

space the position of the head and allows the alignment of the sense organs.

- The lower cervical spine, that runs from the bottom plate of the axis to the top of the first dorsal vertebra, and allows movements of flexion-extension and mixed rotation-tilt.

These two traits functionally complement and allow the execution of the classical movements of the head: rotation, tilt and flexion-extension. The posture of the head keeps the eyes parallel to the horizon, influences the TMI static/dynamic occlusal scheme and body scheme, in order to maintain balance.

Etiology

Except for post traumatic events, such as whiplash, the etiology of cervical pain is still misunderstood, or otherwise attributable to different triggers [3]. However, it is possible to identify risk factors and with them the possible causes. It can be fully considered a multifactorial disease.

We distinguish non-modifiable and modifiable risk factors. Among the first we consider: the age, gender (women are more affected) and genetic factors. While the latter are: smoking (active and passive), physical activity, poor posture, high demands at work, a repetitive or precision work, low social esteem [4].

In most cases the etiologic mechanism is attributed to a dysfunctional source ("non-specific" or "common" neck pain), in which coexist inflammatory, muscular, neurological, mechanical and postural components [5].

It may be related to:

- A specific organic problem (cervical uncervical throsis, zygapophysial arthrosis, facet joint syndrome, disc degeneration, spinal canal stenosis, myofascial syndrome, rheumatic diseases, cancer, etc)
- Psycho-social, "not organic" problems
- Post-trauma, work, sports ... [6]

The most common classification defines four grades of neck pain:

Classification

- Grade I: absence of signs of major diseases and without interference in everyday activities.
- Grade II: absence of signs of major diseases, but with interference in daily activities (<10%).
- Grade III: neck pain with signs/symptoms of radicular pain. Requires specific tests and treatments.
- Grade IV: neck pain with signs of major diseases (instability or infection). It requires tests and an urgent treatment.

Clinical Evaluation

Being a multifactorial disease, clinical evaluation of neck pain plays a primary role in the diagnosis, treatment and prognosis.

A comprehensive history is a very important moment of the clinical investigation that can direct you to a diagnostic hypothesis and especially allows you to suspect other diseases that have symptoms such as neck pain ("Red flags").

Next step is the inspection, that begins with the patient's entry in ambulatory. It will assess the posture of the head, shoulders and upper limbs. It continues while the patient undresses and during all his natural movements. Are to be assessed, also, the presence of any scars, blisters, etc.