Neck Pain: Much More Than a Psychosocial Condition

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THIS AUTHOR NOTES:

Neck pain affects about 70% of individuals at some time in their lives.

“In the United Kingdom, neck pain is the second most frequent musculoskeletal presentation to primary care.”

In the USA, neck pain is second only to low back pain in workers’ compensation costs.

“It is often considered that the course of neck pain is favorable, with the majority of people showing full recovery; however, recent data suggest that this may not be the case.” [Important]

“The course of neck pain is marked by periods of recurrence and exacerbation, with most people not reporting full symptom resolution following a whiplash injury.”

A recent, detailed issue of JOSPT pertaining to the shoulder and shoulder problems/pain presented no manuscripts detailing the “psychosocial or psychological factors associated with shoulder pain and its subsequent clinical pathway—a scenario that would not often occur in a collection of papers dealing with issues surrounding spinal pain. Paradoxically, the recent Bone and Joint Decade Task Force recommendations on neck pain made little or no consideration of biological or physical factors” that may be responsible for neck pain. “It seems that there may be 2 sets of rules surrounding discussion of musculoskeletal pain: one set for conditions involving peripheral joints, which seemingly can legitimately discuss pathology and other physical or physiological processes, and a second set for spinal pain, where those investigating such processes are considered to be almost dinosaurs in their approach.”

“Neck pain is clearly multifactorial in nature, with both physical and psychosocial contributors.”

Psychosocial factors “account for only a relatively small percent of the variance in pain and disability of cervical spine conditions.”

“Certain physical (biological) factors are predictive of poor outcome following whiplash injury, can discriminate and classify neck pain conditions, and have a
stronger association with pain and disability levels than either workplace or psychosocial features.”

“It is clear that both biological and psychological factors coexist in patients with neck pain.”

“One of the aims of physical management of neck pain is to improve movement or activity levels and to decrease pain.”

“For practitioners, it is also important to realize the potential influence of psychological factors on the patient’s physical presentation and vice versa.”

KEY POINTS FROM DAN MURPHY

1) Recent comprehensive reviews of whiplash emphasize the biosocial and psychological aspects of chronic whiplash pain; yet, recent comprehensive reviews of chronic shoulder problems do not even mention biosocial or psychological contribution, but rather emphasize organic physical components. This paradox suggests that spinal injuries are inappropriately being investigated as a predominately biosocial/psychological phenomenon rather than existing as the consequence of an organic physical injury.

2) Psychosocial factors “account for only a relatively small percent of the variance in pain and disability of cervical spine conditions.”

3) “Certain physical (biological) factors are predictive of poor outcome following whiplash injury, can discriminate and classify neck pain conditions, and have a stronger association with pain and disability levels than either workplace or psychosocial features.”

4) “It is often considered that the course of neck pain is favorable, with the majority of people showing full recovery; however, recent data suggest that this may not be the case.” [Important]

5) “The course of neck pain is marked by periods of recurrence and exacerbation, with most people not reporting full symptom resolution following a whiplash injury.”

6) “Neck pain is clearly multifactorial in nature, with both physical and psychosocial contributors.”

7) “It is clear that both biological and psychological factors coexist in patients with neck pain.”

8) “For practitioners, it is also important to realize the potential influence of psychological factors on the patient’s physical presentation and vice versa.”