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PROFESSOR JOHN MURTAGH

THIS monthly series of patient handouts covers common conditions seen in general practice.

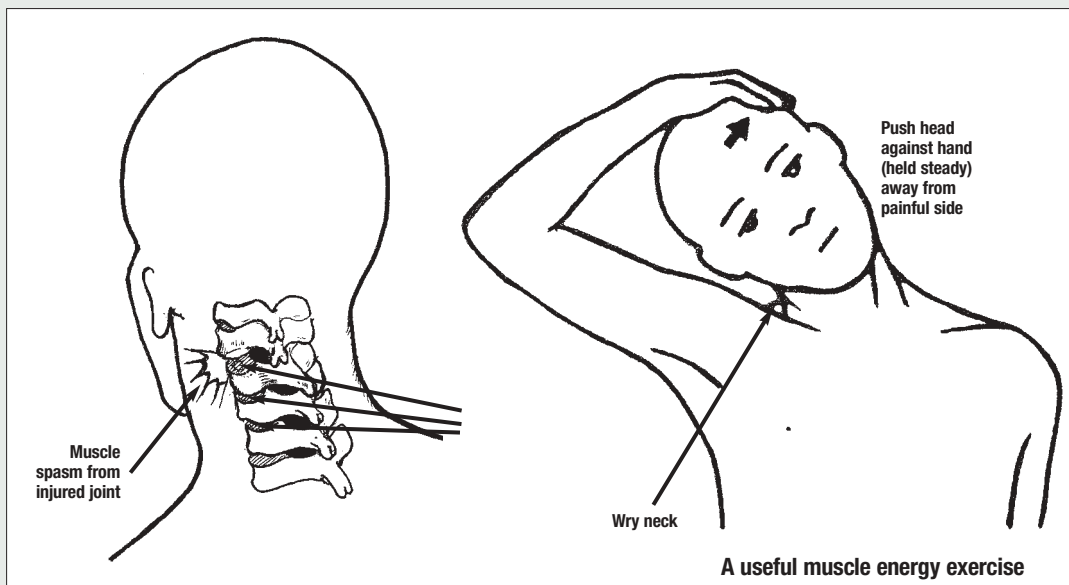
GPs can cut out and keep the handouts to photocopy for their patients or access the leaflets on *Australian Doctor's* web site at www.australiandoctor.com.au under Patient Education.

The handouts will be posted on the web site after publication, gradually building up to an extensive library of patient resources.

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Patient Handouts

Acute wry neck



What is a wry neck?

An acute wry neck is the sudden onset of severe neck pain accompanied by spasm of the neck muscles, causing the neck to bend or twist away from the painful side. This common deformity, which usually occurs on one side of the neck, is a protective reaction of the body to safeguard the neck. Wry neck is also referred to as torticollis.

What is the cause of wry neck?

We do not know the precise cause of a wry neck, which may be the result of a minor injury or simply sleeping with the neck in an unusual position. There are 36 joints in the neck, mostly small swivel joints called facet joints, which give the neck such good flexibility. There are also intervertebral discs. For many years the theory was that a "slipped disc" caused a wry neck, but with the help of modern diagnostic imaging the cause seems to be an injury to one or more of the facet joints. It is as though these joints become jammed or locked, rather like a door jamming on its hinge. The result is a painful, protective muscle spasm.

Contrary to popular belief, a wry neck is not caused by a cold draught on the neck. Sometimes a wry neck can be caused by an inflammation of the lymph glands in children.

What are the symptoms?

The main symptom is severe pain localised to the middle or, more usually, on one side of the neck. The pain can be referred to the head or shoulder region. The neck feels "stuck" in one position and any attempted movement to free it usually results in sharp spasms of pain.

Who gets a wry neck?

Anyone can get a wry neck but it occurs typically in young people between 12 and 30 years of age. Many parents are surprised that their children can experience such a problem, especially because it comes "out of the blue", but this is a well-recognised phenomenon.

What is the outlook?

Fortunately an acute wry neck is a transient and self-limiting condition that can recover in 24-28 hours. Sometimes the problem can last for about a week. There

are usually no risks or complications. However, neck problems can return.

What is the treatment?

A variety of treatments are offered from several different schools of therapy but it is important to remember that most cases get better quickly without special treatment, so conservative management is advisable.

Self-help at home

- Analgesics: Take mild painkillers such as paracetamol and aspirin for 2-3 days to help with your discomfort.
- Heat and massage: Applying a cold pack or heat in the form of a hot face washer or heat pack to the painful area should be therapeutic. Massage using an analgesic balm can also relieve symptoms.
- Sleeping and pillows: Sleep with the painful side on a low, firm pillow and avoid sleeping on too many pillows.
- Exercises: Keep your neck mobile within your comfort zone. Gentle exercise aids a more rapid recovery.
- Posture: Keep a good posture, including keeping your chin

tucked in and your neck upright in a vertical position for tasks such as reading and writing.

- Driving: Driving during the initial period of a wry neck should be avoided because the inability to get full rotation of the head to view oncoming traffic is hazardous.

What about a cervical collar?

Collars can provide support and comfort for a short period for acutely painful necks but they are not generally recommended. Your neck is best kept mobile and exercised naturally by normal use. However, if the pain with movement is severe, wearing a support for a few days will help but, if possible, avoid wearing it during sleep.

What about physical therapy and manipulation?

Spinal manipulation is inadvisable because of protective muscle spasm. However, some physical treatments which provide excellent relief include gentle mobilisation and a therapy called muscle energy therapy.

Ask your practitioner for their advice.

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Patient Information – Cut Out And Keep Section