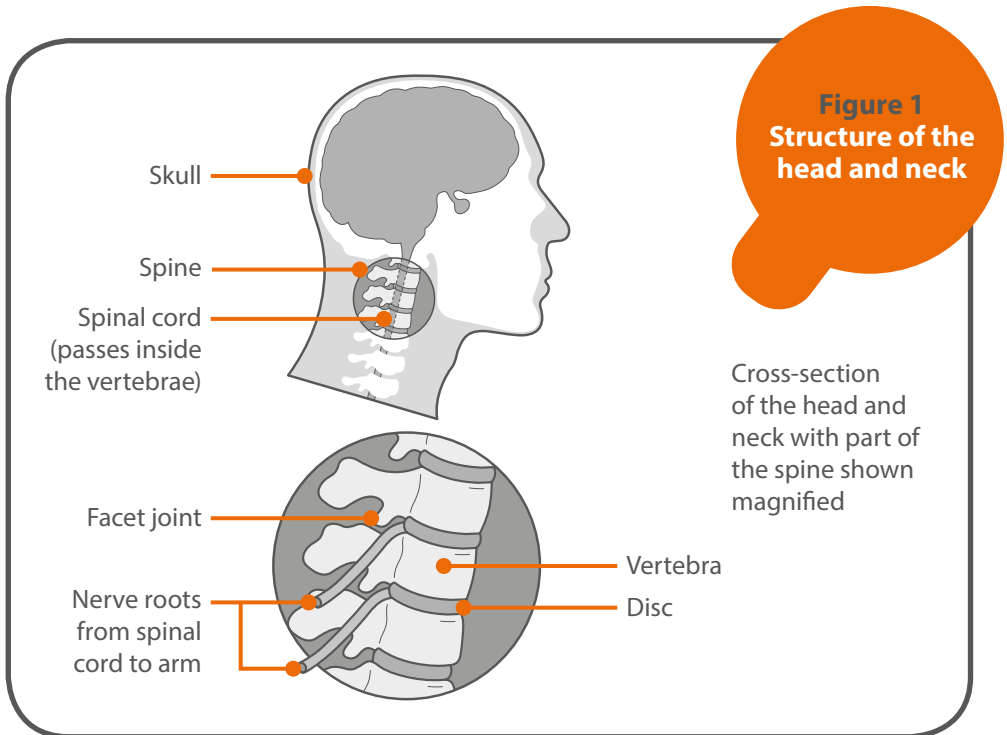
Neck pain is common with two out of three people being affected at some point in their lives. It can be caused by many different things, but most often neck pain is the result of staying too long with your neck in one position or a strain or sprain. Other things can sometimes cause or contribute to neck pain, such as worry or stress, sleeping awkwardly, an accident ('whiplash') or a flare-up of cervical spondylosis, which can happen as the discs and joints in the spine age.

You can often manage short spells of neck pain yourself using over-the-

counter painkillers and gentle stretches. However, if your neck problem persists or significantly affects your everyday activities then it's sensible to see a doctor or other healthcare professional.

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.

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.

What are the symptoms of neck problems?

The most common symptoms people with neck problems experience are:

Pain and stiffness

You may feel pain in the middle or on either side of your neck, but it may also extend to the shoulder and shoulder blade, or to the 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

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

position for a long time or resting. You may notice that your neck won't turn as far as it normally does, for example when you try to look over your shoulder while reversing the car.

If your neck stiffness came on quickly, you are aged 50 or over, and you also have stiffness in both shoulders that isn't related to a recent injury, this can be a sign of a condition called polymyalgia rheumatica (PMR) – an inflammatory condition affecting the muscles. You should see your doctor as soon as possible as this condition needs to be treated quickly.

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

Numbness or tingling

If a nerve root is pinched then you may have numbness, pins and needles or tingling that can be felt down your arm, sometimes right down 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 bony surfaces moving against each other or by ligaments moving over bone. Other joints often do this too but noises from your

neck usually seem louder because they're happening closer to your ears. You may also find they're more noticeable at night. While this is a common symptom and can sound alarming 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 temporarily reduced. However, 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 or prevent you looking in one direction. This is called torticollis, cervical dystonia or acute wry neck. It's not very common but can be unpleasant. It usually only lasts 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 or low in mood. Talking about your pain with friends, family or your doctor may help.

Specific conditions related to 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. This is the most common type of neck pain and usually disappears after a few days, providing you keep gently moving your neck and rest when you need to.

Cervical spondylosis

Spondylosis happens when the discs and the facet joints in your spine age. 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 as a result 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.

In spondylosis, spurs of bone called osteophytes sometimes 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.) These changes are part of a repair process where the body adapts to the wear that can occur as we age.

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.

Occasionally when people have spondylosis:

- the nerve roots may be irritated or pinched (either by bulging discs or osteophytes), which can sometimes cause 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 causes pain and stiffness.

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, seat belts and properly adjusted headrests in cars help greatly to prevent serious injuries. Most whiplash improves within a few weeks or months. 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 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
- have pain, tingling, numbness or weakness in your arms
- have sudden severe pain after a fall or injury
- suddenly develop neck stiffness along with stiffness in both shoulders.

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

Some rare causes of neck pain are bone problems such as fracture – often linked to thinning of the bones (osteoporosis) – or infection, a tumour, inflammation such as in ankylosing spondylitis, or meningitis. If you suspect you have any of these it's best to see your doctor.

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.

Resting for a day or two can be helpful but resting for longer isn't recommended as lack of activity can weaken the neck muscles.

! 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.

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

Exercise

You may find a short period of rest is helpful initially to ease the pain and discomfort. But to prevent your neck muscles becoming weaker and your joints from stiffening, you should rest for as short a time as possible and certainly no more than a day or two. As soon as possible, start some gentle stretches and neck movements as these can help the muscles and ligaments to relax and ease your pain and stiffness.

There are some simple stretching and strengthening exercises near the back of this booklet. If you do these every day, they will increase the strength of your muscles, ease stiffness, and help to restore your range of movement and get your neck back to normal. Start by exercising very gently and gradually build up.

As with any physical activity, some aches or discomfort during or following exercise are normal and should be expected. But if an exercise makes your symptoms significantly worse you should stop doing it.

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It's also important to find some form of exercise that you enjoy and to keep doing it. Walking, swimming, and exercise classes such as yoga or [Pilates](#) are all popular and will help with your general health and fitness.

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 online or from high-street 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.

Massage

Gentle massage of your neck muscles, particularly with aromatic oils, often helps. However, 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.



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 or too hard
- a pillow that is uncomfortably soft or hard
- poor posture at work (see Figure 3).

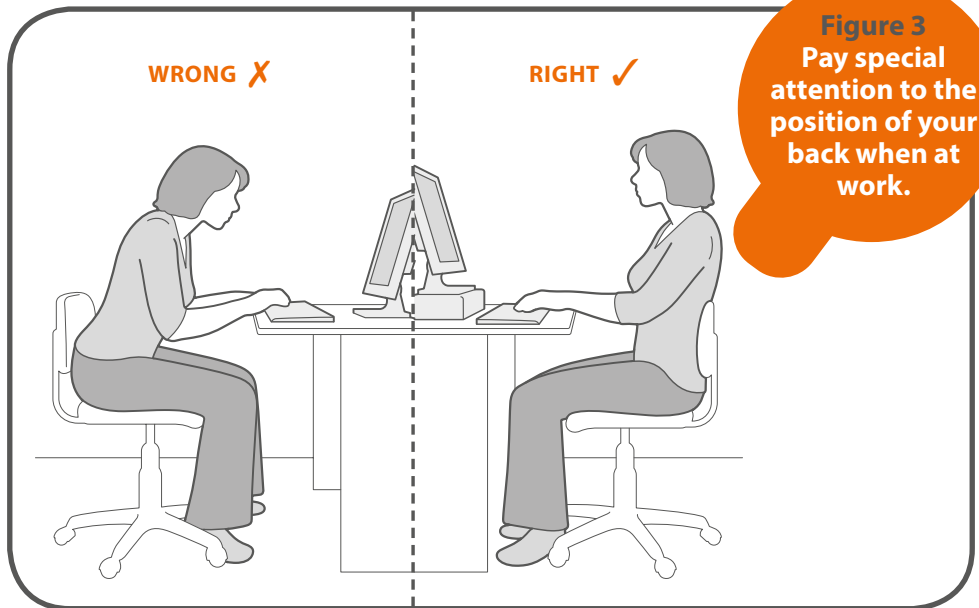
When you're sitting, your hips and knees should be at right angles, and you should have good support for your lower back. Hardback, upright chairs or straight-backed rocking chairs are better for your posture than low, soft, upholstered chairs or sofas. Using back supports can help your posture when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

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.

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.

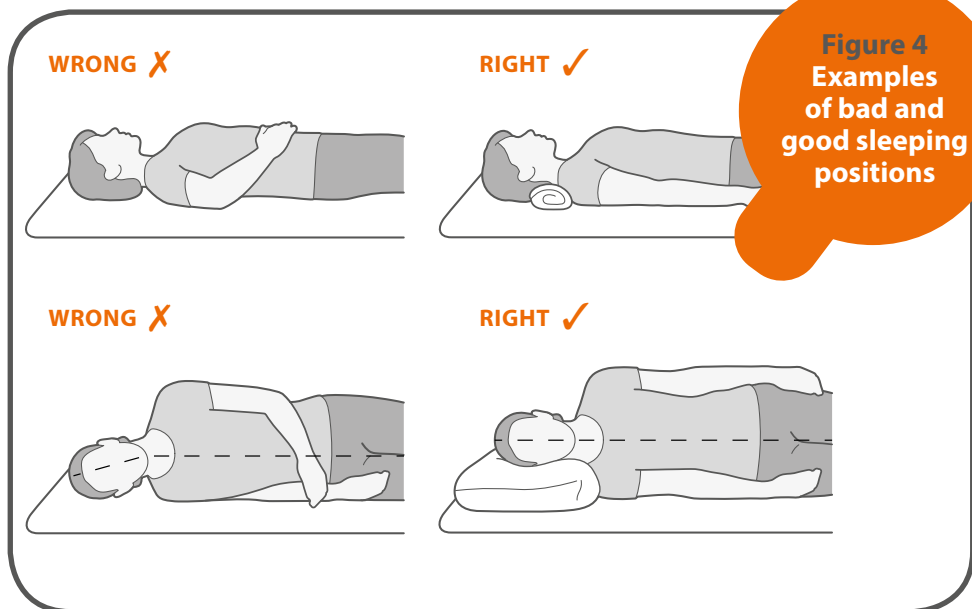
If night-time pain is making it difficult for you to get to sleep, you can take a painkiller such as paracetamol before

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?

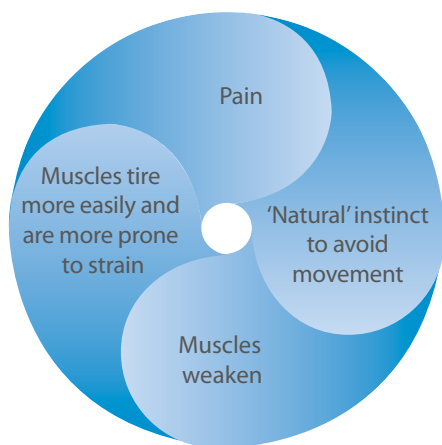
In some cases, persistent neck pain has a specific cause, such as a damaged facet joint or disc. However, neck pain quite often continues even after the original problem has settled down.



If your neck pain lasts a while, lack of movement can cause your neck muscles to become weak and stiff. They will then tire more easily and will be more likely to hurt when you move them (see Figure 5).

When you're in pain your instinct may be to avoid normal activities and movement. Over time you may start avoiding more and more activities and this can start to affect your work, social life, personal relationships, hobbies and interests.

Figure 5 The pain cycle



As you do less of the things you enjoy and start to lose confidence you may start to feel anxious or depressed. You may feel that family members and medical professionals appear unhelpful or unsympathetic. If you're anxious or depressed, you may not feel like exercising or doing everyday activities, 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, activities and confidence. 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 based on your symptoms and 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 arrange for you to see a specialist. This may be in a musculoskeletal, rheumatology, orthopaedic or neurology department, depending on the problem. They may arrange for tests, such as x-rays, blood tests or MRI scans. An MRI scan tends only to be done if your doctor suspects that a nerve in your neck is being pinched or you might benefit from further treatment, such as an injection or surgery.

What treatments are there for neck pain?

Simple self-help treatments and a day or two's rest are often enough to clear up a spell of neck pain. But if you have a more

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complex or a 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.

These professionals can suggest general stretching and strengthening exercises for the neck or they may suggest specific ones. Exercise can help with symptoms of pain and stiffness and help you get back to your normal activities.

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 works best 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. Some physiotherapists are trained in this technique but it's not always available on the NHS.



Transcutaneous electrical nerve stimulation (TENS)

A TENS machine is a small battery-driven machine which may help to reduce pain in the short term. Small pads are placed over the painful area and low-voltage electrical stimulation produces a pleasant tingling sensation. It's suggested that this can interfere with pain signals from the nerves to the brain. You can buy TENS machines from pharmacies, but your physiotherapist may be able to let you borrow one to try first.

Collars

Some people find a special collar helpful if a pinched nerve is causing pain that can be felt down their arm. However, there's little evidence that they help with 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 as long as they're fitted well and not used for long periods of time.

Acupuncture

During a session of acupuncture, very fine needles are inserted, virtually painlessly, at a number of sites on the skin (meridians) but not necessarily at the painful area. It's suggested that pain can sometimes be relieved in the short term by interfering with the signals to your brain and by causing the release of natural painkillers (endorphins).

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.

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



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

Drug treatments

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.

i See Arthritis Research UK drug leaflet *Amitriptyline*.

Gabapentin/Pregabalin

Gabapentin and pregabalin aren't usually given as an initial treatment for 'ordinary' neck pain. However, if a pinched nerve in your neck is causing discomfort in your arm(s), then these drugs can help 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.

What other help is available?

If your neck pain continues despite treatment and is affecting your day-to-day activities and perhaps affecting your mood, a pain management programme may help you. This won't get rid of the pain but will help you have a better quality of life in spite of the pain. Pain management programmes are generally outpatient group sessions run by a team of healthcare professionals including doctors, physiotherapists, psychologists and sometimes nurses, occupational therapists and other specialist clinicians.

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.

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

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.

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) sometimes 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, keep you mobile and independent, and improve quality of life.

Pilates – a low-impact form of exercise that focuses on posture, balance, strength and flexibility. Many of the exercises can be done on the floor, although Pilates classes may also use specialist equipment. Pilates is suitable for people of all ages and fitness levels.

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.

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*
- *Polymyalgia rheumatica (PMR)*
- *Shoulder pain*

Self-help and daily living

- *Keep moving*
- *Pain and arthritis*
- *Sleep and arthritis*

Therapies

- *Physiotherapy and arthritis*

Drug leaflets

- *Amitriptyline*
- *Local steroid injections*
- *Non-steroidal anti-inflammatory drugs*

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

Related organisations

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

Arthritis Care

Phone: 0207 380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

British Acupuncture Council

Phone: 0208 735 0400
www.acupuncture.org.uk

British Chiropractic Association

Phone: 0118 950 5950
www.chiropractic-uk.co.uk

British Medical Acupuncture Society

Phone: 01606 786782
www.medical-acupuncture.co.uk

Chartered Society of Physiotherapy

Phone: 0207 306 6666
www.csp.org.uk

The Dystonia Society

Phone: 0845 458 6211
www.dystonia.org.uk

General Chiropractic Council

Phone: 0207 713 5155
www.gcc-uk.org

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General Osteopathic Council

Phone: 0207 357 6655

www.osteopathy.org.uk

Institute for Complementary and Natural Medicine (ICNM)

Phone: 0207 922 7980

www.i-c-m.org.uk

Pain Relief Foundation

Phone: 0151 529 5820

www.painreliefoundation.org.uk

The Pain Relief Foundation produce a range of audiotapes, including a relaxation tape.

Royal London Hospital for Integrated Medicine

Phone: 0845 155 5000 or 020 3456 7890

www.uclh.org/ourservices/ourhospitals/rhim/pages/home.aspx

Society of Teachers of the Alexander Technique

Phone: 0207 482 5135

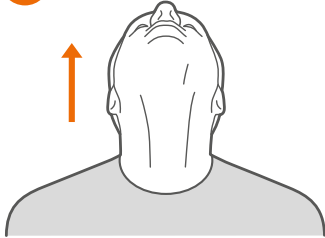
www.stat.org.uk

Stretching and strengthening exercises

We recommend that you repeat these exercises twice a day.

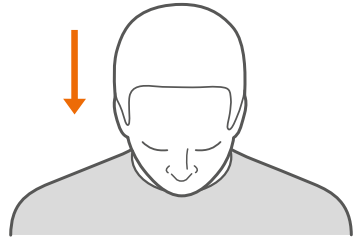
Seek medical advice if you feel dizzy doing any of these exercises.

1



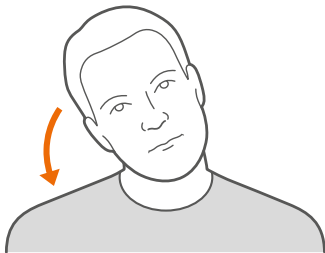
Neck tilt (up and down)

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



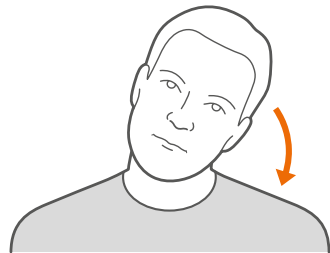
for five seconds and then repeat five times. Tilt your head down to rest your chin on your chest. Gently tense your neck muscles and hold for five seconds. Repeat five times.

2



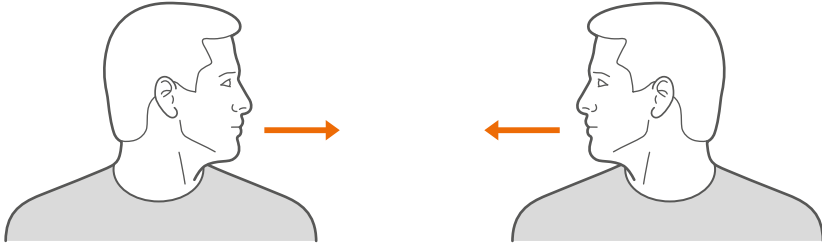
Neck tilt (side to side)

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.

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.

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



We're here to help

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

We 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 let us know if you'd like to receive an email alert about our quarterly online 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:

**bookletfeedback@
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 GPs Dr Cris Ellis, Dr Adrian Chudyk and Dr David Knott and physiotherapists Maureen Motion and Gail Sowden. 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.

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- 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** or go to **www.arthritisresearchuk.org**



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