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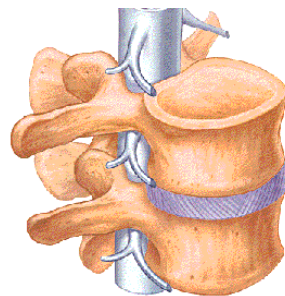
Cervical Radiculopathy

Pain felt in the arm may arise from a variety of structures, some of which are located in the neck (cervical spine). Compression or irritation of the nerve roots close to the spine can result in nerve symptoms felt down the arm, this is known as 'cervical radiculopathy', 'pinched nerve' or 'acute nerve root pain'.

How does it happen?

Nerves branching off from the spinal cord exit through spaces between the vertebrae in the neck and supply the skin and muscles of the shoulder, arm and hand. At the point of exit, they are called 'nerve roots' and irritation, traction or pressure at this point often causes a characteristic pattern of symptoms that correspond to the area supplied by those nerves.

The size of the space through which the nerve exits may be reduced due to any of a number of processes, resulting in pressure on the nerve root. These include; a prolapsed intervertebral disc, a dysfunctional or thickened arthritic facet joint, inflammation of a ligament or nerve sheath or bony growths (spurs).



Symptoms

This condition is characterised by moderate to severe pain anywhere down the arm often accompanied by altered sensations such as pins and needles or numbness or a feeling of heaviness or weakness. These symptoms may or may not occur in conjunction with neck pain or stiffness. Nerve pain often has a 'burning' or 'electrical' quality that is different to that caused by other musculoskeletal structures. Certain positions of the neck and affected arm will provoke or exacerbate pain as they either reduce the size of the space between vertebrae or place the nerve on stretch.

Management

Your physiotherapist will help you to find a position that is relatively comfortable, this corresponding to that which opens the space and takes pressure off the irritated nerve. You may also be advised to speak to a GP or Pharmacist regarding anti-inflammatories, muscle relaxants or pain-relieving medication. It may be that your posture interacts with your symptoms, particularly if you adopt a slumped or chin-forward position, this posture forces the cervical spine into extension placing the facet joints at their end of their range and closing down the space for the nerve roots. If this is the case your physiotherapist will advise as to some changes you can make in this regard.

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In the acute stage, reducing pressure in the irritated area is the primary concern. During this period, time off work is often necessary with time spent at home resting to allow healing to occur. Bending, lifting, driving and prolonged sitting all increase disc pressure and need to be decreased, or if possible avoided. Your physiotherapist will help you find the most comfortable position for you, sometimes a brace or taping for support is useful and

As you recover you should find that pain is not as intense, not as constant and/or does not extend as far down the arm. As you progress your physiotherapist will work towards improving the quality and range of your movements through mobilisation, massage, heat, specific exercises and positioning and advice as to appropriate activities for you. Finally, you will be set a program of exercises designed to improve the function of your deep neck muscles and core muscles in order to support the spine and help prevent the frequency and severity of recurrence.

What to expect

Generally the time taken to recovery depends on the severity of symptoms, this includes both their intensity and how far down the arm they have spread, and the amount of time you have had them. While severe pain that extends to the hand/fingers may take a period of 3-6 months to resolve, with appropriate rest from aggravating activities and treatment you should expect significant reduction in symptoms within 2-6 weeks. If your symptoms fail to respond as expected despite suitable activity levels and treatment you may be referred to an orthopaedic spinal specialist or neurosurgeon for an opinion regarding management or further investigation.

The reality regarding neck pain is that you can expect some degree of recurrence in the future. You can help to minimize the degree of impact that further episodes have by ensuring optimal core stability, maintaining range of motion and being aware of posture and safe lifting techniques.

Physiotherapy tips

1. Avoid prolonged sitting, lifting and forward bending, this may require time away from work.
2. Rest in the position recommended by your physiotherapist, apply ice or heat and take anti-inflammatories as directed.
3. Try to avoid spending too long in any one position, short periods of standing, lying and walking will help you to maintain flexibility.
4. Do your exercises gently and pain-free.

Differential diagnosis

- Disc prolapse
- Carpal Tunnel Syndrome
- Thoracic Outlet Syndrome
- Facet joint degeneration

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