

Management

Primary Care management includes

- Nerve root pain does not generally need to be referred in the first 3 months, providing the symptoms are resolving
- The mainstays of therapy are pain relief and early mobilisation. Offer neck support only if necessary and for as short a time as possible
- Chronic neck pain is sometimes associated with anxiety and depression

When to refer

Emergency [discuss with on-call specialist]

- Immediate admission is required for patients with Lhermitte's phenomenon (where cervical flexion causes sensation of lightning-like paraesthesia in the hands or legs, indicating cervical instability) or a rapidly progressive neurological deficit.

Simple neck pain may be managed well in primary care.

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Vascular insufficiency
- Significant trauma/skeletal injury
- Malignancy, infection, inflammation
- Metabolic conditions
- Myelopathy (compression of the spinal cord)
- Drug-induced dystonia

Refer to CAS

Red flag symptoms and signs indicating prompt referral include:

- Young child
- Dizzy spells, possibly due to vascular insufficiency
- Past history of carcinoma
- Steroid use
- Associated with HIV
- Features suggestive of systemic illness
- Weight loss
- Neurological deficit
- Structural deformity

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.