



10 Things You Must
Know to Eliminate
**ANNOYING NECK
AND SHOULDER PAIN**

without Pain Meds or Surgery



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About the Author

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Clarke Tanner, a practicing physical therapist and founder of Thrive Physical Therapy, Inc., was elected by *Virginia Living Magazine* as the Top Physical Therapy Practice in Central Virginia from 2014- 2017. He is a certified clinical specialist in Spine Care and Orthopedics, with distinction, through the North American Institute of Orthopedic Manual Therapy and holds a variety of other specialty designations. Having practiced for greater than seventeen years, he has successfully helped thousands of patients with neck and shoulder-related disorders. In the past, Clarke has worked through his own back injury and is familiar with the process of working back to full health. The experience helped his understanding and ability to more effectively assist his patients. He is passionate about physical therapy and enjoys working with his team to help his patients/clients return to the activities they enjoy and to thrive in life!

Introduction

If you are experiencing neck and shoulder pain, you are not alone! Researchers estimate that neck pain occurs in 10% to 21% of the workforce, with a higher incidence in office and computer workers. While some studies report that between 33% and 65% of people have recovered from an episode of neck pain at one year, most cases reoccur over a person's lifetime and, thus, relapses are not uncommon. The prevalence of neck pain in the general population can be as high as 86 % over the course of a lifetime. Additionally, studies further indicate a higher incidence of neck pain among women in the 35-49-year age group ([Best Pract Res Clin Rheumatol.](#) 2010 Dec;24(6):783-92. doi: 10.1016/j.berh.2011.01.019). In conclusion, someone you know will have, or has had, a issue with neck pain.

To add interest to the equation, evidence shows that seven out of ten people with no history of neck and shoulder pain have abnormal findings on an MRI. According to one study, up to 51% of people aged 20-49 with no history of shoulder pain have rotator cuff tears (Templehof et al. 1999). It further determined that positive findings on X-rays and MRI's have no predictive value for future pain or disability (Waddell and Burton 2000).

This means that if someone has told you that you have pathology such as a degenerative disc disease, a rotator cuff tear, or arthritis, then do not despair! This does not mean you are

doomed to a lifetime of neck pain. On the contrary, there is a great deal we can do to help you return to the activities you enjoy and feel good in the process. We advise our patients to avoid fixating on pathology or labels, and instead to focus on the positive aspects of healing, restoring the body to health and the activities you enjoy. An important concept to understand is that **neck/shoulder pain is rarely the result of a single event or trauma, but rather a series of repeated, inefficient movements and repetitive stress during daily activities.** Your unique situational pain can be improved with the right education. For this reason, effective treatment requires analysis of the individual's movement patterns, as well as the anatomical factors contributing to pain or injury

At Thrive Physical Therapy, we examine how the body functions from a specific and global (whole system) perspective. We not only determine what is painful but also identify--and correct--the underlying causes of our patient's discomfort. Determining the cause of neck and shoulder pain can be complex. Multiple factors must be considered such as mobility, strength or weakness, body alignment/posture habits, efficiency of movement, work and daily activities. By using a global perspective, we identify the factors that obstruct the body's ability to heal. From experience, we have noted patterns and identified multiple factors that contribute to our patients' neck and shoulder pain. The key is to identify each patient's specific issues and to address them effectively.

Special Note

The following information and tips on treating neck and shoulder pain have proven effective from years of experience and along with supporting research. The tips are general and not intended to be a substitute for sound medical advice from a physical therapist who understands your history and has thoroughly examined you. Only through a complete examination and medical history can the best course of action for you be truly ascertained. Your condition is like a puzzle and your history and movement patterns are pieces of that puzzle. Some people have more complex puzzles and require more pieces to be put together before they feel a significant change in their symptoms, while others have less complex puzzles and respond quickly to treatment. The key, really, is determining what your puzzle pieces are and addressing them effectively. Do you have physical deficits such as rotator cuff/scapular stabilizer weakness, mobility issues, postural deficits, and poor movement strategies? Or, is your problem more on the repair side of the equation? For example, are high stress, limited sleep, anxiety/fear, poor nutrition, and occupational stressors exacerbating your symptoms? You can achieve significant improvement in your condition by following the guidelines and being consistent. We want you to benefit from increased knowledge and be well as a result. Work on what is most relevant to you, stick to it, and enjoy the improvement!

1. Use Ice and Heat Correctly:

If you have symptoms that are new, or you have recently exacerbated an old injury, use ice for 15-20 minutes, 3-5 times daily for the first week following the injury. The defining characteristic is the existence of swelling and inflammation. Swelling is usually present in new injuries and responds well to ice. The exception to this is, if you have a known sensitivity to ice from a prior medical condition or from prior experience. For best results, the only thing that has to be cold is your neck or shoulder, not you. So, for best

results, make sure the rest of your body is warm.

Use Heat: If you feel stiff or have an old injury, use heat for 15-20 minutes, 1-3 times per day. Heat is a good idea with chronic injuries where inflammation is less of an issue. Heat promotes muscle relaxation and connective tissue pliability, increases circulation, promotes healing, and feels good.

2. **Get More Sleep:**

Sleep is an essential function and a top priority in the physical therapy process. Simply stated, if you are not sleeping well, then you are not healing well, and your pain level will increase. Without going in to too much detail here, lack of sleep is associated with increased stress hormone, or Cortisol, levels in the blood, which can increase inflammatory response and pain levels. Chronic fatigue and pain syndromes can originate from prolonged deprivation or poor quality of sleep. Proper positioning with the body in neutral, a quality mattress, and relaxation strategies are important components we teach in physical therapy to facilitate this process. If you typically need eight hours, try to get 1-2 hours more, if you can, when you need to heal an injury.

3. **Sit Less:**

Sitting for prolonged periods (standing can be harmful as well, but that is for another discussion) has been linked with many adverse health effects as seen in this link to a *New York Times* article <https://well.blogs.nytimes.com/2016/03/29/sitting-increases-the-risk-of-dying-early/>. Also, from the perspective of mechanics, static sitting tends to be tough on the neck and contributes to restricted thoracic mobility and forward head posture-- not helpful for reducing neck and shoulder pain. From a health perspective, we are meant to move; so, do it regularly and often.

4. **Critically Evaluate Your Workstation Setup:**

If you work in an office, it is essential to have your workstation set up efficiently in order to reduce stress to your neck, back, and shoulders. The harder your muscles work throughout the day, the more likely they are to be painful. The key is having your workstation set up to encourage an efficient, upright posture/body alignment with minimal effort. In general, an efficient set up is hips slightly higher than your knees, weight bearing on your pelvic floor, elbows at your side, and monitor at eye level. Here is my link regarding setting up your workstation more efficiently: https://www.youtube.com/edit?o=U&video_id=cHelFza49K8

5. **Critically Evaluate and Improve Your Alignment/Posture:**

Think of your body segments as blocks. The head, rib cage, pelvis, and feet should be aligned vertically as if directly stacked on top of each other. See pictures below from Florence Kendall's classic text for ideal and dysfunctional postures. An easy way we have found to accomplish this is to first center

your weight over your feet, and then make sure your sternum-- pubic bone are aligned vertically (hand placed on the upper chest should be aligned with hand placed just below the belt line when viewed from above while looking down or from the side when looking in the mirror). Please note, if you lack hip flexor or thoracic mobility, achieving an upright vertical alignment is more difficult. Forward head posture and rounded scapula place more stress on your neck and shoulder, increasing your chance of injury or perpetuation of neck and shoulder pain. Here is a link to correcting standing alignment from our patient education video library <https://www.youtube.com/watch?v=yVrJfzcSrT4>

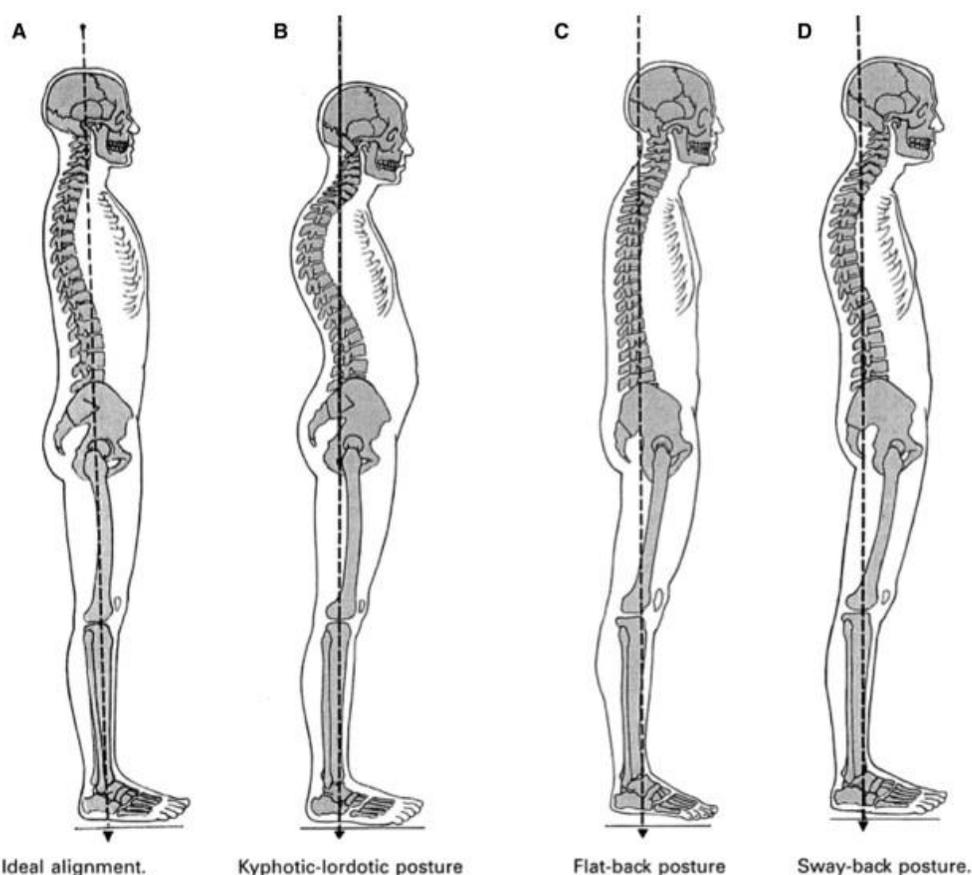


Figure 1 The 4 postural types defined according to the classification of Kendall. (A) Ideal alignment. (B) Kyphotic-lordotic posture. (C) Flat-back posture. (D) Sway-back posture. (Reprinted from Kendall FP, McCreary EK, Provance PG, Rodgers MM, Romani WA. *Muscles: testing and function, with posture and pain*. 5th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2005)

6. **Ensure That You Have Sufficient Thoracic Mobility/Alignment:**

If you lack thoracic mobility and have an increased thoracic curve, then the shoulder will not work efficiently, placing more stress on your neck (See picture above). To ascertain this, look at yourself in the mirror. Do you have an increased forward curve in your thoracic spine, rounded shoulders, and forward head posture? If this is the case, thoracic mobility is likely a contributing factor. A simple way to improve this is to lie on your back with your knees bent, head supported on a small pillow, and your palms facing up, as if lying in sand. Relax and breathe for five minutes while imagining yourself sinking further into the sand. This exercise relaxes muscle tension and helps increase thoracic mobility with breathing.

7. **Ensure That You Have Sufficiently Mobile Hip Flexors:**

If you lack hip flexor mobility--common in the modern population, in part because we all tend to sit too much--then maintaining a well aligned, upright, vertical posture is more difficult, not good for your neck and shoulders. One way to determine if your hip flexors are tight is to lie on your back, firmly bring one knee to your chest, and then let the opposite leg relax towards the floor. If your thigh has difficulty resting on the floor, this frequently indicates the need for increased hip extension and more mobile hip flexors. Here is a link to one of our favorite methods of addressing this deficit.

<https://www.youtube.com/watch?v=eR3wXKyxDY>

8. **Ensure That You Have Good Scapular Stability/Strength:**

To function properly, your neck and shoulder rely on stability and support from your scapular muscles (actually rotator cuff, thoracic spine, core, and hips, but that is for another discussion). One way to determine this is by evaluating your ability to maintain good alignment of your neck and scapula when you attempt to hold an object or weight just above waist level with your elbows bent 90 degrees. If your scapular stabilizers are reasonably functional, you should be able to maintain upright scapular position without forward tipping of your shoulder blades or loss of neck alignment. Here is a link to what I am describing <https://youtu.be/E9x5NBQUBGA> . Here is one of my favorite exercises to begin to improve scapular and core stability (please note this could be too high of a level activity for you depending on your current situation):

https://www.youtube.com/edit?o=U&video_id=AcMy_cO4ruU

9. **Reduce Your Fear and Anxiety: A Special Section on Pain**

Understand neck/shoulder pain and the healing process to reduce your fear and anxiety. Many of us have experienced a sprained ankle. Typically, when the ankle is injured, it swells, stiffens, and is painful. Walking becomes difficult, and the ankle is weak. The ankle feels vulnerable for a while, but, in time, returns to normal (it frequently doesn't regain full mobility, which can contribute to problems later on). Generally, we don't worry too much about a sprained ankle because it eventually does well and rarely results in significant long-term disability. A testament to this is that there are few books and research articles on chronic dysfunctional ankles and their impact on disability. In contrast, many books have been written and studies published on chronic neck pain/headaches and its high rate of disability. Why the difference?

Anxiety, an emotional response to injury and pain, may be the culprit. Anxiety levels intensify more with neck pain and headaches than with ankles. There are many reasons for this. First, people often use fear-inducing words to describe the origins of neck and arm pain such as "slipped", "herniated", or "ruptured" disc" and "compressed" nerve. These labels can be scary and unsettling when not fully understood. The next consideration is, what is injured? Are muscles, ligaments, and discs involved? The interdependence of these systems is a complex interaction, not easily untangled, when diagnosing pain. Moreover, neck/back pain is recognized to be 80% idiopathic, or of unknown cause. Many

of the preceding diagnoses are common findings in individuals with no current or past history of neck/shoulder pain, and are not indicative of how well they will do in the future. Perception of pain is highly individualized.

Additionally, neck pain and chronic headaches are more prevalent, debilitating ailments. Most of us know people with chronic pain and its impact on their quality of life and disability. This awareness can add to anxiety and the fear of what could happen in the future from a neck injury. In addition, the media deluges us with references to pain associated with neck/spine injuries, and promote the pills to treat them. From the outset, the possibility of prolonged problems is a concern. Anxiety, fear, and worry about an injury add to the body's inflammatory response and stress levels, thereby increasing the experience, or perception, of pain. This exacerbates the problem. Fear and worry are ONLY helpful responses if they cause you to seek a solution.

Even though some tissue has better recuperative qualities than others, the symptoms and physiology of injury are similar in regards to the healing process. Tissues are damaged; a chemical inflammatory process ensues, resulting in swelling and pain. The body then progresses through the healing process; tissues gradually strengthen, becoming more stress tolerant. Through the rehab process, we work to insure healing, to help the patient regain mobility, strength, muscular control, and efficient movement patterns. With the treatment accomplished, the tissue and nervous system can return to normal, allowing for pain free physical activity. This is true of injured tissue in the ankle and the back.

We suggest considering all injuries-- neck and shoulder included--to be like an ankle sprain. Understand that when you suffer an injury, regardless of the tissue, the body needs a chance to heal. Stress minimization and a period of protection to the tissue are necessary for optimal healing. Ankle sprains are easier to treat; we can splint, brace, or put you on crutches. However, with the neck and shoulder, we have to rely on reducing stress to tissue by avoiding painful activities, changing positions frequently (see tip #3), and doing your daily tasks with good position/efficient technique (no slouching on the couch!).

It is important to work to regain mobility, strength, muscular control, and efficient movement patterns to reduce your pain level and to be active without difficulty. Understand that your symptoms will be up and down as you work through the healing process. Likewise, occasional discomfort is not uncommon and should be expected. Last, but not least, work on your nervous system by having strong, positive thoughts. Be patient and stay in the present; do not project pain or problems into the future. Affirm that you are healthy and strong in mind and body.

10. Perform Cardiovascular Exercise Regularly:

Cardiovascular exercise is one of the most powerful producers of our own natural pain-reducing hormones, endorphins. Not only do endorphins reduce pain, they also promote healthy brain chemistry, improving our memory, mental acuity, and feeling of well being. Our only word of caution here is to choose an exercise that is appropriate for your current condition and fitness level. Start slowly. If swimming is currently painful for you, then this

would not be a wise choice. Instead, pick cycling or walking if your body handles it better.

Bonus Section

11. Be Confident You Will Improve:

If you truly believe nothing can help you, then you are right; nothing will. It is essential that you believe you will improve. The hope and belief that something will work is the driving force that creates action to pursue solutions and to work towards a goal. I have seen patients with severe conditions progress beautifully in treatment and get back to thriving in life. I have also seen people with relatively minor conditions fail to improve as they should. Attitude and belief are key factors in both. Truly believe you will thrive--no matter what--and you will!

12. Have Realistic Expectations and Be Patient:

If you have a severe degenerative condition or pathology, unfortunately, no one can take regardless. Such a diagnosis does not mean you will not do well or that you have to suffer significant pain. It may take time and effort to improve and manage your condition. Commit to leading an active life. Complete elimination of pain should not be your goal and primary measure of success. Success is achieved by being active and getting back to what you enjoy doing. This, generally, happens in small steps. Celebrate the little milestones on the way to big progress.

13. Find a Good Physical Therapist:

I am obviously biased here, but I think there is no better action you can take to be rid of neck and shoulder pain quickly than working with a skilled physical therapist. I have worked on countless people, with varying degrees of neck, shoulder and spine dysfunction, and observed miraculous improvement as they return to the activities they love. Moreover, everyone should work with a physical therapist for prevention as well as treatment of unexpected injuries or conditions. Much like you have a dentist to prevent problems with your teeth, you need a physical therapist to prevent and heal injuries.

I would recommend a few guidelines in picking a location and therapist. Your therapist should have specialty training in hands-on, corrective care (manual therapy), as it has proven more effective than traditional physical therapy care. Manual therapy is hands-on work to mobilize/manipulate stiff joints, increase muscle relaxation, connective tissue pliability, and or facilitate proper movement or muscle activation to improve movement. Also, the therapist should provide some degree of one-on-one care, without heavy reliance on aids/technicians. Your sessions should not feel like a group exercise class or trip to the gym. Treatment should not center on passive modalities such as ultrasound, ice/heat, and electrical stimulation, but rather foster an active approach focused on improving movement efficiency. Your therapist should be a good educator and provide an understanding of corrective exercise, posture, and movement training, to empower you to

self manage and improve your condition.

If you are in need of a good physical therapy group, we invite you to consider us. My team and I are highly effective at helping patients eliminate pain and get back to thriving in life. I am confident your experience with us will be exceptional.

Conclusion

So there you have it: 10 strategies (plus 3 bonus tips and a special section on pain) to help you improve your health, reduce neck and shoulder pain, and improve how you feel on a daily basis. Commit to work on them regularly. Small actions can make a large difference, but it takes dedication, positivity and consistency. These suggestions are just a beginning. Much more can be done to help you feel better and to get you back to the activities you love. In the coming weeks, we will be sending you more advice on how to improve your health and to regain your active lifestyle. We include the importance of the role physical therapy plays in this process. I hope you enjoy the information and that you will use it to achieve your goals. We hope this is the beginning of a long-term relationship with us at Thrive Physical Therapy. We want to provide you with the information and care you need to achieve a healthy, active lifestyle and to thrive in life!

In good health,

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Physical Therapist Specializing in Neck and Shoulder Injuries

Health Advice Disclaimer

We are giving general information that we have seen help our patients with a variety of neck and shoulder -related disorders. It is not intended to be specific to your condition, nor can we determine if it is the best course of action for you without knowing about your history, condition, and undergoing a thorough physical exam by a licensed physical therapist. Each individual's presentation, progression through the rehabilitation, and results are unique and varied, depending on multiple factors. Significant injury risk is possible if you do not follow due diligence and seek suitable professional medical advice about your injury prior to participation in any exercise or corrective program. Thrive Physical Therapy does not expressly imply or guarantee specific results from the material contained in this report. Following these suggestions is at your own risk without prior consultation with an appropriately qualified medical professional.

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