PATIENT HANDBOOK

Looking after your neck

What tends to help, what tends not to, and when a neck problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday neck pain and stiffness: the kind that follows an awkward night, a long week at a desk, or doing more than usual.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own neck, follow that advice ahead of anything here.

HOW YOUR NECK WORKS

A strong structure that is built to move

You turn your head hundreds of times a day without noticing — checking a mirror, glancing at a colleague, reversing the car. The neck makes that possible: seven small bones stacked between your skull and your shoulders, cushioned by discs and connected by dozens of joints, muscles and ligaments.

Each part has a job. The joints just under the skull do most of the nodding and fine turning. The lower neck carries more of the load and links into the upper back and shoulders, which is why a neck problem so often makes itself felt across the top of the shoulders too.

Despite how it feels when it hurts, the neck is a robust structure. The bones are strong, the discs are firmly attached, and the muscles around them are working all day to balance the weight of your head.

What the neck handles less well is stillness. Long spells in any one position become uncomfortable — whichever position it is. Muscles tire when they hold one posture for hours, and the stiffness you feel afterwards is usually them protesting, not a sign that something has been damaged.

> The neck is designed for movement, and it copes with far more than most people give it credit for. Variety — of position, of activity, of load — is what keeps it comfortable.

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The neck you wake up with

A common story: you went to bed fine and woke unable to turn your head one way without a sharp catch. Nothing dramatic happened — perhaps an odd sleeping position, perhaps nothing you can point to. It is one of the most frequent neck complaints there is, and it generally eases as you keep the neck moving gently within what it will allow.

The ache that builds through the working day

Fine in the morning, heavy and sore across the neck and shoulders by late afternoon, often worse in a busy week. This pattern usually reflects hours of stillness and sustained concentration rather than anything wrong with the structure of the neck. The pages on sitting, working and sleeping later in this handbook are aimed squarely at it.

The flare-up of an old, familiar neck

Some necks grumble on and off for years, flaring with stress, poor sleep or an unusually heavy spell, then settling again. As we age, the joints and discs of the neck change appearance in ways that are normal and extremely common — those changes are found in plenty of people with no pain at all, so a flare-up does not mean the neck is wearing out.

When the pain does not stay in the neck

Pain that travels into the shoulder or arm

Sometimes neck trouble sends pain, tingling or pins and needles down into the shoulder blade, the arm or the hand. This often means a nerve in the neck is irritated. Many of these episodes settle, but arm symptoms are worth an assessment — and if the arm becomes weak or clumsy, that belongs on the next page.

Headaches that start at the top of the neck

Some headaches begin as stiffness or tenderness where the neck meets the skull and spread up over the back of the head. They tend to sit on one side and to follow the same pattern each time. Headaches have many causes, so a new or changing headache is a question for your GP; a familiar one that tracks with neck stiffness is a pattern we commonly work with.

After a car accident or a fall

A sudden jolt can strain the muscles and ligaments of the neck, and the soreness often arrives a day or two later. Pain after a significant accident should be checked by a doctor first — see page 6. Once serious injury has been ruled out, gradually returning to normal movement is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most neck pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

SITTING AND WORKING

Your neck minds how long, more than how you sit

There is no single correct way to sit, and no chair that keeps a neck comfortable for eight unbroken hours. What wears necks down at work is duration: the same position, held too long, day after day.

At a desk. Most people find it easier with the top of the screen around eye level, forearms supported, and feet flat on the floor. If you work from a laptop for long stretches, a separate keyboard lets you raise the screen. Treat any setup as a starting point — the best position is the next one.

On a phone. Long spells looking down at a phone are a modern way of holding one position too long. Bringing the phone up towards eye level for a while, or swapping hands, gives the neck some variety.

Driving. Set the seat so you can reach the wheel without craning forward, and the headrest so the back of your head is close to it. On long drives, stops that get you out of the car and moving do more for your neck than any seat adjustment.

Standing work. Benches, counters and workstations set too low pull the head down for hours. Raising the work towards you, where you can, spares the neck the worst of it.

> Break up stillness before it accumulates: stand, stretch, look away from the screen, walk to fill the kettle. Little and often beats one heroic lunchtime walk.

SLEEPING

Comfortable enough to sleep is the standard

Sleep matters to a sore neck twice over: an awkward night can stir it up, and poor sleep in general makes pain of every kind harder to live with. Good, unbroken sleep helps recovery from most things, necks included.

Position. Side and back sleeping suit most sore necks better than sleeping face down, which keeps the head turned to one end of its range all night. That said, people vary, and the position you actually sleep in beats the position you lie awake trying to hold.

Pillows. Aim for a height that keeps your head roughly level with the rest of your spine: usually one decent pillow, or two thin ones, filling the gap between shoulder and ear if you sleep on your side. A pillow is a comfort decision – no particular pillow prevents or fixes neck pain, whatever its packaging says.

Mattress. The same applies. If yours is old enough that you roll into a dip, replacing it may make nights more comfortable, but there is no medical mattress for necks. Comfort is the guide, and it differs from person to person.

If you wake stiff, some gentle movement – a warm shower, a few easy turns of the head over breakfast – usually loosens the morning off. A stiff start to the day is common with neck trouble and, on its own, is not a worrying sign.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

Necks tolerate load well when the load arrives gradually. The trouble usually comes from sudden jumps: the first weekend of heavy gardening in spring, a house move, a new gym programme started at full tilt, a job that suddenly involves overhead work.

Carrying. A heavy bag on one shoulder asks the neck and shoulder muscles on that side to grip for the whole journey. Swapping sides, using a rucksack on both straps, or making two lighter trips spreads the work.

Lifting. There is less magic in lifting technique than the posters suggest. Keeping the load close to your body and avoiding lifting-while-twisting are sensible habits, but no single technique has been shown to prevent injury. What matters more is whether the lift is within what your body is currently used to.

Overhead work. Painting ceilings, pruning, stacking high shelves — anything that holds the head tipped back tires the neck quickly. Break the work into shorter spells and bring it down to eye level where you can.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting until it stops hurting

Protecting a sore neck feels natural, and complete rest is the most common mistake we see. Staying active and returning to normal movement helps most non-specific pain settle; long rest lets muscles stiffen and confidence drain away.

Wearing a collar or scarf-brace for support

Unless a clinician has told you to wear one, a collar mostly teaches the neck to move less – the opposite of what it needs. Warmth for comfort is fine; immobilising yourself is not.

Chasing perfect posture

Holding yourself rigidly "correct" all day is another way of holding one position too long, and it adds worry on top. Sit comfortably, and change position often.

Reading every click as damage

Necks click, creak and grind, and sore ones seem to do it more. On its own, without pain, weakness or other symptoms, a noisy neck is common and rarely a cause for concern.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6. For everyday neck pain a scan rarely changes the advice – and it often shows the normal age-related changes described on page 4, which can worry people without helping them.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday neck pain that is the point.

Walk. A daily walk at whatever pace suits you keeps the whole body moving, including the neck and shoulders, and tends to lift the mood that pain flattens.

Change position regularly. Whatever you do for long spells – sitting, standing, driving, screen work – interrupt it. The earlier pages of this handbook are variations on this one idea.

Use the movement you have. A few times a day, gently turn your head each way, tip your ear towards each shoulder, and look up and down, staying within what feels manageable. You are reminding the neck of its range, and range that is used tends to stay.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your neck is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems — joints, muscles, nerves and the way they behave together — and necks are among the things we see most.

A first appointment starts with your story: when it began, what it stops you doing, what you have tried. Then an examination — watching how you move, and using our hands to assess the joints and muscles involved. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on movement, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your neck needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.