Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MUSCULOSKELETAL

Neck injury exercises
why moving it is the treatment

Neck pain after an injury usually comes on several hours later and often feels worse the next morning. Serious damage is rare. What speeds recovery is getting the neck moving early and gently — resting it in one position is what makes it stiffen and hurt for longer.

Seek medical help urgently if you have

- **numbness, pins and needles or weakness** in your arms or legs;
- **any loss of control over your bladder or bowels**, or numbness around the groin or back passage;
- **severe pain** that regular painkillers do not touch, or pain that is getting worse rather than easing;
- problems with **balance, walking or coordination**;
- a **worsening headache, repeated vomiting, drowsiness or confusion** after a head or neck injury;
- neck pain with **fever, or unexplained weight loss**, or if you have a history of cancer or take steroids long term.

These are uncommon after a minor neck injury but need assessing without delay. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What to expect

Neck pain and stiffness typically peak **24 to 36 hours after the injury**, then ease. Most people are substantially better within four to six weeks, though it is normal for symptoms to grumble on and come and go for up to three months. Headache, shoulder ache and difficulty turning to look over your shoulder are all common parts of this.

X-rays and scans are rarely needed. They are used when the examination suggests a serious injury, not routinely — a normal scan does not make a stiff neck any less stiff.

> **Do not use a collar.** Soft collars were once standard and are now known to slow recovery by keeping the neck still. Unless a doctor has specifically fitted one for a particular reason, keep your neck moving instead.

Day to day

- **Keep going.** Stay at work and carry on with normal activities as far as pain allows. Complete rest prolongs the problem.
- **Take painkillers regularly rather than occasionally** for the first week or two. Paracetamol, or ibuprofen if it suits you, taken at regular intervals lets you move — which is the point of taking them. Ask a pharmacist if you are unsure whether anti-inflammatories are suitable for you.
- **Break up long periods of sitting.** Get up from the desk, screen or TV every 30 to 45 minutes.
- **Sleep with one firm pillow** that supports the hollow of your neck and keeps it in line with your spine. A pile of soft pillows pushes the head forward all night.
- **Warmth before exercising helps.** A warm shower, a bath, or a heat pack on the neck and upper back for a few minutes loosens the muscles first.
- **Driving:** do not drive until you can turn your head far enough to check both blind spots and react in an emergency.

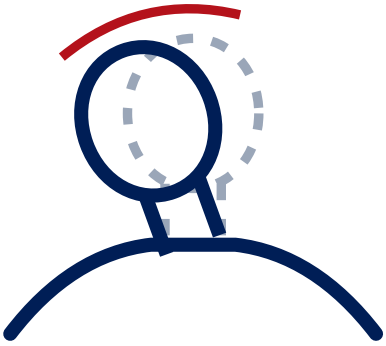
The exercises

10	5 sec	2×
repetitions of each	hold at the end of each movement	a day — morning and before bed

Move slowly and smoothly, breathing out as you stretch. Go to the point of a gentle pull, not into sharp pain. If a movement is very painful, do a smaller version of it rather than skipping it.

EXERCISE 1

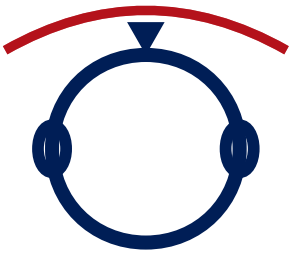
Ear towards shoulder



Sitting tall, tilt your head to bring one ear towards that shoulder. Keep the shoulder itself relaxed and down. Hold, return to the middle, then repeat to the other side.

EXERCISE 2

Turning to look over your shoulder



seen from above

Turn your head slowly to look over one shoulder, keeping your chin level. Hold, return to the middle, then turn the other way. Do not force it past the point where the pull becomes sharp.

EXERCISE 3

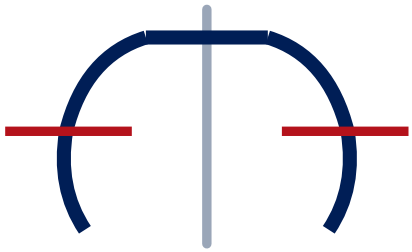
Chin towards the chest

chin down

Lower your chin slowly towards your chest until you feel a stretch down the back of the neck. Hold, then lift back to level. Do not throw your head backwards afterwards — return only to neutral.

EXERCISE 4

Shoulder blade squeeze



seen from behind

Sitting or standing, draw both shoulder blades back and down towards each other, as though pinching something between them. Hold, then release. Follow with a few slow shoulder rolls forwards and backwards.

Once the pain has settled

Keep doing the stretches about three times a week. Neck pain after an injury has a habit of returning in people who stop as soon as they feel better, particularly those who spend the day at a desk.

Book a review if you are no better after four to six weeks, if the pain is spreading into an arm, or if it keeps recurring. Our physiotherapy and orthopaedic teams can assess the neck, arrange imaging through our partners if it is genuinely needed, and build you a graded programme. Early physiotherapy makes a difference in the cases that are not settling on their own.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

Physiotherapy · towerbridgehospital.co.uk

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Also able to advise
Your own GP · Your local pharmacist

Related: **Physiotherapy** · **Orthopaedics** · **MRI scans** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on neck pain and whiplash-associated disorder. It is general information and does not replace advice from a clinician who has examined you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.