

# PAIN *in the* NECK



## **Pain in the neck is no small matter.**

Nearly everyone will experience neck pain in life—and at least one in 10 workers reports neck pain so debilitating that it limits activity and quality of life. Even a small kink can cause a miserable day.

But a neck problem—which often shows up as shoulder pain or tingling, numbness or pain in the arm—doesn't have to be a permanent fixture in your life. Most neck problems can be cured through exercise, medications or surgery.

“Ninety percent of people will seek medical help at some point during their life for either low back or cervical pain,” says Scott Stanley, MD, an orthopaedic spine surgeon and medical director of the spine program at Parker Adventist Hospital. “The good news is that most patients never require surgery.”

*Dr. Audrey Krosnowski was able to continue biking after neck surgery.*



Audrey Krosnowski's neck problem came out of the blue. Krosnowski, a radiologist who lives in Parker, suddenly started feeling numbness in her left arm when she was dictating at work. When she started feeling it while riding her bike, she knew it was time to seek help.

“I said, ‘That’s it. I’m not going to give up the one activity I love most doing,’” Krosnowski remembers.

The numbness in Krosnowski's arm was being caused by pressure put on two cervical nerve roots as they exited the spinal column in her neck, a condition known as cervical (neck) stenosis. Other common causes for chronic neck pain include herniated discs, traumatic injuries such as whiplash and arthritis.

Most neck problems can be resolved with nonsurgical treatment, including stretching and strengthening exercises, medications to reduce the inflammation and pain, or injections of low-dose

## *Protect Your Neck*

Neck and back pain, which make up one of the top five most common reasons for seeing a physician, are the culprit of more than one-third of all time missed from work. While some neck conditions are hereditary or caused by traumatic injury, many neck problems can be prevented with a few simple steps. Stacy Soappman, a physical therapist who specializes in spine problems at the Parker Adventist Center for Rehabilitation & Sports Medicine, offers these tips:

**Maintain proper posture**, particularly if you work primarily at a computer. For an online guide on proper workspace posture, go to the Occupational Safety and Health Administration's website at [www.osha.gov](http://www.osha.gov) and type “computer workstations” in the search box.

**Take stretching breaks** throughout each day. Soappman recommends taking a kitchen timer to work and setting it to

go off every hour. When it goes off, get up and walk around a little and take a three- to four-minute stretching break. For an illustrated guide to some quick exercises, go to [parkerhospital.org/spine](http://parkerhospital.org/spine).

**Avoid twisting your neck.** If you have to paint a ceiling or do other work that holds your head in an awkward position, take frequent breaks. Don't rotate your neck in a full circle—a common exercise in stretching or yoga classes—but rather rotate it a half-circle from shoulder to shoulder either forward or back.

**Sleep on the right size pillow.** Your pillow should keep your chin pointed directly at the ceiling if you sleep on your back or, for side sleepers, it should keep your nose aligned with the center of your body.

**Maintain a healthy body weight**, exercise regularly and don't smoke. Smoking actually is linked to higher rates of neck and back pain.



## Neck pain sufferers find help with a variety of options

steroids into the affected area of the spine. In fact, Stanley—like most spine surgeons—will not consider surgery unless the patient has tried at least six to 12 weeks of alternative treatment, including physical therapy.

“In most cases, spine surgery is an elective surgery and you have time to try other approaches and get a second opinion,” says Jane Jachowicz, RN, clinical manager of the spine and joint programs at Parker Hospital.


Krosnowski, who had worked with Stanley professionally, turned to him for help with her problem. She tried physical therapy for six weeks but found the numbness getting worse. At that point, Stanley recommended injections of a steroid into the nerve area or surgery.

“I wanted this fixed and I didn’t want to keep dealing with it, so I chose surgery,” she says.

Stanley performed a surgery called cervical keyhole foraminotomy to widen the passageway around the nerves and relieve the pressure. This surgery replaces traditional fusion surgery that “welds” vertebrae together. With fusion surgery, a patient’s activities are restricted for three months and they may experience further problems down the road with the vertebrae around the fusion. Foraminotomy, a minimally invasive surgery that requires just one small incision, can be done in the hospital with the patient going home that day or the day after with very few limitations.

“I was home taking care of myself that night (of surgery) and back running errands the next day,” says Krosnowski, who had her surgery in January. “I never even needed pain medications.”

Spinal surgery has rapidly advanced in the past decade due to new technology, Stanley says. Foraminotomies, for instance, are now possible due to high-powered specialized microscopes and minimally invasive muscle dilators and retraction instruments.

Spine surgery also has benefited from new approaches to anesthesia and physical therapy. Specially trained spine nurses and physical therapists at Parker Hospital help patients get out of bed and start moving quickly after surgery, reducing long-term pain and getting patients home and back to normal activities quicker. The hospital treats about 20 to 25 spine surgery patients each week. The Parker Adventist Center for Rehabilitation & Sports Medicine, located at the hospital, offers a specialized outpatient rehabilitation program that works with patients before and after surgery to help strengthen supporting muscles, another key factor in good outcomes. 



Scott Stanley, MD

Thousands of Americans have spine surgery every year to relieve back or neck pain. If you are considering spine surgery, you’ll want to feel comfortable with your choice of surgeon and hospital. Some things to consider include:

### Training

Both neurosurgeons and orthopaedic surgeons can perform spine surgery. You should look for a surgeon who is board certified and is fellowship trained in spine surgery or neurosurgery.


### Experience

Look for surgeons and hospitals that specialize in spine or neurosurgery, rather than general orthopaedics. The hospital should have a spine program with a spine coordinator, physical therapists, operating room nurses, recovery nurses, and anesthesiologists all specially trained in spine. Look at a hospital’s infection rates, which are publicly reported with the Colorado Department of Public Health and Environment at [www.cdphe.state.co.us](http://www.cdphe.state.co.us).

### Comfort

In metropolitan areas such as Denver, patients typically have many choices of surgeons and hospitals qualified to perform spine surgery. Once you’ve narrowed your choices, you should look for a comfortable fit. Do you like your doctor and the way he or she talks with you? Is your doctor’s office and hospital easy for you to access? What are their patient satisfaction scores?

The spine program at Parker Adventist Hospital offers nonsurgical and surgical treatment for all types of spine problems, including low back and neck pain, herniated discs, osteoarthritis, complex spinal deformities, and spine diseases.

**Patients rank Parker Hospital in the top 95th percentile of all hospitals nationally for patient satisfaction.** 

For more information about the spine program at Parker Adventist Hospital, please go online to [parkerhospital.org/spine](http://parkerhospital.org/spine).

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