

The method aims to provide the patient with a program of self-treatment for pain management and prevention of recurrence (Fig. 19.1).

### Therapeutic Exercise

The scientific literature supports the effectiveness of therapeutic exercise for acute neck pain. Rehabilitation treatment involves strengthening and stretching of the stabilizing muscles of the cervical spine and shoulder girdle, improved mobility and proprioception, always respecting the pain threshold [9].

In case of chronic neck pain, isometric strengthening exercises have been proven effective, with results maintained even in 3 years.

The therapeutic exercise seems to have a synergistic effect in combination with manual therapy enough to be strongly recommended in the guidelines [10]. Manual therapy through its two different techniques allows the separate treatment of the soft tissues and the joints. The first one is performed on the muscles, tendons and ligaments designed to restore the elasticity of the structure and the resolution of the pain of myofascial origin.

The second one uses mobilization with and without impulse. Mobilizations are carried out by applying different parameters of intensity and time, respecting the range of motion allowed. Depending on the direction of the movement it can be divided into direct, if the mobilization is carried out towards the barrier of restriction, or indirect, if it takes place in the opposite direction. The technique is also called primary, when it involves only the articulation to mobilize, and secondary if it takes place through the mobilization of other joints.

### Manual Therapy

The application of physical therapy in the reduction of acute and chronic neck pain consists mainly in magnetic therapy, analgesic

son in its activities.

The final phase of the treatment will be "gesture-specific", i.e. the patient will mimic work gestures movements, or sport movements, in order to allow the full reintegration of the person in its activities.

The final phase of the treatment will be

victhoracic transition.

upper cervical spine, the lower spine and the cervical spine, exercises may be directed to the presentation, exercises may be directed to the

ence of comorbidity. According to the clinical

be taken into account, and in particular the pres-

exercises, individual load capacity must

on the local load capacity, while, for nonspecific

The dosage of the specific exercise depends

carried out towards the barrier of restriction, or

indirect, if it takes place in the opposite direction.

The technique is also called primary, when it

involves only the articulation to mobilize, and

secondary if it takes place through the mobiliza-

tion of other joints.

applying different parameters of intensity and

time, respecting the range of motion allowed.

Depending on the direction of the movement it

can be divided into direct, if the mobilization is

carried out towards the barrier of restriction, or

indirect, if it takes place in the opposite direction.

The technique is also called primary, when it

involves only the articulation to mobilize, and

secondary if it takes place through the mobiliza-

tion of other joints.

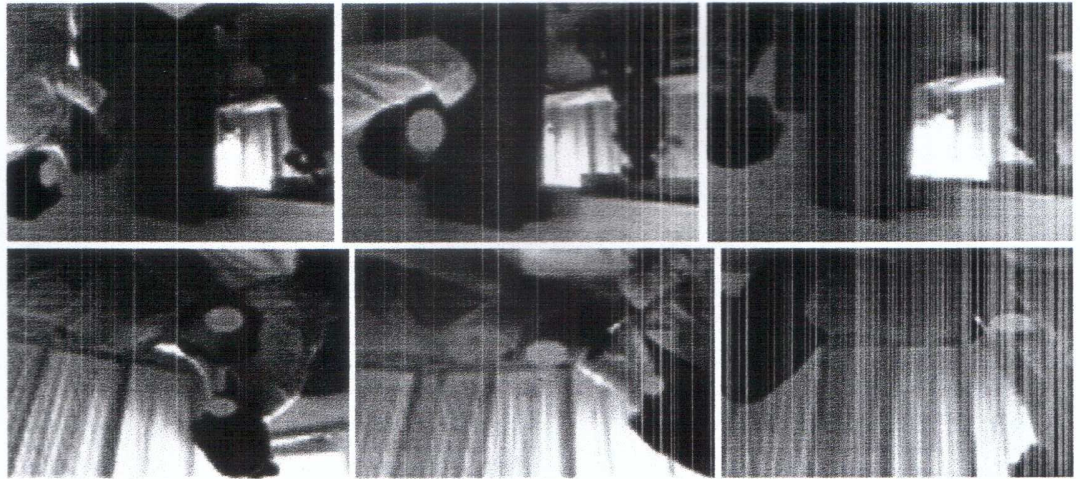


Fig. 19.1 Manual treatment of the patient