



DANISH HEALTH  
AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR THE  
NON-SURGICAL TREATMENT OF RECENT  
ONSET NON-SPECIFIC NECK PAIN

2016

# NATIONAL CLINICAL GUIDELINE FOR THE NON-SURGICAL TREATMENT OF RECENT ONSET NON-SPECIFIC NECK PAIN

## Quick guide

Reassuring information	
√	It is good practice to focus on reassuring information when counselling patients with recent onset neck pain.
↓	Written counselling focusing on reassuring information should only be used upon due consideration if written information is the only source of information (⊕○○○).
Exercise therapy	
↑	Consider offering supervised exercise therapy to patients with recent onset neck pain as an add-on to other treatment (⊕○○○).
Joint mobilisation techniques	
↑	Consider offering joint mobilisation techniques to patients with recent onset neck pain as an add-on to other treatment (⊕○○○).
Exercise therapy and joint mobilisation techniques in combination	
↑	Consider offering exercise therapy in combination with joint mobilisation techniques to patients with recent onset neck pain rather than exercise therapy alone (⊕○○○).
↑	Consider offering joint mobilisation techniques in combination with exercise therapy to patients with recent onset neck pain rather than joint mobilisation techniques alone (⊕○○○).
Acupuncture	
↑	Consider offering acupuncture treatment to patients with recent onset neck pain as an add-on to other treatment (⊕○○○).
Massage	
↓	Massage treatment should only be used in patients with recent onset neck pain upon due consideration, since there is no documentation of a long-term effect even with extensive use of this type of treatment (⊕○○○).



NSAIDs and tramadol	
√	It is good practice to only offer oral NSAIDs to patients with recent onset neck pain upon due consideration. These drugs should only be used for short-term treatment and with thorough consideration of adverse reactions, contraindications and patient preferences.
↑	Consider offering topical treatment with NSAIDs to patients with recent onset neck pain as an add-on to other treatment in order to provide immediate pain relief (⊕○○○).
√	It is good practice to only offer tramadol to patients with recent onset neck pain upon due consideration. These drugs should only be used for short-term treatment and with thorough consideration of adverse reactions, contraindications and patient preferences.

Exercise therapy/joint mobilisation techniques versus oral painkillers	
↑	Consider offering exercise therapy or joint mobilisation techniques rather than oral painkillers to patients with recent onset neck pain when counselling and information are not sufficient treatment (⊕○○○).

## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the non-surgical treatment of recent onset non-specific neck pain. The guideline was prepared by the DHA.

The national clinical guideline concerns recent onset non-specific neck pain in adult patients. Non-specific neck pain is defined as tension, soreness, pain and/or decreased mobility of the neck, where no specific cause of the pain can be identified. Patients with recent onset pain are defined as patients with symptoms of up to 12 weeks' duration and comprise patients with no history of neck pain as well as patients with repeated episodes.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines etc. in this field.

Recommendations concerning supervised exercise therapy, exercise therapy and joint mobilisation techniques in combination, acupuncture and massage are all based on indirect evidence from studies in patients with neck pain of more than 12 weeks' duration, and the transferability of the results to patients with recent onset neck pain is uncertain.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

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### **Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)**

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

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### **About the national clinical guidelines**

The national clinical guideline is one of the 47 national clinical guidelines (NCGs) to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).

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