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Evidence summary shows what works in treating neck pain

Clinicians have tried various approaches to help workers with neck pain – but some have been proven ineffective in research.

Supervised exercise with strength training is one approach that is quite possibly helpful in alleviating neck pain in workers. However, what likely won't work are mandatory work breaks, stress management programs or exercise instruction alone.

These are just a few examples from a new *Spine* (vol. 33, no. 4S).

The Institute for Work & Health (IWH) created this summary to share the evidence synthesis completed by the Bone and Joint Decade 2000-2010 Task Force on Neck Pain. IWH worked with the Canadian Memorial Chiropractic College (CMCC), the Ontario Chiropractic Association (OCA) and some members of the task force's executive committee to prepare the summary.

In February 2008, *Spine* published a special edition dedicated to the task force's reviews on the prevention, prognosis, diagnosis and management of neck pain. After publication, a network of Canadian chiropractic opinion leaders, coordinated by IWH, suggested distilling the evidence into a summary.

"It's exciting to see the chiropractic community take up the work of the task force this way," says Dr. Sheilah Hogg-Johnson, a task force member and IWH senior scientist. The task force executive was also involved in reviewing the guide. "The *Neck Pain Evidence Summary* provides a way for health-care professionals to review the evidence easily in their practice, and if they need further information, they can refer to the full research papers."

The task force recommends treatments or further assessments, based on how severe the neck pain is. They classified severity into four grades (see sidebar). In the *Neck Pain Evidence Summary*, a chart outlines the signs, symptoms and recommended assessments for each grade.

There is also some information on studies of neck pain in workers, but the treatments would also apply to any

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patient, based on the severity or grade.

Patient preference should also be considered, because there may be several helpful treatments for some grades of neck pain. For instance, any of these treatments may benefit those with Grade I or II neck pain, in cases with no traumatic accident: acupuncture, neck mobilization and manipulation, supervised exercise, low-level laser therapy and pain relievers.

The guide will be useful to various health-care professionals who use these approaches, including chiropractors, doctors, physiotherapists and others.

The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders involved more than 50 people affiliated with eight universities and research institutes as well as 11 professional organizations.

The *Neck Pain Evidence Summary* is available online at www.iwh.on.ca/neck-pain-evidence-summary.