

# Awareness of Text Neck Syndrome Among Clinical Years Medical Students At King Abdulaziz University, Jeddah

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## ABSTRACT

**Aim:** This study aimed to evaluate the level of awareness regarding text neck syndrome among medical students.

**Method:** This was across-sectional study conducted among 417 clinical years medical students at King Abdulaziz University –Jeddah. During 2021. The data collected using a structured valid questionnaire.

**Results:** The results revealed that 31.9% population has heard of text neck syndrome where only 7.9% population has knowledge of this syndrome. Only 18.5% have knowledge regarding the preventive measures of this syndrome.

**Conclusion:** The increasing number of smart devices, and their users of these devices cause an increasing in the number of patients of text neck syndrome. Two thirds of the participants didn't hear about text neck syndrome, indicating an adequate level of awareness.

**Recommendation:** Education messages to medical students and interns about text neck syndrome should cover the main points of knowledge gap. Further nation-wide studies on assessment of medical students' awareness regarding text

neck syndrome need to be conducted in larger sample size and regions other than Jeddah, so as to identify the level and distribution of different attitude as well as the areas and topics of attitude deficits.

**Keywords:** Awareness, Text Neck Syndrome, Medical Students, Smart Devices.

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## INTRODUCTION

At these days, it is well identified that the use of digital devices in the pattern of modern life is very common and frequent among all age groups.<sup>1,3</sup> Almost everyone owns at least one type of mobile handheld device, due to several reasons; low cost, suitability, Multiple usability choices, attractive applications, and easy access to internet encourage users especially youths to spend a most of the time with their mobile devices.<sup>3,5</sup> American study (2017) reported a significant growth in the using of smartphone from 33% at 2011 to 77% at 2017.<sup>6,7</sup> A recent study represents that 79% of the population between the age (18-44) have their cell phones with them most of the time.<sup>1,8</sup>

Saudi Arabia ranked third in the world in terms of population using smartphones at 72.8%.<sup>9</sup> Nowadays, the electronic devices are considered a cornerstone of university students' life. Similar to Canadian studies, Studies done among university students in Saudi Arabia are representing moderate to high addiction rate of using smartphones.<sup>9-11</sup>

One of the studies among King Saud University students showed that 27.2% of the participants spent more than 8 hours per day

using their smart phones.<sup>12</sup> The anatomy of the neck or cervical spine is

complex. It has coordinated network of muscles, bones and nerves, so any Irritation of the cervical spine and its pathway could promote pain and stress.<sup>13</sup> Previous research has established that the prevalence of musculoskeletal problems with mobile phone habit become higher from 17.3% to 67.8% for neck complaints.<sup>3</sup> This problem may be explained by a hypothesis, based on biomechanics that unsuitable neck posture to text and read on electronic devices could be one of the causes for the increasing prevalence of neck pain.<sup>5,14-17</sup>

However, for every 2.5 cm the head moves forward, it gains 0.45 kg in weight. Consequently, the muscles of the upper back and neck suffer more strain to support the position of the head. Also, forward head posture may lead to in the loss of up to 30% of vital lung capacity.<sup>2</sup>

Head down posture when using a smartphone has been measured in experimental studies by calculating the amount of head flexion in the sagittal plane.<sup>18</sup>

In Lee et al. (2015), head flexion angle of the participants was measured in low position sitting and standing when doing texting, browsing and video watching. Median head flexion angle ranged from 33.3° to 44.8° and head flexion when doing texting was bigger than browsing or video watching with more head flexion during sitting position when compared standing.<sup>19</sup> Another study was conducted by Schabrun et al, head flexion angle was measured when conducting texting and reading tasks while walking on an 8.5-m walkway showed mean head flexion angle ranged from 29.2° to 31.8°, without significant difference between the two tasks.<sup>18,20</sup>

Text neck syndrome is combination musculoskeletal symptoms resulting from frequently using handheld devices specially smartphones for a long time with inappropriate postures. The most frequently reported symptoms were neck pain and soreness in addition to upper back pain, shoulder pain and chronic headache. Excessive utilizing of the cell phone long periods could result in prolonged forward head posture which is harmful and painful.<sup>21-24</sup> The consequence of text neck syndrome if not detected early and treated will lead to a serious permanent damage such as: flattening of the spinal curve, early arthritis, muscle and nerve damage, disc compression, headache and depression.<sup>13,25</sup> A recent study done in 2018 demonstrated low level of awareness of

text neck syndrome among young adult population, 35% of the population has heard of text neck syndrome and out of those only 21% know about the preventive measures.<sup>26</sup>

## METHODOLOGY

It is a Cross Sectional Analytic Study. The study will include a sample of clinical years medical students at King Abdulaziz University –Jeddah. Clinical years medical students (4th, 5th, and 6th) at King Abdulaziz University, Jeddah will include in this study. The study will be carried out using a structured valid questionnaire by published study, Section one consists of information regarding socio-demographic variables of included subjects (age, gender, marital status, academic year). Section two consists of questions to assess the knowledge regarding text neck syndrome. Section 3 regarding the preventive measures of text neck syndrome.

All collected data will be coded and entered into a personal computer. Data entry and statistical analysis will be performed by using the Statistical Program for Social Science-s (SPSS, version 22.0) and appropriate statistical tests will be applied. Descriptive statistics (i.e., frequency, percentage, mean and standard deviation) calculated. Chi-square test and independent t test will be applied for comparison. P-value of <0.05 will considered statistically significant.

**Table 1: Demographic data:**

Variable	N	%
<b>Age</b>		
18-22 year	206	49.4
23-27 year	208	49.9
28-32 year	3	.7
<b>Gender</b>		
Female	273	65.5
Male	144	34.5
<b>Nationality</b>		
Saudi	400	95.9
Non-Saudi	17	.24.1
<b>Marital status</b>		
Divorced	1	.2
Married	17	4.1
Single	399	95.7
<b>Clinical year</b>		
4th year	109	26.1
5th year	240	57.6
6th year	68	16.3
<b>Variable</b>	<b>Mean ± SD</b>	<b>Range (min-max)</b>
<b>GPA</b>	4.3± 0.5	(1-5)

**Table 2: Using mobile and other devices information**

Variable	N	%
<b>Years of using mobile</b>		
3-5 year	27	6.5
6-8 year	107	25.7
8-10 year	141	33.8
More than 10 years	142	34.1
<b>hours spending on mobile phone</b>		
1 hour	12	2.9
2-4 hours	103	24.7
5-6 hours	170	40.8
More than 6 hours	132	31.7
<b>Using other electronic device</b>		
No	17	4.1
Yes	400	95.9

<b>Electronic device#</b>								
Laptop		346			82.9			
Ipad		356			85.4			
<b>Variable</b>	<b>Laptop</b>		<b>Ipad</b>					
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>				
<b>The time of using electronic devices</b>								
1 hour	160	46.2	75	21.1				
2-4 hours	93	26.9	79	22.2				
4-6 hours	54	15.6	105	29.5				
More than 6 hours	39	11.3	97	27.2				
<b>Variable</b>	<b>Less than 1 hours</b>		<b>1-3 hours</b>		<b>4-6 hours</b>		<b>More than 6 hours</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>The reasons of mobile phone using and the time of each reason</b>								
Calling	332	79.6	65	15.6	13	3.1	7	1.7
Texting	100	24.0	208	49.9	88	21.1	21	5.0
Reading	133	31.9	176	42.2	83	19.9	25	6.0
Watching	88	21.1	165	39.6	120	28.7	44	10.6
Video gaming	339	81.3	47	11.3	17	4.1	14	3.3

Table 3: Knowledge of text neck syndrome

<b>Variable</b>	<b>N</b>	<b>%</b>
<b>Do you think you should minimize phone usage from health perspective?</b>		
No	58	13.9
Yes	359	86.1
<b>Do you know how to cope up with the symptoms caused by excess usage of phone? #</b>		
Exercises	156	27.9
Rest	358	63.9
Medications	42	7.5
Others	4	0.7
<b>Have you heard about Text Neck syndrome?</b>		
No	284	68.1
Yes, but I don't know about it	100	24.0
Yes, I know about it	33	7.9
<b>If yes, from which sources? #</b>		
Friends	24	11.1
Internet	64	29.6
Medical professionals	42	19.4
Multimedia	40	18.5
Others	46	21.4
<b>What do you think can cause text neck syndrome?</b>		
Excess talking on phone	14	3.4
Excess texting on phone	334	80.1
Reading of textbook	69	16.5
<b>Do you think you can prevent text neck syndrome?</b>		
No	13	3.1
Yes, but I don't know how	327	78.4
Yes, I know how	77	18.5
<b>Are you involved with any interventions for preventing text neck syndrome?</b>		
No	365	87.5
Yes, daily	4	1.0
Yes, sometimes	48	11.5
<b>Did you committed to praying?</b>		
Always	257	61.6
Never	39	9.4
Often	35	8.4
Sometimes	26	6.2
Usually	60	14.4

# Multiple response

Table 4: Text neck health hazards and complications

Variable	N	%
<b>Thinking in the ability of the phone to cause the following health hazards</b>		
<b>Pain in neck</b>		
Agree	159	38.1
Disagree	12	2.9
Slightly agree	62	14.9
Strongly agree	168	40.3
Strongly disagree	16	3.8
<b>Pain in arm</b>		
Agree	131	31.4
Disagree	63	15.1
Slightly agree	107	25.7
Strongly agree	97	23.3
Strongly disagree	19	4.6
<b>Pain in shoulder</b>		
Agree	130	31.2
Disagree	71	17.0
Slightly agree	113	27.1
Strongly agree	88	21.1
Strongly disagree	15	3.6
<b>Pain in upper back</b>		
Agree	153	36.7
Disagree	59	14.1
Slightly agree	87	20.9
Strongly agree	105	25.2
Strongly disagree	13	3.1
<b>Headache</b>		
Agree	145	34.8
Disagree	32	7.7
Slightly agree	81	19.4
Strongly agree	141	33.8
Strongly disagree	18	4.3
<b>Change in neck posture</b>		
Agree	151	36.2
Disagree	53	12.7
Slightly agree	52	12.5
Strongly agree	139	33.3
Strongly disagree	22	5.3
<b>Tingling numbness in Hand</b>		
Agree	108	25.9
Disagree	87	20.9
Slightly agree	96	23.0
Strongly agree	101	24.2
Strongly disagree	25	6.0
<b>Awareness of long-term complications</b>		
<b>Prolapsed inter vertebral disc (slipped disc)</b>		
No	255	61.2
Yes	162	38.8
<b>Spondylosis</b>		
No	279	66.9
Yes	138	33.1
<b>Osteoarthritis of cervical spine (degeneration)</b>		
No	276	66.2
Yes	141	33.8

Table 5: The relation between minimizing the use of phone and demographic data:

Variable	Do you think you should minimize phone usage from health perspective?		P value	
	No	Yes		
Age	18-22 year	26 44.8%	180 50.1%	0.563
	23-27 year	32 55.2%	176 49.0%	
	28-32 year	0 0.0%	3 .8%	
Gender	Female	32 55.2%	241 67.1%	0.053
	Male	26 44.8%	118 32.9%	
Nationality	Saudi	57 98.3%	343 95.5%	0.815
	Non - Saudi	1 1.7%	16 4.5%	
Marital status	Divorced	0 0.0%	1 .3%	0.830
	Married	2 3.4%	15 4.2%	
	Single	56 96.6%	343 95.5%	
clinical years	4th year	9 15.5%	100 27.9%	0.115
	5th year	38 65.5%	202 56.3%	
	6th year	11 19.0%	57 15.9%	
Committed to praying	Always	41 70.7%	216 60.2%	0.531
	Never	4 6.9%	35 9.7%	
	Often	3 5.2%	32 8.9%	
	Sometimes	4 6.9%	22 6.1%	
	Usually	6 10.3%	54 15.0%	
Change in neck posture	Agree	26 44.8%	125 34.8%	0.022*
	Disagree	8 13.8%	45 12.5%	
	Slightly agree	11 19.0%	41 11.4%	
	Strongly agreed	9 15.5%	130 36.2%	
	Strongly disagree	4 6.9%	18 5.0%	
Years of using mobile phone	3-5 year	6 10.3%	21 5.8%	0.465
	6-8 year	12 20.7%	95 26.5%	
	9-10 year	22 37.9%	119 33.1%	
	More than 10 years	18 31.0%	124 34.5%	
Hours spending on mobile phone	1 hour	4 6.9%	8 2.2%	0.383
	2-4 hours	14 24.1%	89 24.8%	
	5-6 hours	22 37.9%	148 41.2%	
	More than 6 hours	18 31.0%	114 31.8%	

Table 6: The relation between knowing how to cope with text neck syndrome symptoms and demographic data:

Variable	knowing how to cope with text neck syndrome symptoms			P value	
	Rest	Exercises	Medication		
Age	18-22 year	175 49.2%	111 53.6%	16 37.2%	0.156
	23-27 year	178 50.0%	94 45.4%	27 62.8%	
	28-32 year	3 .8%	2 1.0%	0 0.0%	
Gender	Female	234 65.7%	132 63.8%	30 69.8%	0.328
	Male	122 34.3%	75 36.2%	13 30.2%	
Nationality	Saudi	342 96.1%	196 94.7%	40 93.0%	0.454
	Non - Saudi	14 3.9%	11 5.3%	3 7.0%	
Marital status	Divorced	1 .3%	1 .5%	0 0.0%	0.485
	Married	16 4.5%	8 3.9%	1 2.3%	
	Single	339 95.2%	198 95.7%	42 97.7%	
clinical years	4th year	94 26.4%	55 26.6%	10 23.3%	0.120
	5th year	210 59.0%	111 53.6%	28 65.1%	
	6th year	52 14.6%	41 19.8%	5 11.6%	
Committed to praying	Always	222 62.4%	131 63.3%	31 72.1%	0.564
	Never	34 9.6%	17 8.2%	5 11.6%	
	Often	30 8.4%	22 10.6%	3 7.0%	
	Sometimes	19 5.3%	10 4.8%	1 2.3%	
	Usually	51 14.3%	27 13.0%	3 7.0%	
Change in neck posture	Agree	128 36.0%	70 33.8%	12 27.9%	0.025*
	Disagree	46 12.9%	18 8.7%	6 14.0%	
	Slightly agree	42 11.8%	27 13.0%	3 7.0%	
	Strongly agreed	123 34.6%	82 39.6%	20 46.5%	
	Strongly disagree	17 4.8%	10 4.8%	2 4.7%	
Years of using mobile phone	3-5 year	22 6.2%	15 7.2%	6 14.0%	0.304
	6-8 year	91 25.6%	48 23.2%	11 25.6%	
	9-10 year	121 34.0%	80 38.6%	13 30.2%	
	More than 10 years	122 34.3%	64 30.9%	13 30.2%	
Hours spending on mobile phone	1 hour	11 3.1%	7 3.4%	2 4.7%	0.532
	2-4 hours	82 23.0%	61 29.5%	14 32.6%	
	5-6 hours	146 41.0%	80 38.6%	15 34.9%	
	More than 6 hours	117 32.9%	59 28.5%	12 27.9%	

Table 7: The relation between hearing about text neck syndrome and demographic data:

Variable	Hearing about text neck syndrome			P value	
	No	Yes, but I don't know about it	Yes, I know about it		
Age	18-22 year	145 51.1%	46 46.0%	15 45.5%	0.816
	23-27 year	137 48.2%	53 53.0%	18 54.5%	
	28-32 year	2 .7%	1 1.0%	0 0.0%	
Gender	Female	194 68.3%	62 62.0%	17 51.5%	0.119
	Male	90 31.7%	38 38.0%	16 48.5%	
Nationality	Saudi	272 95.8%	96 96.0%	32 97.0%	0.544
	Non - Saudi	12 4.2%	4 4.0%	1 3.0%	
Marital status	Divorced	1 .4%	0 0.0%	0 0.0%	0.448
	Married	13 4.6%	4 4.0%	0 0.0%	
	Single	270 95.1%	96 96.0%	33 100.0%	
clinical years	4th year	72 25.4%	28 28.0%	9 27.3%	0.570
	5th year	170 59.9%	51 51.0%	19 57.6%	
	6th year	42 14.8%	21 21.0%	5 15.2%	
Committed to praying	Always	177 62.3%	61 61.0%	19 57.6%	0.873
	Never	28 9.9%	9 9.0%	2 6.1%	
	Often	24 8.5%	8 8.0%	3 9.1%	
	Sometimes	19 6.7%	4 4.0%	3 9.1%	
	Usually	36 12.7%	18 18.0%	6 18.2%	
Change in neck posture	Agree	103 36.3%	35 35.0%	13 39.4%	0.829
	Disagree	41 14.4%	8 8.0%	4 12.1%	
	Slightly agree	35 12.3%	13 13.0%	4 12.1%	
	Strongly agreed	91 32.0%	37 37.0%	11 33.3%	
	Strongly disagree	14 4.9%	7 7.0%	1 3.0%	
Years of using mobile phone	3-5 year	21 7.4%	5 5.0%	1 3.0%	0.672
	6-8 year	69 24.3%	28 28.0%	10 30.3%	
	9-10 year	94 33.1%	33 33.0%	14 42.4%	
	More than 10 years	100 35.2%	34 34.0%	8 24.2%	
Hours spending on mobile phone	1 hour	10 3.5%	2 2.0%	0 0.0%	0.072
	2-4 hours	63 22.2%	33 33.0%	7 21.2%	
	5-6 hours	119 41.9%	32 32.0%	19 57.6%	
	More than 6 hours	92 32.4%	33 33.0%	7 21.2%	

## RESULTS

Out of 417 clinical years medical students, 273 (65.5%) were female and 144 (35.5%) were male, 400 (95.9%) were Saudi, 399 (95.7%) were single, 240 (57.6%) were from 5<sup>th</sup> year. The mean score of GPA was  $4.3 \pm 0.5$ . (Table 1)

Third of the participants 141 (33.8%) used mobile for 8-10 years and the other third 142 (34.1%) used it more than 10 years, 170 (40.8%) used it for 5-6 hours and 132 (31.7%) used it more than 6 hours. The majority 400 (95.9%) used other electronic devices, where 346 (82.9%) used laptop and 356 (85.4%) used I pad. Almost the half 160 (46.3%) used laptop for 1 hour and the fourth 93 (26.9%) used it for 2-4 hours, while 105 (29.5%) used I pad for 5-6 hours and 97 (27.2%) for more than 6 hours. Calling 332 (79.6%) and video gaming 339 (81.3%) were the reasons for using mobile for less than 1 hour and, texting 208 (49.9%) and reading 176 (42.2%) were the reasons for using mobile for 1-3 hours, while watching was the reason of using mobile for 4-6 hours among 120 (28.7%) and more than 10 hours among 44 (10.6%). (Table 2)

Most of the participants reported that they should minimize phone usage from health perspective. Almost two thirds 358 (63.9%) reported rest as the way to cope up, and 156 (27.9%) reported exercises. Two thirds of the participants 284 (68.1%) didn't hear about text neck syndrome. Most of the participants 334 (80.1%) reported "Excess texting on phone" as the cause of the syndrome, 327 (78.4%) think that the syndrome can be prevented but they don't know how, 365 (87.6%) didn't involve with any interventions for preventing text neck syndrome, 257 (61.6%) were committed to praying. (Table 3)

The main health hazards reported by the participants were headache (78.6%), followed by pain in neck (78.4%), then change in neck posture (69.5%), pain in upper back (61.9%), pain in arm (54.7%), pain in shoulder (52.3%), and lastly, tingling numbness in Hand (50.1%). Third of the participants reported the following as the main long-term complications; Prolapsed inter vertebral disc (slipped disc) 162 (38.8%), Osteoarthritis of cervical spine (degeneration) 141 (33.8%), and Spondylosis 138 (33.1%). (Table 4) The result revealed a significant association between minimizing the use of phone and change in neck posture ( $p=0.022$ ). On the other hand, there was no significant association between minimizing the use of phone and other demographic data (age, gender, nationality, marital status, clinical year, committed to praying, years of using mobile, and hours of using mobile). (Table 5) The result revealed a significant association between knowing how to cope with text neck syndrome symptoms and change in neck posture ( $p=0.025$ ). On the other hand, there was no significant association between knowing how to cope with text neck syndrome symptoms and other demographic data (age, gender, nationality, marital status, clinical year, committed to praying, years of using mobile, and hours of using mobile). (Table 6) There was no significant association between hearing about text neck syndrome and all demographic data (age, gender, nationality, marital status, clinical year, committed to praying, change in neck posture, years of using mobile, and hours of using mobile). (Table 7)

## DISCUSSION

The growing rate of smart phone addiction and lack of awareness have the major impact on developing TNS. Where, dependence

on smart phones increases due to the development in technology. This mean that addiction to smart phones is likely to grow in the future and become one of the most significant addiction kinds. This can be credited to a technology attraction and eagerness to have smart phones as a sign of maintaining with the modern world.<sup>27,28</sup> The present study aimed to evaluate the level of awareness regarding text neck syndrome among medical students.

Results of this study showed that only 24% have heard about TNS but don't know about it whereas 7.9% have heard about TNS and know about it, and most of them 68.1% didn't hear about it. This result showed the low levels knowledge about text neck syndrome and indicate the high level of ignorance regarding this syndrome. Similar results were reported in India study, where, 27% have heard about TNS but don't know about it where as 8% have heard about TNS and know about it, and 65% haven't heard about TNS.<sup>26</sup> Also, in Peshawar study, 119 (39.8%) Physical Therapy students were not aware of TNS, 101(33.8%) heard about it but don't know what it is and 79 (26.4%) students were aware of TNS.<sup>27</sup> While, in Majmaah study, 140 (61.1 %) of them had good knowledge, 77 (33.6 %) of them had moderate knowledge, while only 12 (5.2 %) of them had poor knowledge.<sup>29</sup> This differences in the percentage could be due to several factors such as socio-economic factors, sample size, and studies nature.

Out of 417 students, 80.1% stated that TNS is caused due to excess Texting on phone whereas 3.4% think it's because of talking on phone and 16.5% think it's because of reading of textbooks. In India study, 81% population answered that TNS is caused due to excess Texting on phone whereas 13% think it's because of talking on phone and 6% think it's because of reading of textbooks.<sup>26</sup> In the other India study, 85% of people said that it is caused mainly due to over usage of smartphones for a long time.<sup>30</sup> In the current study almost half of the participants use their mobile phone for 5-6 hours in a day (40.8%) and 31.7% use their phone for more than 6 hours in a day. In India study, most of the subjects use their mobile phone for 2-4 hours in a day (42%) and 27% use their phone for 4-6 hours in a day.<sup>26</sup> Also, in Majmaah study, more than third (36.7 %) were using the smart devices for 3 -6 hours per day, around one-quarter (30.1%) students were using them for more than 6 hours per day, and (30.1 %) were using them for less than 3 hours per day.<sup>29</sup> The relation between the time spending in the phone and TNS occur was confirmed in other study from Korea, where, a positive relationship between hours of mobile phone use and subjective musculoskeletal problems was demonstrated, the time of using smart phone was about 2 hours among (66.96 %) of the participants. when smart phones are continually used without any rest, and a poor posture is sustained over a long period of time, musculoskeletal pain can happen.<sup>31</sup>

Most of the participants stated that the most common health hazard were mainly headache and pain in the neck. In India study, 38.9% reported neck pain as the main health hazard of excess usage of phone.<sup>26</sup> In Majmaah study, the most common signs were neck pain and discomfort (49.8 %), and headache (23.1%)<sup>29</sup>. In Aljouf University study, 212 respondents show that the most commonly reported complaint was neck pain due to smart devices and 251 of them had a headache.<sup>32</sup> Also, in the study done in Lahore, on prevalence of neck pain amongst under graduate students found out that 56.7% of the participants suffered from neck pain.<sup>33</sup> Similar result was reported in China

(40.0%), Thailand (62.3), and Las Vegas (84.6%) studies.<sup>34-36</sup> All the studies confirmed the relation between using mobile and neck pain and neck problems. The difference in rates could be due to the variety of socio-economic factors and geographic areas.

In the current study, most of the participants 63.9% reported rest as a method to deal with the symptoms, 27.9% reported exercises, and only 7.5% reported medications. While, in Majmaah study, massage and relaxation were the most reported (38.4 %) relieving way when having pain after using the smart devices, (27.9 %) correcting the head position, (7.9 %) placing warm water and going to the hospital (n = 10; 4.4 %).<sup>29</sup> The findings of the current study indicate the importance of increasing the knowledge regarding text neck syndrome as it is a cumulative stress injury and can be prevented through education.

Time constraints, the researcher finished the data collection within one month only and the nature of the study.

## CONCLUSION

Based on the findings of the researcher study, the following can be concluded: Technology development, the increasing number of smart devices, and the growing number of users of these devices cause an increasing in the number of patients of text neck syndrome. Most of the participants reported that they should minimize phone usage from health perspective. Two thirds of the participants didn't hear about text neck syndrome, indicating an adequate level of awareness. Excess texting on phone was the main cause of text neck syndrome. Less than fifth know about the preventive measures.

## REFERENCES

- Gustafsson E, Thomée S, Grimby-Ekman A, Hagberg M. Texting on mobile phones and musculoskeletal disorders in young adults: A five-year cohort study. *Appl Ergon.* 2017 Jan;58:208-214. doi: 10.1016/j.apergo.2016.06.012. Epub 2016 Jul 6.
- Hojun Yeom, a Juhun Lim, a Sung Hak Yoo, a and Woocheol Lee. A new posture-correcting system using a vector angle model for preventing forward head posture. *Biotechnol Biotechnol Equip.* 2014 Nov 14; 28(sup1): S6–S13.
- Xie Y, Szeto G, Dai J. Prevalence and risk factors associated with musculoskeletal complaints among users of mobile handheld devices: A systematic review. *Appl Ergon.* 2017 Mar;59(Pt A):132-142. doi: 10.1016/j.apergo.2016.08.020. Epub 2016 Sep 11.
- Cui A, Emery K, Beaudoin AS, Feng J, Côté JN. Sex-specific effects of sitting vs standing on upper body muscle activity during text typing. *Appl Ergon.* 2019 Sep 25;82:102957. doi: 10.1016/j.apergo.2019.102957. [Epub ahead of print]
- Damasceno GM, Ferreira AS, Nogueira LAC, Reis FJJ, Lara RW, Meziat-Filho N. Reliability of two pragmatic tools for assessing text neck. *J Body Mov Ther.* 2018 Oct;22(4):963-967. doi: 10.1016/j.jbmt.2018.01.007. Epub 2018 Feb 2.
- Abdulrahman Nasser Alzaid, Omar Abdulmohsen Alshadokhi, Abdulrahman Yousef Alnasyan et al. The Prevalence of Neck Pain and The Relationship Between Prolonged Use of Electronic Devices and Neck Pain IN: A Saudi Arabia, Cross- Sectional Study in Saudi Arabia. *The Egyptian Journal of Hospital Medicine.* January 2018; 70 (11):1992-1999.
- AlAbdulwahab SS, Kachanathu SJ and AlMotairi MS (2017): Smartphone use addiction can cause neck disability. *Musculoskeletal care*, 15:10-12.

- Nordicom, 2013. The Swedish media barometer. In: Carlsson, U. (Ed.), *Mediebarometern. Nordic Information Centre for Media and Communication Research, University of Gothenburg, Sweden* (In Swedish).
- Alhazmi, A., Alzahrani, S., Baig, M., Salawati, E. and Alkatheri, A. (2018). Prevalence and factors associated with smartphone addiction among medical students at King Abdulaziz University, Jeddah. *Pakistan Journal of Medical Sciences*, 34(4): 984-98.
- Berolo, S., Wells, R. and Amick, B. (2011). Musculoskeletal symptoms among mobile hand-held device users and their relationship to device use: A preliminary study in a Canadian university population. *Applied Ergonomics*, 42(2), pp.371-378.
- Abdel-Salam D. Prevalence of Internet addiction and its associated factors among female students at Jouf University, Saudi Arabia. *Journal of the Egyptian Public Health Association [Internet].* 2019 [cited 19 October 2019];94: 12(2090-262X).
- Alosaimi F, Alyahya H, Alshahwan H, Al Mahyijari N, Shaik S. Smartphone addiction among university students in Riyadh, Saudi Arabia. *Saudi Medical Journal.* 2016;37(6):675-683.
- Neupane S, Ali UI, Mathew A. Text Neck Syndrome-Systematic Review. *Imperial J Interdisciplinary Res.* 2017;3(7):141-8.
- Lin, Y.-H., Lin, Y.-C., Lee, Y.-H., Lin, P.-H., Lin, S.-H., Chang, L.-R., et al., 2015. Time distortion associated with smartphone addiction: identifying smartphone addiction via a mobile application (App). *J. Psychiatr. Res.* 65, 139e145.
- Guan, X., Fan, G., Wu, X., Zeng, Y., Su, H., Gu, G., et al., 2015. Photographic measurement of head and cervical posture when viewing mobile phone: a pilot study. *Eur. Spine J.* 24 (12), 2892e2898.
- Gustafsson, E., 2012. Ergonomic recommendations when texting on mobile phones. *Work* 41 (Suppl. 1), 5705e5706.
- Hansraj, K.K., 2014. Assessment of stresses in the cervical spine caused by posture and position of the head. *Surg. Technol. Int.* 25, 277e279.
- Hyeseon Han, Gwanseob Shin. Head flexion angle when web-browsing and texting using a smartphone while walking. *Applied Ergonomics.* 2019; 81: 102884
- Lee, S., Kang, H., Shin, G., 2015. Head flexion angle while using a smartphone. *Ergonomics* 58 (2), 220–226.
- Schabrun, S.M., van den Hoorn, W., Moorcroft, A., Greenland, C., Hodges, P.W., 2014. Texting and walking: strategies for postural control and implications for safety. *PLoSOne* 9 (1), e84312.
- Lee J, Song H. The Correlation Analysis between Hours of Smartphone Use And Neck Pain in the Gachon University Students. *The Acupuncture.* 2014;31(2):99-109.
- Kim H, Kim J. The relationship between smartphone use and subjective musculoskeletal symptoms and university students. *Journal of Physical Therapy Science.* 2015;27(3):575-579.
- Namwongsa S, Puntumetakul R, Neubert M, Boucaut R. Factors associated with neck disorders among university student smartphone users. *Work.* 2018;61(3):367-378.
- Kutty NAM. Text neck: a global epidemic of the modern era. *MOJ Yoga Physical Ther.* 2019;4(1):14-16. DOI:10.15406/mojpt.2019.04.00060
- Vate-U-Lan P. Neck Epidemic: a Growing Problem for Smart Phone Users in Thailand. *International Journal of the Computer, the Internet and Management (IJCIM).* 2016;23(3):55.1-55.6.

26. Samani P, Athavale N, Shyam A, Sancheti P. Awareness of text neck syndrome in young-adult population. *International Journal Of Community Medicine And Public Health*. 2018;5(8):3335.
27. Khattak S, Gul M, Kakar HA, Ullah G, Rahman M. Prevalence and awareness of text neck syndrome & addiction to smartphones in Doctor of Physical Therapy students of Peshawar. *Ann Allied Health Sci*. 2020; 6(1):32-37.
28. Aljomaa SS, Qudah MFA, Albursan IS, Bakhiet SF, Abduljabbar AS. Smartphone addiction among university students in the light of some variables. *Computers in Human Behavior*. 2016;61:155-64.
29. Medani KET, Ahmad MS, Sami W, et al. Perspective, awareness and behaviour towards text-neck among medical students of Majmaah university - a cross-sectional study. *J Evolution Med Dent Sci* 2021;10(05):294-298, DOI: 10.14260/ijemds/2021/65
30. Akshaya R and, Mohanraj KG. Knowledge, perception, and awareness of text neck syndrome among young adults South Indian population. *Drug Invention Today*. 2019; 12(9):1980-82
31. Kim HJ, Kim JS. The relationship between smartphone use and subjective musculoskeletal symptoms and university students. *J Physical Therapy Sci*. 2015;27(3):575-9
32. Bader KA, Santosh RP. Mobile phone head and neck pain syndrome: proposal of a new entity. *OHDM* 2015;14(5):313-7.
33. Malik A, Pasha MU, Khalid S, Ahmad A, Gilani SA. Prevalence of neck pain among Undergraduate students of Lahore. *Int J Scientific Engineering Res*. 2017;8(10):569-76.
34. Blair B, Gama M, Toberman M. Prevalence and risk factors for neck and shoulder musculoskeletal symptoms in users of touch-screen tablet computers. *UNLV Theses, Dissertations, Professional Papers, and Capstones, University Libraries*, 2015.
35. Shan Z, Deng G, Li J, et al. Correlational analysis of neck/shoulder pain and low back pain with the use of digital products, physical activity, and psychological status among adolescents in Shanghai. *PLoS One* 2013;8(10):e78109.
36. Vate-U-Lan P. Text neck epidemic: a growing problem for smart phone users in Thailand. *The Twelfth International Conference on eLearning for Knowledge-Based Society*, 2015 December 17.

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