

NECK PAIN REHABILITATION AND HOW TO INCORPORATE STRENGTHENING

Physio Edge podcast 073 with Kay Robinson @kaylourob

- 1 Strength can be assessed with manual muscle testing, handheld dynamometry or a multi cervical unit.
- 2 Extension strength 40-60% > flexion strength (Gabriel et al. 2004)
- 3 Lateral flexion strength is often greater towards the dominant side
- 4 The presence of pain can inhibit the deep neck flexors (Falla et al. 2003)
- 5 Before starting strength training ensure the patient has full range of neck movement
- 6 Educate the patient on the role of strengthening to help improve exercise compliance.



7 Exercises:

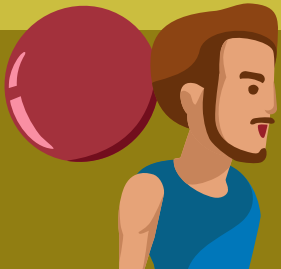
a. Deep neck flexors



b. Seated isometrics



c. Isometric holds in functional position



d. Isometric holds with arm and shoulder movements



e. Head harness, theraband, multi cervical units, halos filled with water, cable machines



8 Concussion:

- a. The neck should be routinely assessed following any concussion injury as it may be a driver of symptoms.
- b. Start neck strengthening and proprioception training using laser pens in the early stages of rehabilitation if tolerated by the athlete

9 Whiplash

- a. Following a whiplash injury patients symptoms may be more irritable so strength training may need to be introduced gradually but is a fundamental component of management.

References

Falla et al. 2003. An electromyographic analysis of the deep cervical flexor muscles in performance of craniocervical flexion.
Gabriel et al. 2004. Multi-directional neck strength and electromyographic activity for normal controls.

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