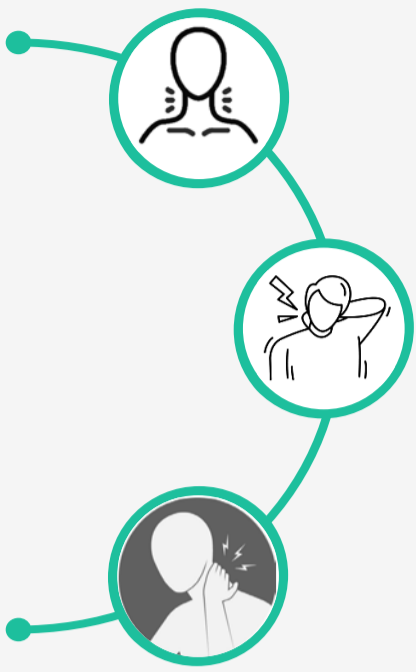




Standard Treatment Workflow (STW)

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

Yes

Referral to higher center for evaluation

No

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

Chronic (Duration - greater 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

- 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

*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

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

ABBREVIATIONS

AP: Antero-Posterior
CRP: C-reactive Protein
NSAIDs: Non-Steroidal Anti-Inflammatory Drugs

ESR: Erythrocyte Sedimentation Rate
MRI: Magnetic Resonance Imaging
TENS: Transcutaneous Electrical Nerve Stimulation

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KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of ICMR for more information: (icmr.gov.in) for more information. ©Indian Council of Medical Research, Ministry of Health & Family Welfare, Government of India.