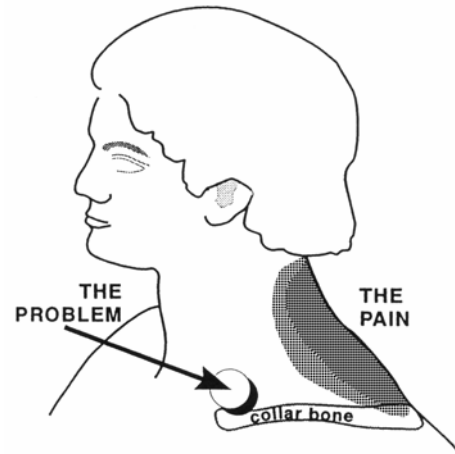


# Solving Cervical Syndromes

1. Neck Problems are common; the lowest part of the cervical spine is the pain source.
2. The pain is always referred (felt in the wrong place).
3. Forces in the low neck during sleep are the major causative factors; treatment must include reliable support.
4. The shoulder/jaw problem: Access to the key site in the **front** of the lower neck for any support requires space between the jaw and lower shoulder.

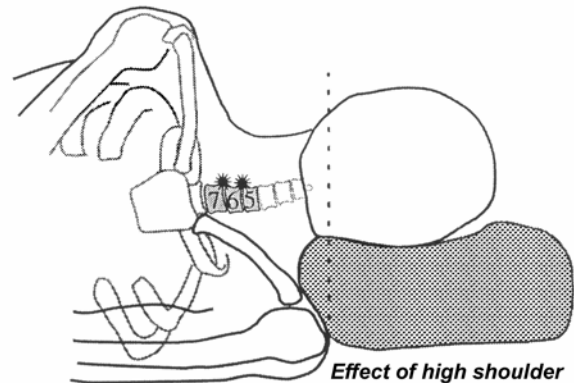
Neck pain affects at least 8% of adult populations at any point in time, and about 25% in the course of a year. If you know the site of origin, treatment is not difficult. But we cannot **feel** any deep structures, including the bones deep in our neck. They are not represented in the cerebral cortex or in consciousness. When these are injured, we feel pain, but cannot identify the structures from which pain arises, or the nature of the injury. The pain is **referred**, i.e., misinterpreted as arising from perfectly innocent structures, which share the same nerve supply, and are represented in our "mind-body image".

- **Patients** are unaware of the source of their upper body pain.
- Because there is no local pain, **health professionals** rarely examine deep structures in the **front** of the low neck.



## The Shoulder/Jaw Problem

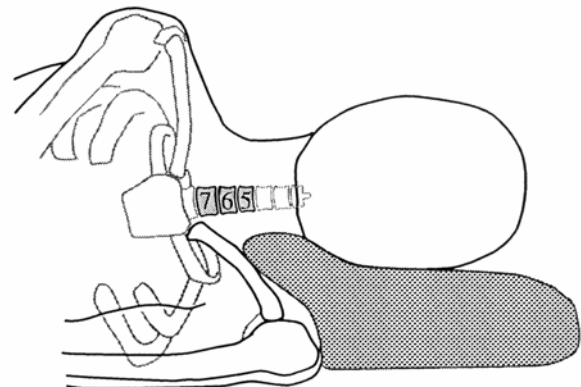
When we sleep on our side, the top shoulder is in a natural position, strutted well to the side with our uniquely human long collar bone. But to adapt to the flat surface of our bed, the lower shoulder rises up and forward towards the cheek. The attached collar bone and muscle also rise, and block access to the low neck for pillow support. This is the **Shoulder/Jaw problem** (sleeping face-down or on the back present other difficulties). The unsupported lower neck sags and locks, with tight ligaments and compressed bone. Marked deep tenderness is found in the front of low neck, with no local symptoms.



## A Good Solution

Pillows curved to accommodate the lower shoulder will often provide adequate support and comfort. The neck should be forward, and the neck support ridge angled, tight against the collar bone (next page). The top shoulder should be forward, so that the front of the neck is supported. However, if the 6-7 cervical level (the lowest) is still inadequately supported during sleep, symptoms may remain, with referred pain and characteristic patterns of deep tenderness.

During sleep, the high shoulder and attached collar bone and muscles block support to the low vertebrae, which sag, lock and twist.



Support shaped to accommodate the lower shoulder often gives relief.

## More Complex Solutions to the Shoulder/Jaw Problem

The simple strategies described above work well for most of us. Delivery of reliable support to the lowest levels of the **front** of the neck may be more difficult for patients with long necks and broad shoulders, or with sturdy shoulders and relatively short necks - the two extremes. In these cases, access to the lowest levels of the neck can be obtained by rolling the upper body forward, opening a large space between the jaw and shoulder. This assures smooth support to the lower neck, and to the bones of the upper chest, without uncomfortable pressure on the throat. Breathing is better because the tongue falls forward - a cure for snoring. For most, all of this works best if the lower arm is behind the back. Finish off with a pillow between the bent knees and we have a 3-pillow solution.

To avoid excess pressure on the lower shoulder and arm, it may help to elevate the rib cage and waist with an "**arch support**" pillow lifting the trunk (latex foam may work best, if available). Otherwise, you may collapse toward a **belly-down position**, causing the neck to twist strongly to the side.

When you sleep, you are unconscious, and your postural muscles become paralyzed - that is why your head nods. Provide extra support for the top shoulder and arm and keep both knees well bent to keep the neck in a neutral position.



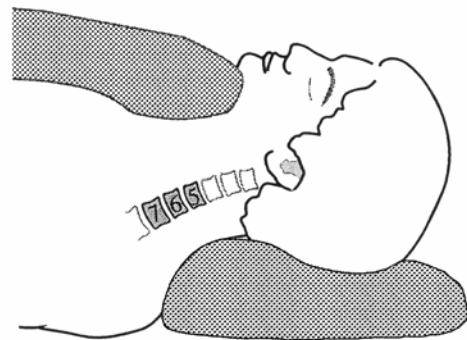
*Rolling the upper body forward opens space between shoulder and jaw, allowing easy access for support to the low neck. Note "arch-support" pillow.*

Some can only sleep **on the back**. Pillows and collars support the middle of the neck, and may aggravate a problem in the lowest levels. Gentle traction through the neck can be achieved by placing a pillow under the chin, holding it snug with your arms across your chest.

## What to expect?

The details are extremely important, and none are intuitively obvious. It is hard to change the habits of a lifetime, so that it may take a few weeks to feel comfortable with neck support. Your position will change during sleep, so you have new habits to learn. Once you are used to neck support, traditional pillows feel totally wrong.

If you are using the pillow to treat headache, or neck/shoulder/arm pain, the symptoms may persist for some time. The nervous system is sensitized by chronic pain, so that symptoms may continue even if you are doing everything right. Typically, diagnostic tenderness fades before the referred pain. So, if symptoms remain, the situation should be reviewed. Perhaps the tenderness is easing as expected. But it may be that the treatment strategy needs refinement. It was developed from experience with others, and you are different from anyone else.



*Pillow on chest, lifting chin.*