

Neck Pain

Summary Sheet

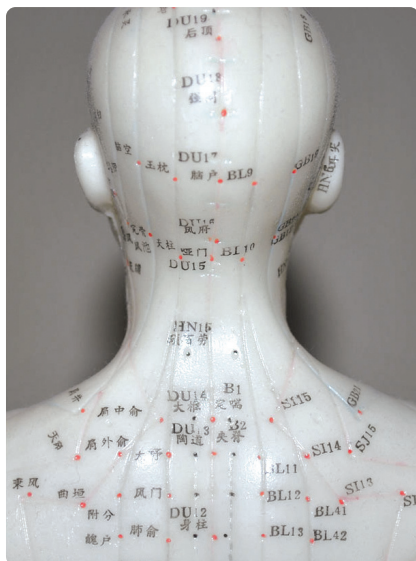
Evidence-Based Assessment of Acupuncture Series

Society for Acupuncture Research | www.acupunctureresearch.org

Neck Pain Overview

Neck pain is a common condition occurring in approximately 23% of the general population.¹ Many individuals (50-80%) will experience a recurrence of pain (leading to chronic neck pain) within five years, and up to 12% will suffer from pain leading to disability & dysfunction.^{2,3}

Despite the high incidence, the cause of neck pain is poorly understood. However, several modifiable risk factors are noted such as: smoking, low physical activity, and repetitive work.⁴ Current medical care treatment options demonstrate varied effectiveness, with insufficient research to indicate that one pharmaceutical is superior to another or to other non-pharmaceutical interventions.⁵ Not surprisingly, neck pain is one of the most common complaints for which individuals seek care with acupuncture.⁶



Neck Pain in Traditional Chinese Medicine (TCM)

TCM practitioners view the body in terms of Qi-dynamics and use unique and specific terminology. This is best summarized by the axiom *“one pattern many diseases, one disease many patterns;”* suggesting that identification of the correct pattern (e.g., Kidney qi deficiency) leads to improved patient care through the selection of pattern-specific acupuncture points.

In the case of chronic neck pain, known as *Bi-syndrome*, patients are commonly categorized into 1 of 5 patterns.⁷ TCM-theory suggests both internal ‘organ-system’ factors, and external ‘elemental’ factors, as well as chronic and repetitive injuries lead to qi blockage and the common symptom of neck pain.

Generally speaking, patients can expect acupuncture performed both local to the area of pain and distally, with the goal of relaxing the muscles and opening the meridians.⁷ In addition to acupuncture, treatments may also include local massage, moxibustion (heat therapy), and home therapies such as topical herbal analgesics.

Findings from the Acupuncture Research

Based on the evidence, acupuncture is beneficial and cost-effective for the treatment of chronic neck pain.

- The most recent review demonstrated reduced pain & improved range of motion, either in addition to usual medical care, or as a stand-alone therapy.⁸
- The largest clinical trial to date (3,766 participants) demonstrated benefit and cost-effectiveness of acupuncture and effects lasted up to 4 years.^{9,10}

Summary and Commentary

Despite the high prevalence of neck pain, its cause is poorly understood and debate continues regarding the most appropriate treatment.^{3,4} For example, there is insufficient research to suggest that one pharmaceutical is superior to any other.⁵ The most recent evidence from clinical research suggests that acupuncture is beneficial and cost-effective for the treatment of chronic neck pain.⁸⁻¹⁰ Indeed, in the U.S., neck pain is the #3 reason individuals seek care with acupuncture.⁶ Although numerous & varying treatment protocols have been studied, treatment frequencies were similar in the clinical trials. To generalize, participants most often received acupuncture treatment twice per week for 1-3 months.

“Where there is free flow there is no pain, where there is pain there is no free flow.”

Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

Disclaimer of Warranties

The author and publisher (Society for Acupuncture Research) have used their best efforts in preparing this report. The author and publisher make no representation or warranties with respect to the accuracy, applicability, fitness, or completeness of the contents of this report. The information contained in this report is strictly for educational purposes. Therefore, if you wish to apply or use ideas or information contained in this report, you are solely responsible for your actions. The author and publisher disclaim any and all warranties (express or implied), of merchantability, and of fitness for any particular purpose. The author and publisher shall not be liable to any person or entity for any direct, indirect, punitive, special, incidental, consequential or other damages arising directly or indirectly from any use of this report or any portion of its contents, which are provided "as is," and without warranties. The advice of a competent professional should be sought if you have any questions regarding this report or this disclaimer.

References

1. Hoy DG, et al. The epidemiology of neck pain. *Best Pract Res Clin Rheumatol*. 2010;24(6):783-92.
2. Hogg-Johnson S, et al. The burden and determinants of neck pain in the general population: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine (Phila Pa 1976)*. 2008;33(4 Suppl):S39-51.
3. Carroll LJ, et al. Course and prognostic factors for neck pain in workers: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine (Phila Pa 1976)*. 2008;33(4 Suppl):S93-100.
4. Cote P, et al. The burden and determinants of neck pain in workers: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine (Phila Pa 1976)*. 2008;33(4 Suppl):S60-74.
5. Hurwitz EL, et al. Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine (Phila Pa 1976)*. 2008;33(4 Suppl):S123-52.
6. Barnes PM, et al. Complementary and alternative medicine use among adults and children: United States, 2007. *Natl Health Stat Report*. 2008(12):1-23.
7. Wu Y and Fisher W. Practical Therapeutics of Traditional Chinese Medicine. 1997:265-71 CY - Brookline.
8. Fu LM, et al. Randomized Controlled Trials of Acupuncture for Neck Pain: Systematic Review and Meta-Analysis. *J Altern Complement Med*. 2009;15(2):133-45.
9. Willich SN, et al. Cost-effectiveness of acupuncture treatment in patients with chronic neck pain. *Pain*. 2006;125(1-2):107-13.
10. Witt CM, et al. Acupuncture for patients with chronic neck pain. *Pain*. 2006;125(1-2):98-106.

Prepared April 2013:
SAR, Translators of the Evidence
www.AcupunctureResearch.org

The entire series of Assessments and Summary sheets are available free of charge for members of the Society for Acupuncture Research.
www.acupunctureresearch.org/join

