Neck Pain Amenable to Conservative Care				
Condition		Common Management		
		Essential	Optional	
1.	 Common Neck Pain: (e.g., non-specific neck pain, cervical strain/sprain, facet joint irritation, mechanical cervicalgia, WAD I-II, osteoarthritis, myofascial pain). Signs/Symptoms: Sharp, dull, shooting, or aching pain in neck region; aggravated by movement; muscle stiffness/spasms; may include head, trunk or arm pain. Exam: Pain reproduced by tests; no neurological deficits. 	 Education and reassurance Maintain normal activities Address yellow flags Self-care (proper diet, exercise, sleep, stress management) Social and work activities Ongoing follow-up to ensure 	 Exercise therapy Manual therapy (e.g., SMT, mobilization, soft tissue techniques) Medications (e.g., acetaminophen, ibuprofen) Electrotherapies (e.g., low-level laser) Psychological or social support Mind-body interventions (e.g., mindfulness, 	
2.	 Neck Pain with Radicular Pain/Radiculopathy: (from disc pathology, WAD III) Signs/Symptoms: Neck pain radiating down arm; sharp, shooting, or burning pain; numbness, tingling, or weakness associated with a nerve root. Exam: Positive tests (e.g., Spurling's, cervical distraction, Bakody, upper limb tension tests); sensory deficits, muscle weakness, altered reflexes. 		 Meditation) Needling therapies Multicomponent biopsychosocial care (e.g., exercise therapy, cognitive behavioural therapy, structured education and social support) 	
Red Flags: Immediate Emergency Care Referral				
1. 2. 3. 4. 5. 6.				
	Referral to Medical Provider			
 Spinal Fracture: Sudden severe neck pain, osteoporosis, corticosteroid use, female sex, age >60, history of spinal fracture/cancer, possible extremity weakness/tingling/burning. Spinal Malignancy: Progressive pain, cancer history, systemic symptoms (fatigue, weight loss, night pain), headache worsening with exertion. Inflammatory Arthritides (e.g., spondyloarthropathies, rheumatoid arthritis, systemic lupus erythematosus): Morning stiffness >1 hour, systemic symptoms (fatigue, weight loss, fever), symmetrical joint pain, joint swelling/deformity, skin lesions. 				
PTSD, substance addiction and abuse. Action: Refer to appropriate provider/psychiatric specialist.		Yellow Flags (Psychosocial Factors): Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms. Action: Address these as part of conservative care, co-manage, or refer to an appropriate provider.		