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Neck and Cervical Spine Injuries

Cervical spine issues are increasingly recognised in UK veterans, particularly those exposed to **prolonged helmet wear, vibration and jarring from armoured vehicles, blast exposure, or high-impact training environments**. These injuries may manifest acutely or develop gradually, often overlapping with **post-concussive symptoms**—especially among veterans of Iraq and Afghanistan.

Common Conditions in Veteran Populations

1. Cervical Disc Degeneration / Herniation

- Results from cumulative stress, poor posture, or trauma
- May cause neck pain, reduced mobility, and nerve root compression (cervical radiculopathy)

2. Cervicogenic Headaches

- Headaches stemming from cervical dysfunction
- Often mistaken for tension headaches or migraine

3. Whiplash-Associated Disorders (WAD)

- Caused by sudden acceleration-deceleration, e.g., vehicle incidents
- May involve soft tissue strain, dizziness, and visual or balance symptoms

4. Upper Crossed Syndrome

- Postural imbalance (tight traps, weak deep neck flexors) from long helmet wear or static positions
- Common in personnel from signals, infantry, and drivers



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VETERANS
WELFARE GROUP

Specific Risk Factors

- Prolonged use of **combat helmets** (especially with mounted gear)
- **Jarring and vibration** during transport in armoured vehicles
- Exposure to **blasts or concussive forces** (improvised explosive devices, breaching charges)
- **Poor posture** during operations or extended static observation duties

Veterans may report chronic neck stiffness, radiating pain, or coordination issues years after leaving service—often under-recognised or misattributed.

Assessment and Management

Initial Approach (Primary Care / MSK):

- **GP or MSK Physiotherapy referral**
- Rule out red flags: trauma, fracture, myelopathy, malignancy
- Trial of **analgesia (NSAIDs, paracetamol)** and **activity modification**

Conservative Management

- **Physiotherapy (NHS or veteran-supported):**
 - Postural retraining
 - Cervical mobility exercises
 - Strengthening deep neck flexors and scapular stabilisers
- **Manual therapy or acupuncture** (where available)
- **Education and reassurance** – especially for chronic cases

Overlap with Post-Concussive Syndrome (PCS)

- Many veterans from Iraq/Afghanistan may present with a **mix of cervical injury and mild traumatic brain injury (mTBI)**
- Symptoms may include:
 - Headaches
 - Light sensitivity
 - Cognitive fog
 - Mood disturbances
- Requires **multidisciplinary management**

Cervical Rehabilitation Exercises

For: Neck Pain, Radiculopathy, Postural Syndrome, Whiplash

Use under guidance of a professional

Before You Start

- Perform all exercises **within a pain-free range**
- Begin with **1–2 sets daily**, increasing gradually as tolerated
- Stop immediately if symptoms worsen (e.g. sharp pain, dizziness, tingling)
- Avoid fast, jerky movements – use **slow, controlled technique**

Phase 1: Pain Relief & Mobility

Neck Range of Motion (Active)

- Slowly move your head:
 - Forward (chin to chest)
 - Backward (look up)
 - Side to side (ear to shoulder)
 - Turn left/right
- 5 reps each direction

Avoid forcing movement—work within comfort.

Chin Tucks (Deep Neck Flexor Activation)

- Sit or stand tall
- Tuck chin straight back (not down), as if making a double chin
- Hold 5 seconds, 10 reps

Improves posture and supports cervical discs.

Neck Isometrics

- Sit upright. Place hand on:
 - Forehead – resist pushing forward
 - Back of head – resist pushing backward
 - Side of head – resist sideways motion (each side)
- Hold each 5 seconds, 3 reps per direction

No visible movement – light resistance only.

Phase 2: Strengthening & Postural Correction

Scapular Squeezes (Postural Reset)

- Sit or stand tall
- Squeeze shoulder blades together, hold, then relax
- Hold 5–10 seconds, 10 reps

Avoid shrugging shoulders up.

Wall Angels

- Stand with back against a wall, arms bent at 90°
- Slowly slide arms up and down like a snow angel
- 10 reps

Helps improve thoracic extension and shoulder mobility.

Upper Trapezius Stretch

- Sit upright, tilt head sideways (ear to shoulder)
- Gently pull head further with opposite hand

- Hold 20–30 seconds each side, 2 reps

Keep opposite shoulder relaxed and down.

Optional (Phase 3 / Persistent Postural Strain)

Standing Postural Reset

- Stand against a wall: heels, glutes, upper back, and head touching
- Tuck chin and slightly engage core
- Hold 30 seconds, repeat 2–3 times daily

Great for combatting “forward head posture.”

Tips for Neck Health

- Avoid long periods in forward head posture (e.g. phone/laptop use)
- Use rolled towel or neck cushion for support during rest
- Take breaks every 30–45 minutes when sitting or driving
- Stay active—gentle walking and light cardio aid recovery

Symptom Tracker (Example)

Date	Activity Done	Pain (0-10)	Fatigue (0-10)	Notes

Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.



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