

of the cervical spine in standard projections is recommended if symptoms persist for more than a month and on suspicion of a specific disease. The MRI or CT are justified only in cases of documented neurological compression, together with an EMG/ENG (herniated discs, spinal stenosis), or if a serious condition is suspected (myelopathy, discitis, fractures) [8].

Therapy

Medical Therapy

The 2011 SIMFER guidelines of the diagnostic and therapeutic recommendations for neck pain recommend the use of paracetamol/NSAID/Steroids for the reduction in the short term of the painful symptoms related to the gradient of the NSAIDs, muscle relaxants and antidepressants show no evidence in the use of analgesics, for the acute and chronic neck pain.

Rehabilitation Treatment

The primary objective of rehabilitation treatment, since it is not possible a etiological therapy, will be aimed at the reduction or resolution of pain, the global and segmental joint recovery, and especially the restoration of skills decreased from cervical disease. In literature there are numerous studies that describe multiple interventions, however due to the poor methodological quality and diversity of patient samples is not possible to identify a standard treatment. The treatment involves the integration of drug therapy in combination with an individual rehabilitation program, tailor made for each patient depending on the intensity of symptoms and the general clinical condition. Specifically, it will be in pursuit of short-term goals (pain control, initial joint recovery if there is limitation), medium term (full recovery of ROM, resolution of muscle contractures, reinforcement of the stabilizing muscles of the head) and long term (taking proper posture and prevention of relapse).

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The Mckenzie method, developed by a physiotherapist from New Zealand, is based on maintaining correct posture and how to perform specific exercises to treat some forms of back pain, mainly mechanical (related to the maintenance of posture or execution of movements harmful). The treatment according to McKenzie (tip on the involvement and active participation of the patient for the resolution of the symptoms and above provides the means to prevent recurrence.

The second is named posterior. In this category patients may present mainly the following characteristics: short neck, flat back, lumbar hypolordosis and subsequent diaphragmatic problems, retroverso pelvis, varus knees, heel and foot varus.

The choice of the used postures is done after a careful functional evaluation of the dynamic and static muscles, and an examination of retractions. Souhard identifies mainly two morphological pattern. The first is called the anterior, in which patients have a forward position of the head, dorsal kyphosis, lumbar hyperlordosis, anteversion of the pelvis, femur internally rotated and valgus knees, heel and foot valgus.

Souhard believes that muscular chains can be summarized in two larger groups: anterior and posterior.

Going beyond the limits of the Mezieres method, Souhard also places a focus on the diaphragm (respiratory muscle) and the phrenic nerve that supports it, as well as its synergistic action with the posterior back muscles chain and the iliopsoas muscle.

The cardinal principle of the method is that static muscles are exercised in a concentric way and the dynamic muscles in a concentric way. As a consequence, a shortening of the static muscles will lead to a retraction and an excessive resistance to elongation, while the dynamic ones can be freely shortened (contracted).

The first technique is based on the clear distinction between behavior and role of the static muscle and dynamic muscles.

The program, however, will make use of several techniques such as: global postural reeducation by Souhard, that arises from the assumptions of Mezieres and the techniques of McKenzie.