Rotherham Cervical Spine Pathway

Patient presents with Neck and/or arm Symptoms
(Above the first thoracic vertebra)

This is **NOT** an exhaustive list of symptoms or conditions

Secondary Care

Investigate and/or refer the following

Malignancy, either primary or metastatic

Suspected Metastatic spinal cord compression

Upper motor neurone symptoms

Traumatic onset with suspected or radiologically confirmed fracture and or dislocation

Vascular presentation

Infection presentation

Inflammatory presentation

Non spinal neurological presentation

Migraines and headaches
NB Headaches can be seen in primary care but need corresponding neck symptoms without red flags

Primary Care

Acute mechanical neck pain

Clinical presentation
Primarily neck pain, +/- proximal arm pain. Less than 6 weeks duration. Normal neurology.

Investigations /management
Clinical examination inc. neurological assessment
Reassure patient
Recommend movement exercises
Encourage maintaining function
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral
If no improvement with standard GP management refer to physiotherapy

Self Help/ Patient education
www.arthritisresearchuk.org/arthritis-information/conditions/neck-pain.aspx

www.patient.co.uk/health/nonspecific-neck-pain

Persistent mechanical neck pain

Clinical presentation
Primarily neck pain, +/- proximal arm pain. More than 6 weeks duration. Normal neurology.

Investigations/management
Clinical examination inc. neurological assessment
Reassure patient
Recommend movement exercises
Encourage maintaining function
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral
Refer to physiotherapy. If previously received without improvement refer to MSK CATS

Self Help/ Patient education
www.arthritisresearchuk.org/arthritis-information/conditions/neck-pain.aspx

www.patient.co.uk/health/nonspecific-neck-pain

Neck pain with arm pain and/or neurological symptoms

Clinical Presentation
Primarily arm pain often extending below the elbow +/- neck pain. Subjective and/or objective altered neurology. Patients can present with neurological symptoms without pain.

Investigations/management
Clinical examination inc. neurological assessment
Reassure patient
Encourage function if appropriate
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral
MSK CATS. Urgent referral with rapidly deteriorating neurology

Self Help/ Patient education
www.arthritisresearchuk.org/arthritis-information/conditions/neck-pain.aspx

www.patient.co.uk/health/nonspecific-neck-pain

Neck pain pathway supporting information

Acute mechanical neck pain

- Pain of less than 6 weeks duration
- Pain mainly in the neck, less significant arm pain in the proximal upper limb
- No neurological signs or symptoms
- Non-traumatic onset

GP management of acute mechanical neck pain

I. **Carry out patient assessment and appropriate neurological screen including assessment for long tract signs**
II. **Convey positive reassurances of nothing significantly medically wrong, positive prognosis**
III. **Recommend continuation of normal activity**
    - Encourage the patient to resume or maintain normal activities if possible or as soon as able
    - Identify any barriers to doing so
    - Suggest alternative ways of maintaining activities if patient is impeded by pain
IV. **Recommend simple range of movement exercises**
V. **Consider medication**
VI. **Do not investigate unless a secondary care presentation**

Refer patient to physiotherapy if no improvement is shown at 6 weeks **since onset of symptoms**.

Persistent mechanical neck pain

- Pain of greater than 6 weeks duration **without improvement**
- Pain mainly in the neck, less significant arm pain as far as the proximal upper limb
- No neurological signs or symptoms
- Non-traumatic onset

GP management of persistent mechanical neck pain

I. **Carry out patient assessment and appropriate neurological screen including assessment for long tract signs**
II. **Convey positive reassurances of nothing significantly medically wrong, but will refer for further help in recovery**
III. **Recommend continuation of normal activity**
    - Encourage the patient to resume or maintain normal activities if possible or as soon as able

- Identify any barriers to doing so
- Suggest alternative ways of maintaining activities if patient is impeded by pain

IV. Recommend simple range of movement exercises

V. Consider medication

VI. Do not investigate unless a secondary care presentation

If not previously received refer to physiotherapy. If previously received physiotherapy without success **refer to MSK CATS service**

Neck pain with arm pain due to suspected nerve pain and/or neurological symptoms

- Symptoms are perceived in the neck, shoulder girdle and proximal upper limb but will more often extend into the forearm and hand. Arm pain can commonly be more intense than the neck pain
- The pain is often although not exclusively accompanied by neurological signs i.e. paraethesia, numbness, weakness and loss of reflexes in a dermatomal or myotomal distribution. NB Some patients can have altered neurological status without pain
- Pain can be described as aching shooting or lancinating

GP management of arm pain due to suspected nerve pain

I. Carry out patient assessment and appropriate neurological screen including assessment for long tract signs

- Patients with altered peripheral neurology with or without pain should be **referred to the MSK CATS service**
- Referred arm pain without altered peripheral neurology, consider referral onto the physiotherapy department in the first instance if more appropriate. If in doubt please refer to the MSK CATS service
- Referred bilateral arm/leg symptoms and neurological signs and symptoms with suspected Spinal cord compression **refer onto secondary care**