Degenerative diseases on discs, ligaments, joints or muscles can originate very similar pain patterns on the neck, shoulder and upper limbs no matter which structures are involved. This occurs because of the close inter relationship between the segmental sub systems (dermatomes, sclerotomes and myotomes) and the ample recurrence of rami amongst spinal segments originated from the dorsal ramus. This anatomical configuration is characterized by irradiation of pain from a determined structure to contiguous areas apparently without any direct anatomical relationship. From the neck, the pain can spread to the head, shoulders, upper chest or upper limbs. Several authors have already described pain patterns according to the various spinal segments. Treatment protocols for pain on head, neck, shoulders, upper chest and upper limbs related acupoint patterns (acupoints) were developed by the crossing of data of cervical segmental innervation with pain locations and symptoms like muscle spasms, tendinopathies, enthesopathies and segmental spinal sensitization. This study proposes a classification for acupoints into three categories for the treatment of neck pain and its correlates according to the location of pain and segmental distribution of symptoms like local, regional and super-segmental.