

# Priority Topic: NECK PAIN

## Key Features:

**For a single source on this topic:**

[Diagnosis and Management of Neck Pain BMJ 2017](#)

1. In patients with non-traumatic neck pain, use a [focused history, physical examination and appropriate investigations](#) to distinguish [serious, non-musculoskeletal causes](#) (e.g., lymphoma, carotid dissection), [including those referred to the neck](#) (e.g., myocardial infarction, pseudotumour cerebri) [from other non-serious causes](#).

***What you should study:***

- ✓ [Neck Pain RACGP 2013](#)
- ✓ [Hx, Px and DDX of Neck Pain 2011](#)
- ✓ [Applied Anatomy of the C-Spine 2013](#)
- ✓ [Atlantoaxial Instability in Down Syndrome](#)
- ✓ [PT Guideline Neck Pain 2018](#)
- ✓ [Diagnostic Imaging Pathways 2013](#)

2. In patients with non-traumatic neck pain, distinguish by [history and physical examination](#), those attributable to [nerve or spinal cord compression](#) from those due to other mechanical causes (e.g., muscular).

***What you should study:*** see **Key Feature 1 PLUS...**

- ✓ [Cervical Radiculopathy AAFP 2016](#)

3. Use a multi-modal (e.g., [physiotherapy](#), [chiropractic](#), [acupuncture](#), [massage](#)) approach to treatment of patients with chronic neck pain (e.g., degenerative disc disease +/- soft neuro signs).

***What you should study:***

✓ [Neck Pain Management 2016](#)

✓ [Core Neck Tool](#)

4. In patients with neck pain following injury, distinguish by history and physical examination, those requiring an X-ray to rule out a fracture from those who do not require an X-ray (e.g., current guideline/[C-spine rules](#)).

***What you should study:***

✓ [Canadian C-Spine Rules](#)

5. When reviewing neck X-rays of patients with traumatic neck pain, be sure [all vertebrae are visualized adequately](#).

***What you should study:* C1 to T1 must be visible**

✓ [Trauma x-ray: C-spine at Radiology Masterclass](#)

✓ [Radiologic Evaluation of Neck Pain AAFP 2010](#)