

Physio In Practice

Cervical spine dysfunction

Cervical spine pain is a common ailment seen by health practitioners. Medically, this is often diagnosed by radiography and treated with anti-inflammatory medication. While medication assists in short term pain relief, symptom relief, and masking of pain, it does not address or treat the underlying causes of cervical spine dysfunction.



There is a variety of reasons for cervical spine pain apart from obvious trauma or a history of trauma. These include mainly postural or degenerative causes.

An increasing proportion of the population spend long periods sitting or in sustained positions. This occurs in both the work and social environment. It is in fact, creating an increase

in these types of conditions seen, specifically in the younger, more sedentary, population.

For short periods we can maintain good spinal posture, but sustained sedentary activity produces fatigue in the posture muscles and the spine loses the neutral balanced position. This can create upper cervical spine extension and chin protraction, and associated rigidity in the lower cervical and thoracic spine and soft tissue structures. This in conjunction with the fact that many people are not regularly engaging in strength/stretch/cardio-vascular exercise programs to combat this, can create significant long term damage to the spine and its surrounding structures.

During assessment, physiotherapists will often find abnormality of the curves of the spine and specific rigidity to groups of joints throughout the spine. There also may be hypermobile joints working in overdrive to 'take the load' off the joints too rigid to work effectively. This, in association with soft tissue tightness, has the ability to radiate symptoms



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distally and cause a range of other amplified effects. These clients can become very complex with a range of symptoms and signs to treat including headaches, vertigo, shoulder impingements, repetitive strain, referred pain, and neurological signs.

Physiotherapy can be very effective for both short and long term relief for cervical spine pain. Good results can be achieved in as little as two to three treatments, using a range of conservative modalities including muscle releases, mobilisations, acupuncture, electrical modalities, exercise, education and postural advice. Generally the longer the dysfunction has been present, the longer it will take to treat effectively with long-lasting results. Should the cause be postural and/or degenerative in nature, and there is episodic history, then follow up maintenance is vital for best care. Otherwise a return to normal activities will slowly return the rehabilitated spine back to its former dysfunctional state.

For the older or 'at-risk' clients, maintenance therapy treatments every four to six weeks will assist in keeping patients pain free and mobile. Like a tune up, this can assist by mobilising joints, unloading hypermobile joints, releasing tight muscles and revising or updating exercise programs. For the clients not compliant with home exercise programs, intermittent reviews are vital to maintain normal spinal movement and function. As the spine slowly stiffens with age and with repetitive poor posturing, physiotherapists and health professionals are seeing an ever-increasing number of cervical spine dysfunction patients through their clinics. Good assessment, education, treatment, follow ups and referral are vital for good management.

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