

# STANDARD TREATMENT WORKFLOW (STW)

## NECK PAIN

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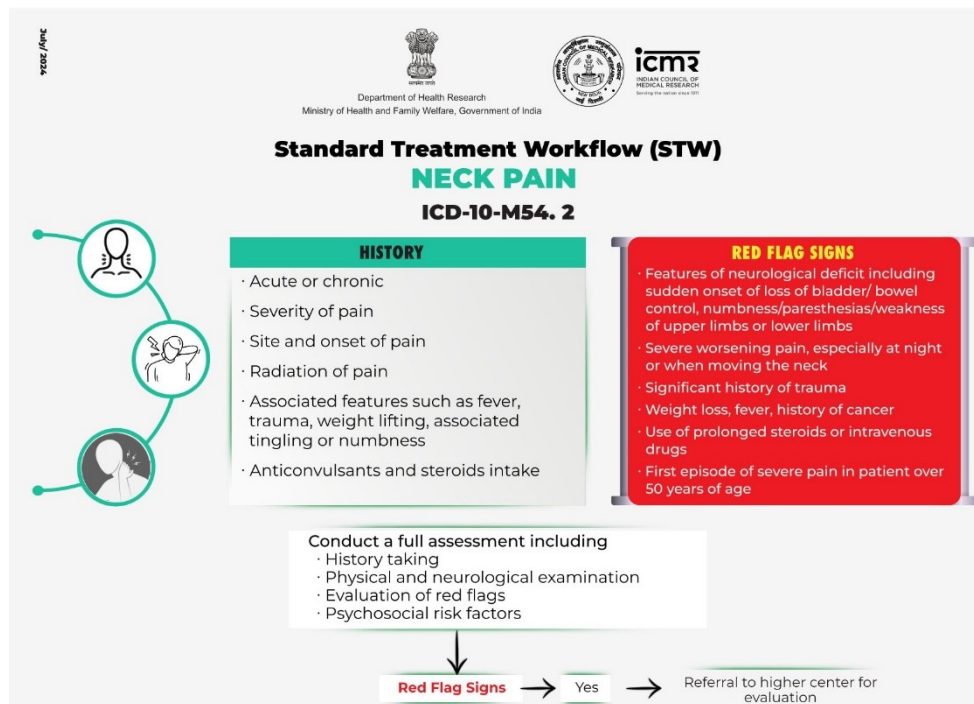
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## Standard Treatment Workflow (STW) NECK PAIN ICD-10-M54. 2



### HISTORY

- Acute or chronic
- Severity of pain
- Site and onset of pain
- Radiation of pain
- Associated features such as fever, trauma, weight lifting, associated tingling or numbness
- Anticonvulsants and steroids intake

### RED FLAG SIGNS

- Features of neurological deficit including sudden onset of loss of bladder/ bowel control, numbness/paresthesias/weakness of upper limbs or lower limbs
- Severe worsening pain, especially at night or when moving the neck
- Significant history of trauma
- Weight loss, fever, history of cancer
- Use of prolonged steroids or intravenous drugs
- First episode of severe pain in patient over 50 years of age

Conduct a full assessment including

- History taking
- Physical and neurological examination
- Evaluation of red flags
- Psychosocial risk factors

Red Flag Signs

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Yes

→

Referral to higher center for evaluation

↓

No

↓

Acute and Sub acute (Duration - less than 12 weeks)

- Consider analgesics for short duration
  - Acetaminophen/PCM and NSAIDs
  - Short course muscle relaxants
  - Use opioids (short duration) if not responding to above analgesics
- Immobilize neck in acute stage. Once pain subsides - start neck strengthening exercises and/or physical activity
- Recommend neck strengthening exercises and/or physical activity (when pain becomes bearable)
- Avoid lifting heavy weights
- Prescribe self-care strategies
  - Alternating cold and heat therapy
  - Continuation of Activities of Daily Living as tolerated
- Encourage early return to work
- Educate patient that neck pain usually resolves with time

Chronic (Duration - greater than 12 weeks)

- Consider lab test and imaging (X -rays)
- Prescribe neck strengthening exercises or therapeutic exercises
- Analgesic options
  - Acetaminophen/Paracetamol (PCM)
  - NSAIDs
  - Short term muscle relaxant for flare-ups
- Pain not responding to above
  - Opioids for short term in severe pain
  - Low dose antidepressants for short duration
- Other modalities
  - Physiotherapy
  - TENS as adjunct to active therapy etc
- If pain still does not subside then consider Referral

Re-assess at 2-6 weeks (including Red Flags) if patient is not returning to normal function or symptoms are worsening

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Consider lab test and imaging\*

Consider Referral

- Physical therapist
- Orthopaedic surgeon (for unresolving radicular symptoms)
- Multidisciplinary pain program (if not returning to work)

• Modalities at Referral centre

- Multidisciplinary chronic pain program/clinic
- Surgery in carefully selected patients after expert opinion and based on indications

\*Based on provisional diagnosis - Lab and imaging Test

- Lab tests
  - Hemogram with ESR and CRP
- Imaging
  - X rays Cervical Spine- AP and lateral
  - MRI Cervical spine

### ABBREVIATIONS

<p><b>AP:</b> Antero-Posterior</p> <p><b>CRP:</b> C-reactive Protein</p> <p><b>NSAIDs:</b> Non-Steroidal Anti-Inflammatory Drugs</p>	<p><b>ESR:</b> Erythrocyte Sedimentation Rate</p> <p><b>MRI:</b> Magnetic Resonance Imaging</p> <p><b>TENS:</b> Transcutaneous Electrical Nerve Stimulation</p>
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KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

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