Birmingham and Solihull Integrated Care System
Caring about healthier lives

Date published	February 2025
Version	1.4
Review date	Every 12 months

Neck Pain Pathway (Age 16+)

Exclude Red Flags requiring Emergency treatment

- Deteriorating Neurological Function e.g.;

- Suspected Myelopathy (acute deterioration) - neck pain and stiffness +/- limb extremity paraesthesia / anaesthesia (stocking / glove distribution), clumsiness and loss of dexterity in the hands and unsteadiness / gait disturbance (e.g. ataxia, loss of feeling on the feet, weakness, falls)

- Cervical Radiculopathy with New (less than 7 days) neurological deficit (e.g. C5 = Deltoid, C6 = Biceps, C7 = Triceps, C8 = Finger / Thumb Opposition, T1 = Fingers Abduction)

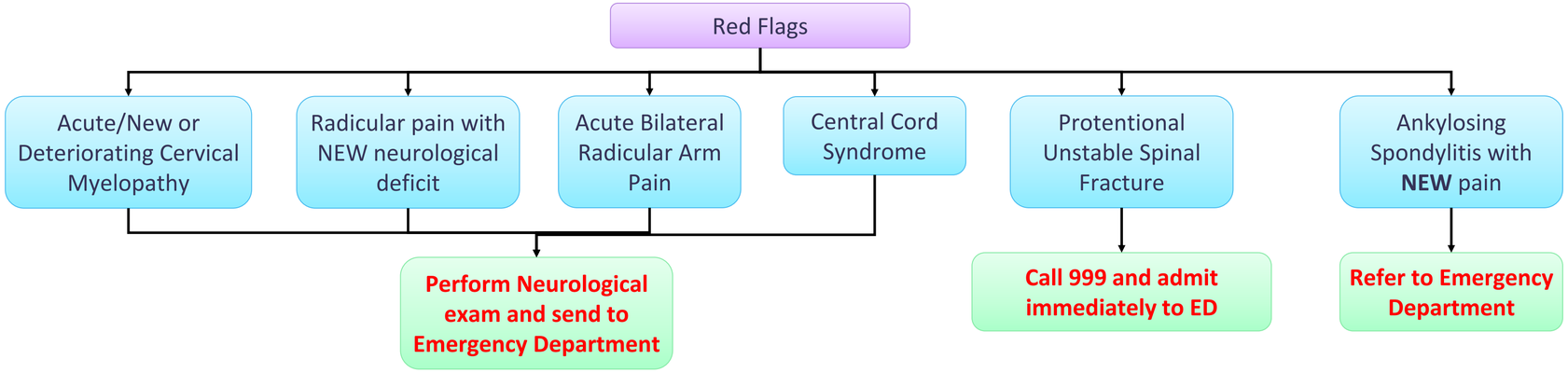
- Hyperextension injury in established Cervical Spondylosis - Central Cord Syndrome (Sensorimotor deficit of all 4 limbs, upper > lower, with possible bladder / bowel / sexual dysfunction)

- Acute (less than 7 days) **bilateral radicular arm pain**

- **Possible unstable fracture** e.g.;

- History of violent trauma (e.g. RTC, fall downstairs)
- Fall from height or Minor trauma in person with or at risk of Osteoporosis
- Acute trauma
- Inability to weight-bear

- **Ankylosing Spondylitis** with new pain - this must be treated as a fracture until proven otherwise with imaging

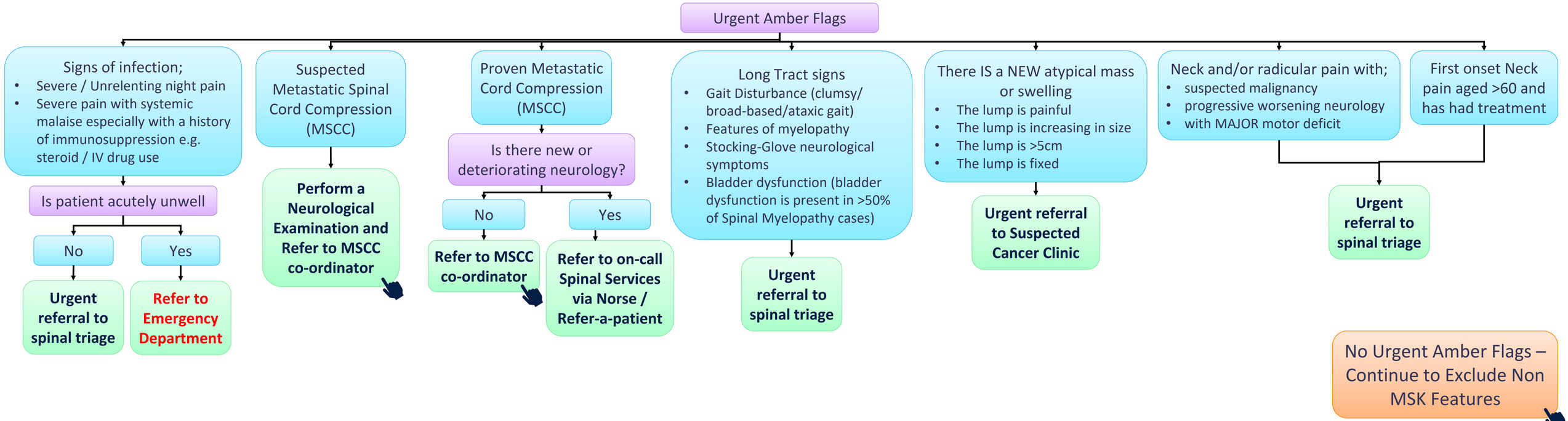


No Red Flags – Continue to Amber Flags

Return to start

Exclude Amber Flags requiring urgent treatment

- **Radicular Pain plus;** Suspected Infection or Malignancy, Progressive worsening neurology (change of 1 or more MRC grade power), Major motor deficit / functional weakness (C5 = Deltoid, C6 = Biceps, C7 = Triceps, C8 = Finger/Thumb Opposition, T1 = Fingers Abduction)
- **Severe or Unrelenting Pain ;** Suspected Metastatic Spinal Cord Compression (MSCC) / Spinal Metastases, Night pain
- **NEW Visible Mass or Atypical Swelling:** Consider soft tissue Sarcoma, especially if associated with constant dull ache, that may be worse at night, May be associated with malaise, unexplained weight loss and/or night sweats NICE Guidance - Symptoms suggestive of bone and soft tissue sarcoma
- **Systemic Malaise;** especially with a history of immunosuppression e.g. steroid / IV drug use
- **Long Tract signs** e.g. Gait Disturbance (clumsy / broad-based / ataxic gait) or features of myelopathy
- **Age;** First onset of Neck Pain aged 60 or above with non-response to usual conservative treatment



No Urgent Amber Flags – Continue to Exclude Non MSK Features

Birmingham and Solihull Integrated Care System
Caring about healthier lives

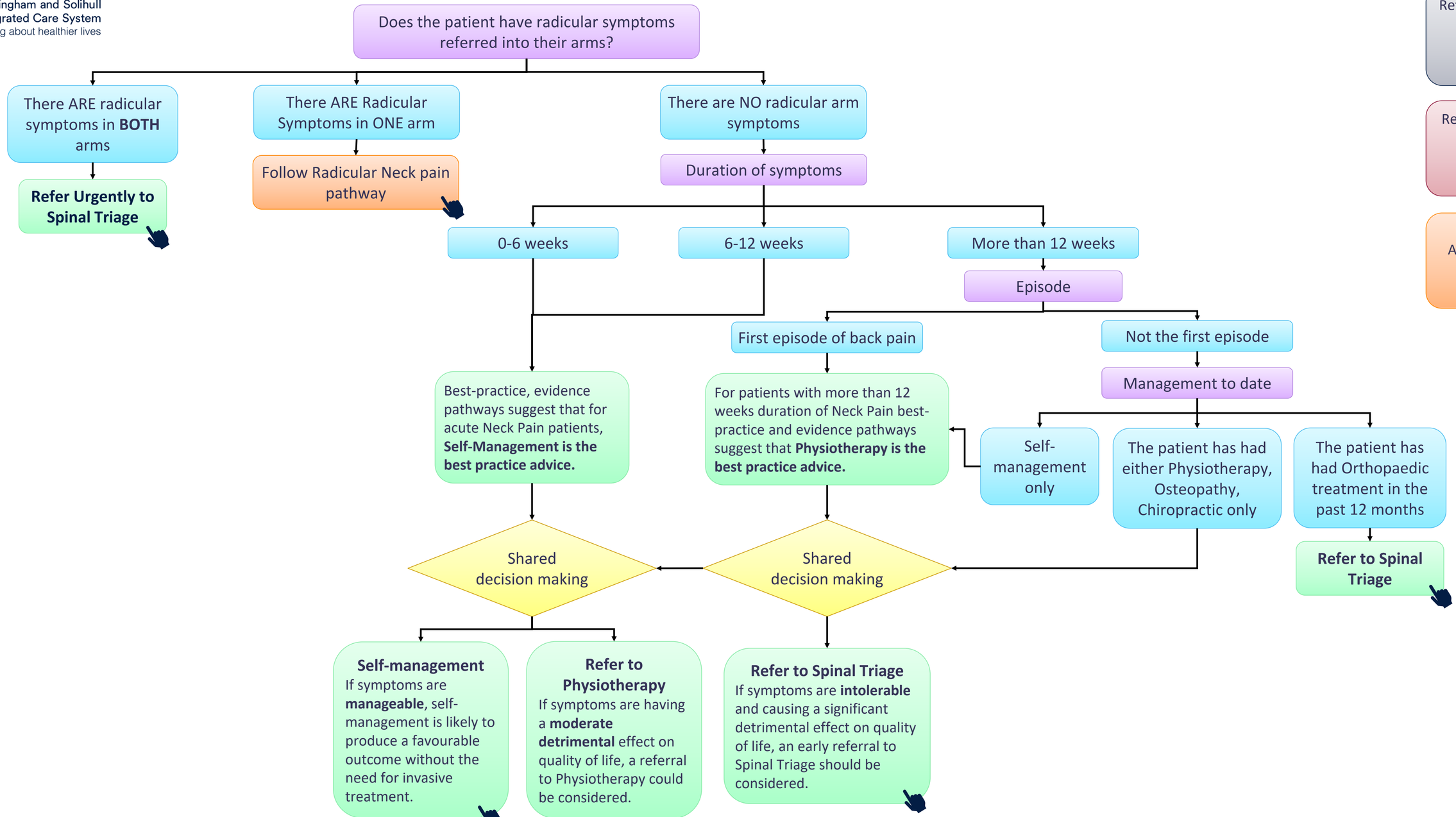
Return to start

Exclude Non-MSK Pain

Features of Musculoskeletal (MSK) Neck/and or arm Pain	Features of Non-MSK pain (medical causes)
• **Varying intensity throughout the day and night**, with certain **activities or postures that make pain worse but also better**. • Exercise, general physical activity and changes of position tend to help pain. • Staying still / resting too long (e.g., sitting too long) tends to make pain worse. • Often there is an **attributable cause for the onset** of symptoms • It tends **to respond to simple analgesia and NSAIDs**.	Medical causes of neck/arm pain include myocardial infarction Non-MSK causes are often not relieved by rest and worse at night and are not usually aggravated by specific spinal movements. Pain will often progress regardless of activity modification

Start Neck Pain Pathway

Birmingham and Solihull Integrated Care System
Caring about healthier lives



Return to start
Return to Red flags
Return to Amber flags

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Return to start

Return to Main Pathway

Neurological Examination for neck pain with radicular symptoms

Not all radiating symptoms into the arms are radicular in nature.

Radicular pain is characterised by;

- Nerve-type pain (sharp, shooting, lancing)
- Paraesthesia (pins and needles)
- Anaesthesia (numbness)

Reflexes	
Absent Bicep Jerk (10)	
Absent Triceps Jerk (10)	
Absent Brachioradialis Jerk (10)	
Hyperreflexia (10)	
Normal Reflexes (0)	

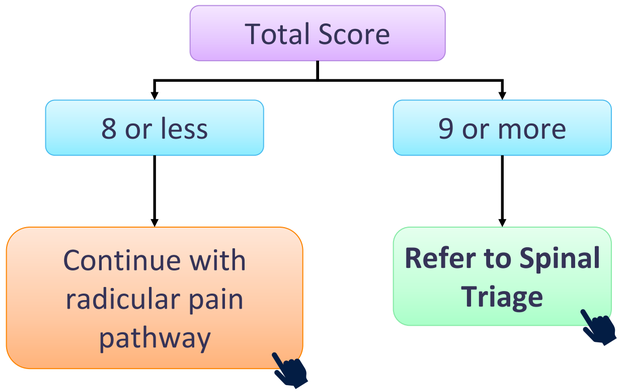
Sensation	
Altered C4 Sensation (10)	
Altered C5 Sensation (10)	
Altered C6 Sensation (10)	
Altered C7 Sensation (10)	
Altered C8 Sensation (10)	
Altered T1 Sensation (10)	
Non-dermatomal altered sensation (10)	
Normal Sensation (0)	

Myotomes (muscle power)	
Weakness in Levator Scapulae (C4) (10)	
Weakness in Deltoid (C5)(10)	
Weakness in Biceps (C6)(10)	
Weakness in Triceps (C7)(10)	
Weakness of Finger/Thumb Opposition (C8)(10)	
Weakness of finger Abduction (T1)(10)	
Normal Myotomes (0)	

Babinski Sign (plantar response) **- perform test if suspicious of upper motor neurone lesion**	
Positive Babinski Test (upgoing plantar response) (10)	
Normal Babinski (down going plantar response) (0)	

Hoffman's Test	
Positive Hoffman's (thumb twitch on fingernail flick)(10)	
Negative Hoffman’s (0)	

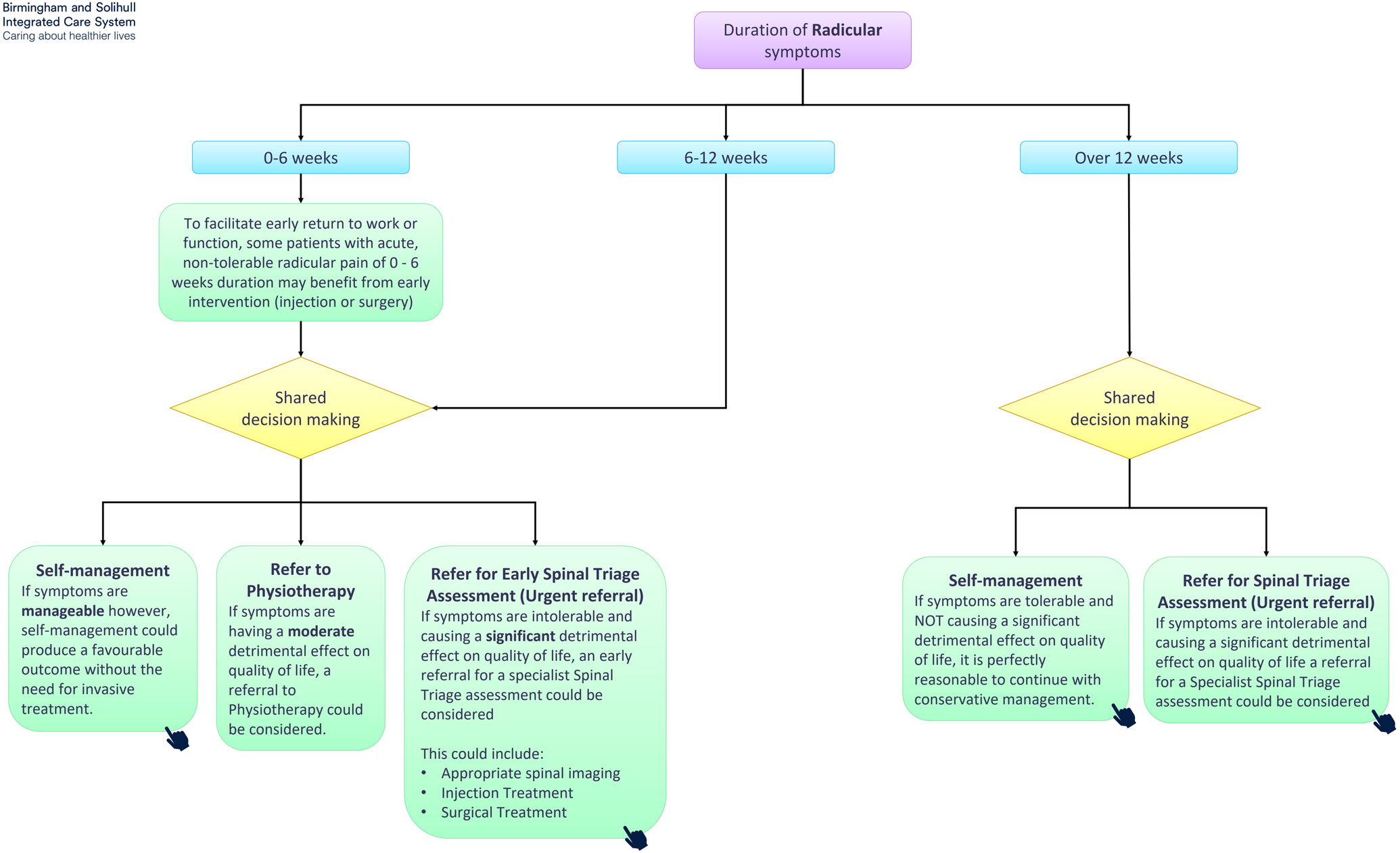
Rhomberg's	
Positive Rhomberg's (loss of balance when closing eyes)(10)	
Negative Rhomberg’s (0)	



Birmingham and Solihull Integrated Care System
Caring about healthier lives

Return to start

Return to Main Pathway



Return to start

Return to
Amber flags

Refer to MSCC co-ordinator

Metastatic Cord Compression (MSCC) is rare, but very serious. About 3 to 5 in 100 people with cancer develop it.

Any type of cancer can lead to spinal cord compression, but it is more common in people with Breast cancer, Lung cancer, Prostate cancer, Kidney cancer, or Thyroid cancer

Spinal cord compression is an emergency and needs to be treated quickly. Refer your patient immediately to the Metastatic Spinal Cord Compression service at your nearest hospital

MSCC patients will be seen in the Acute Oncology Service at UHB (seven days service 07.30 – 19.30)
Contact details:
Queen Elizabeth: 07880021524 or Ext 16226
Heartlands / Solihull – 07570318173
Good Hope – 07823536403
Oncology Registrar on call outside of these hours on 07557776342.

or

Royal Orthopaedic Hospital
If you need to make a spinal oncology referral for patients with MSCC, metastatic or primary spinal tumours, the ROH use an online referral system accessed using the link below
ReferaPatient
Alternatively, you can contact switchboard at ROH on 0121685400 and ask for spinal oncology nurse within normal working hours

Return to start

Return to Main Pathway

Self-management for Neck Pain

The patient should be reassured that most patients will recover with self-management including; physical activity, exercise and short-term activity modification only, over a period of up to 12 months

Consider analgesics or topical nonsteroidals available OTC
If patient is digitally enabled, prescribe the getUbetter app
Explain that imaging is NOT routinely needed for neck pain **Best MSK Health MRI guide**
Safety net for urgent clinical review regarding Cervical Myelopathy or other red flags

Messaging for patients

- Movements will be painful at first, but will get better as you get active
- Protecting your neck / back and avoiding movement can make you worse
- The pain does not mean you are causing damage – your neck / back has just become more sensitive
- It is very rare to do permanent damage to your neck / back
- Return to GP or FCP if symptoms are not improving and affecting sleep, quality of life or daily function (including work)

Additional information

- Exercises for Neck Pain
- The active wellbeing society

Return to start

Return to Main Pathway

Referral to Spinal Triage

Please consider bloods such as FBC, ESR/CRP, LFT, u&e, bone profile, PSA if appropriate whilst waiting for Triage appointment
Provide guidance on work activities and provide a fit note, where appropriate
Safety net for urgent clinical review or emergency attendance including **Cervical Myelopathy**

Messaging for patients

- A Spinal Triage assessment, including the use of imaging (X-Rays or MRI scans) where required, can provide specialist assessment and advice regarding future care.
- Imaging is **NOT** routinely needed for neck pain, as MRI cannot diagnose the source of your neck pain Best MSK Health MRI guide
- Where MRI is appropriate that it will be arranged by the spinal triage clinician.
- Encourage the patient to stay active:
- Movements will be painful at first, but will get better as you get active
- Protecting your neck and avoiding movement can make you worse
- The pain does not mean you are causing damage – your neck has just become more sensitive
- It is very rare to do permanent damage to your neck

Additional information

- NICE Neck pain – Non-Specific
- NICE Neck pain – Cervical Radiculopathy
- Best MSK Health MRI guide
- Exercises for Neck Pain
- The active wellbeing society