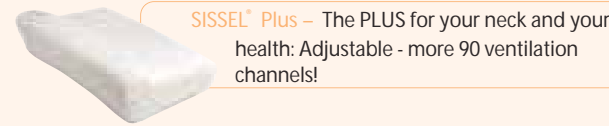
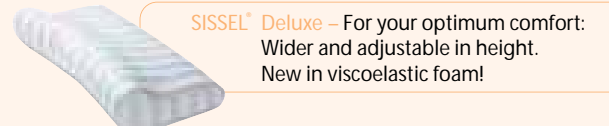


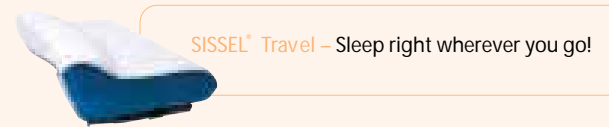
SISSEL® Classic – The favorable classical pillow!



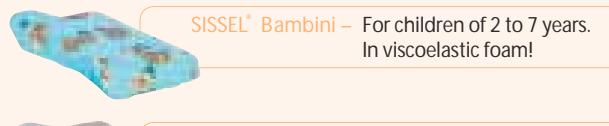
SISSEL® Plus – The PLUS for your neck and your health: Adjustable - more 90 ventilation channels!



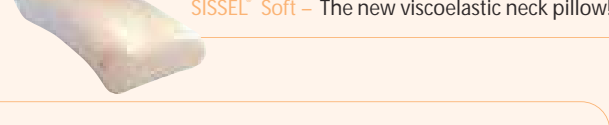
SISSEL® Deluxe – For your optimum comfort: Wider and adjustable in height. New in viscoelastic foam!



SISSEL® Travel – Sleep right wherever you go!



SISSEL® Bambini – For children of 2 to 7 years. In viscoelastic foam!



SISSEL® Soft – The new viscoelastic neck pillow!

Distributed by Ergomedica
ABN 64 611 589 575

For more information and online purchase:
www.ergomedica.com.au

CE SISSEL® Productservice AG
All Sissel products are CE marked as a medical device (class 1) in accordance with the medical devices directive 93/42/EEC

Neck Problems and Referred Neck Pain

Frequency and localization:

Lower neck problems are so common as lower back problems. Symptoms appear long before X-ray changes. By the age of 30, 30% of one population studied had had neck/shoulder/arm pain, but in 90% of these, the X-rays showed minimal or no changes. By 50, 50% showed X-ray changes. At 65, 90% showed damage. These changes are concentrated in the lower neck, exactly where we find the tenderness; which appears with the symptoms decades earlier.

The Biomechanics of Cervical Strain

Understanding the location and nature of the forces acting on the lower neck is essential in determining the treatment. The concentration of damage in the lower neck and the lower back are uniquely human problems. We are highly vulnerable in these two sites, contrary to other species, and this is related to our uniquely human anatomy.

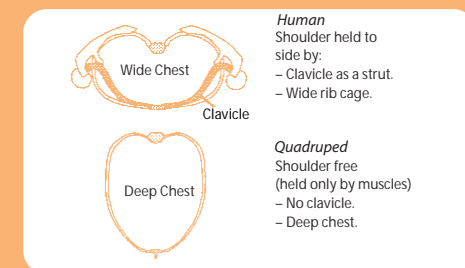


Figure 2: Evolutionary changes in the shape of the rib cage, and the development of the clavicle which strut the human shoulder high and to the side.

What is so special about the human neck? Nothing; the problem is our human shoulder, propped high and to the side, by our long collar bone, and broad, flat rib cage, that permits our great versatility of totally free upper limb function as we can swing our arms through 360°. (Figure 2) During the day we can do all sorts of things that other animals cannot. But during the night; we cannot sleep on our stomach or side without stressing our neck. Imagine the very marked twisting and crushing forces in your shoulder if someone put your hand behind your back, and pulled up and out. This is what happens in your lower neck during sleep.

Figure 3: shows how difficult it is to support the key site, in the lower neck, because of the raised lower shoulder. When we lie on our side, we change our shape to adapt to the flat surface of the bed, by allowing the lower shoulder to rise upwards, to the level of the chin or higher. Instinctively we pull our pillow under our neck, but the shoulder blocks the support at the jaw level.

Reliable Neck Support

After discussing the problems; it was indicated that the solution is to deliver reliable support to the sagging bones in the lower neck.

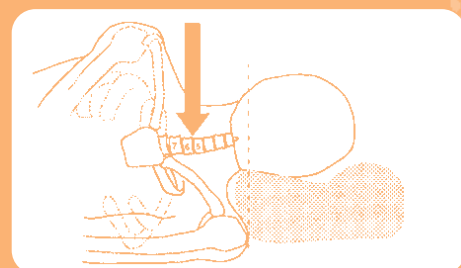


Figure 3: Problems in the lower neck during sleep. The ribs, and bones of the shoulders support the chest part of the spine. The bones of the lower neck are unsupported, and sag until ligaments tighten, then they lock and twist.

Excerpts of a study by Hugh Smythe, MD, University of Toronto

Effective treatment requires reliable support for the lower neck all night every night. This can only be learned intellectually, because the key site will remain unfelt, and the brain will continue to receive messages that the problems lie elsewhere. The therapist must make the correct diagnosis and give the correct advice clearly, as it is necessary for the patient to persist with effective support to prevent recurrences.

To support the tender, vulnerable site in the front of the low neck, the neck support ridge and the neck must both be angled forward, but with the chin high and free from pressure. Because the patient is unaware of the key site, they must be carefully instructed. If you can get a finger between the neck support ridge and the inner collar bone, the support is not being delivered low enough! (Figure 4)

It seems natural for the patient to place the pillow with the neck support ridge straight across, or nearly so, as in (Figure 5). The gap between the support ridge and the inner collar bones means that support is not reaching the lower neck, and there may be upward pressure on the chin.

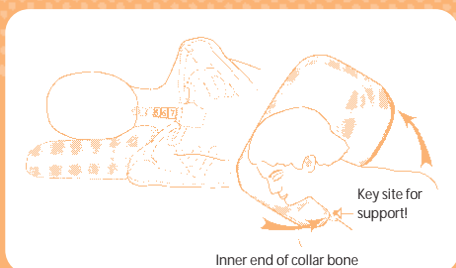


Figure 4: Correct use of neck support pillow. It is hard to deliver support to C6 and C7 levels, very low in the neck. The neck support ridge must slope quite steeply, under the ear in back, and low against the inner collar bone in front. The neck is angled forward, with the chin above the neck support ridge.

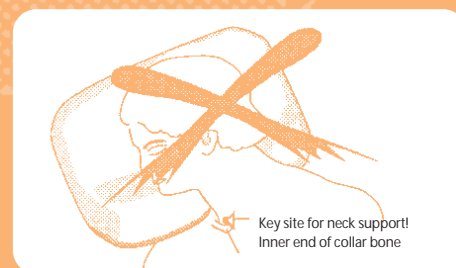


Figure 5: Wrong use of neck support pillow!

The C6/C7-Syndrome

Some patients find neck support strategies comfortable, so they use them faithfully, but continue to have upper body symptoms.

The pattern may be changed, with a lower distribution of pain, about or between the shoulder blades in the back, or beside or below the breast area in front. If there is numbness in the hand, it is more likely to affect the long, ring and little fingers, and less likely to affect the thumb and index finger. But symptoms remain, so the treatment result is disappointing.

The therapist may be puzzled too, because the previous tenderness at the 5-6 level will have disappeared, and referred tenderness in the shoulder muscles, upper ribs, and outer elbow, will also have gone. Further examination will show a new pattern of tender sites; none on the medically standard list of sites to be examined in patients with chronic pain syndromes.

The inner elbow will be much more tender than the outer elbow, and marked tenderness may be found at the site of the heart beat, or behind the outer breast (among other sites.) The mystery is solved by the finding of very noticeable tenderness even lower in the neck, at the C 6-7 level. This level is not being adequately supported. Two fingers can be inserted between the neck support ridge and the collar bone. The solution is to make sure that the very lowest levels get the needed support, by curling the head forward and angling the neck support ridge as shown in the right drawing in Figure 4.

Hugh Smythe, MD
Director, Rheumatology Program,
Wellesley Hospital,
University of Toronto,
Toronto, Canada, M4Y1J3



The SISSEL® Neck Pillow



The Original Orthopedic Swedish Neck Pillow



