

Back and Neck Conditions

Common back and neck conditions seen in physiotherapy include: spondylosis, myelopathy, spondylolisthesis, foraminal stenosis, canal stenosis, disc protrusion or prolapse, neuropathy, whiplash, arthritis, ankylosing spondylitis, postural neck/back pain, "degenerative changes" and muscle strain. These can cause ache or pain in the back or neck, as well as contribute to symptoms that extend to the upper or lower limb.

Some of these conditions arise from the mechanical forces from our daily activities, such as the postures that we adopt and the way we move. Other times, the pain can be a result of trauma e.g. whiplash, car accidents or a fall. Certain inflammatory conditions, such as ankylosing spondylitis and rheumatoid arthritis can also benefit from physiotherapy.

Most cases of acute back and neck pain resolve naturally and do not necessarily require treatment. However, it is important to have a professional review if there is a concurrent loss of arm or leg strength or sensation, urinary incontinence or reduced ability to discharge.

Most cases of acute back pain from simple strains or sprains have good prognosis. Within the first two weeks of an acute episode of pain, most people will report a significant improvement in their symptoms. The general consensus is that there will be reduction in pain and disability within 4 to 6 weeks, after which pain and disability continue to improve in smaller amounts. However, recurrences of lower back pain or persistent low levels of pain are also common.

How is it treated?

For certain cases in the acute and inflammatory stage, doctors may prescribe painkillers. Physiotherapists may also assist in the rehabilitation of back or neck pain. Physiotherapists provide individualized treatment plan and education for patients to understand their condition and symptoms.

What does rehabilitation involve?

Generally, rehabilitation aims to reduce symptoms, help patients return to normal activities, and prevent the symptoms from recurring.

The physiotherapist will undertake a detailed subjective and physical assessment to ascertain the diagnosis and impairments of the patient. Treatment may include manual therapy, electrical modalities and strengthening and/or stretching exercises. A home exercise programme is usually prescribed for the patient for maintenance and self-management in the long run.

In recent years, research has also shown that neck and back pain is not solely attributable to a physical structure. High stress and poor understanding of pain can contribute to the perpetuation of pain. Therefore helping the patient to have an accurate understanding of pain and pain management is an important factor in the rehabilitation process.

Useful websites

[15 things you didn't know about back pain](#)

[What about my protruding or bulging disc?](#)

[Information on low back pain \(Videos and FAQ\)](#)

[Neck pain](#)

