

Exercises for mechanical neck disorders (2012)

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COCHRANE BACK REVIEW GROUP
The best evidence in back and neck pain care



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Overview of the study

Objectives

- To improve pain, disability, function, patient satisfaction, quality of life and global perceived effect in adults with neck pain

Methods

- Evidence current up to 18 February 2012
- Participants: Adults (≥ 18 years of age) with acute, sub-acute or chronic neck disorders*
- Intervention: Exercise therapy prescribed or performed in the treatment of neck pain**
- Outcomes measured
 - Primary outcomes: pain, measures of function, patient satisfaction, global perceived effect and quality of life
 - Secondary outcomes: adverse events and costs of care

*Mechanical neck disorders (MND) including whiplash associated disorders (WAD) category I and II, myofascial neck pain, osteoarthritis, cervical spondylosis, cervicogenic headache (CGH), neck disorders with radicular findings (NDR)

** Excluded: multidisciplinary/multimodal treatment, exercises requiring manual therapy techniques by a trained individual

Results & Conclusion

- 21 trials (2159 participants) included

Treatment	Evidence	Quality of evidence
Combined cervical, scapulothoracic stretching and strengthening	- Beneficial for neck pain relief post treatment and intermediate follow-up - Improved function short and intermediate term for chronic neck pain	Moderate
Exercise	Beneficial for pain in the short term and for function up to long-term follow up for chronic neck pain	Low
Upper extremity stretching and strengthening, or general exercise program	No benefit for chronic neck pain	Low to moderate

⇒ There is low to moderate quality evidence for the short and intermediate term efficacy of certain types of exercises on chronic neck pain