About Your Condition

Cervical Disc Lesion

Your spine consists of 24 individual vertebrae stacked on top of each other. Flexible cushions called “discs” live between each set of vertebrae. A disc is made up of two basic components. The inner disc, called the “nucleus”, is like a ball of jelly about the size of a marble. This jelly is held in place by the outer part of the disc called the “annulus”, which is wrapped around the inner nucleus much like a ribbon wrapping around your finger. The term “cervical disc lesion” means that your disc has been damaged.

Disc lesions start when the outer fibers of the disc become strained or frayed. If enough fibers become frayed, this can create a weakness and when the disc is compressed, the outer fibers may “bulge” or “protrude” like a weak spot on an inner tube. If more fibers are damaged, the nucleus of the disc may “herniate” outward. Since the spinal cord and nerve roots live directly behind the disc, bulges that are accompanied by inflammation will likely create neck pain that radiates into your shoulder or arm. If the disc bulge is significant enough to cause compression of your nerve, you may also experience loss of your reflexes and weakness. Be sure to let our office know if you notice progressive weakness or numbness, hand clumsiness, any symptoms in your legs, any loss of bowel or bladder control, or fever.

Surprisingly, cervical disc bulges are present without any symptoms in over half of the adult population. The condition is slightly more common in men. Ninety percent of cervical disc problems occur at one of the two lower discs- C5/6 or C6/7. Certain occupations or activities may place you at a greater risk, especially if you spend extended periods of time sitting, driving or looking down. Improper sleep positions, frequent heavy lifting, and cigarette smoking may also increase your risk.

The condition is most common between the ages of 40 and 50, and is less common in children and seniors.

You should avoid “loading” your neck with activities like carrying objects on your head or diving into water. Researches have shown that disc bulges may be successfully managed with conservative care like the type we provide.

THINGS WE CAN DO TO HELP YOU

Here is a brief description of the treatments we may use to help manage your problem.

Spinal Manipulation

Your chiropractor has found joints in your body that are not moving freely. This can cause tightness and discomfort and can accelerate unwanted degeneration i.e. arthritis. Your chiropractor will apply a gentle force with their hands, or with hand held instruments, in order to restore motion to any “restricted” joints. Sometimes a specialized table will be used to assist with these safe and effective “adjustments”. Joint manipulation improves flexibility, relieves pain and helps maintain healthy joints.
**Therapy Modalities**
We may apply electrotherapy modalities that produce light electrical pulses transmitted through electrodes placed over your specific sites of concern. These comfortable modalities work to decrease your pain, limit inflammation and ease muscle spasm. Hot or cold packs are often used in conjunction, to enhance the effect of these modalities. Another available option is therapeutic ultrasound. Ultrasound pushes sound vibrations into tissues. When these vibrations reach your deep tissues, heat develops and unwanted waste products are dispersed.

**Myofascial Release**
Overworked muscles often become tight and develop knots or “trigger points”. Chronic tightness produces inflammation and swelling that ultimately leads to the formation of “adhesions” between tissues. Your chiropractor will apply pressure with their hands, or with specialized tools, in order to release muscle tightness and soft-tissue adhesions. This will help to improve your circulation, relieve pain and restore flexibility.

Your treatment will be most effective when scheduled at a rate of 3 times per week for 2 weeks. After this initial course of treatment we will reassess to make sure that you have met your initial treatment goal of at least 25% overall improvement. We will determine the need for any additional care after your reassessment.

**Workstation Ergonomics**
Ergonomics is the science of adjusting your workstation to minimize strain in the following ways:
- Maintain proper body position and alignment while sitting at your desk - Hips, knees and elbows at 90 degrees, shoulders relaxed, feet flat on floor or footrest.
- Wrists should not be bent while at the keyboard. Forearms and wrists should not be leaning on a hard edge.
- Use audio equipment that keeps you from bending your neck (i.e., Bluetooth, speakerphones, headsets).
- Monitors should be visible without leaning or straining and the top line of type should be 15 degrees below eye level. Use a lumbar roll for lower back support.
- Avoid sitting on anything that would create an imbalance or uneven pressure (like your wallet).
- Take a 10-second break every 20 minutes: Micro activities include: standing, walking, or moving your head in a “plus sign” fashion.
- Periodically, perform the “Brugger relief position” - Position your body at the chair’s edge, feet pointed outward. Weight should be on your legs and your abdomen should be relaxed. Tilt your pelvis forward, lift your sternum, arch your back, drop your arms, and roll out your palms while squeezing your shoulders together. Take a few deep cleansing breaths.
Pillow Selection
To avoid neck and upper back pain from improper neck support:
✓ Select a pillow that will hold your head in a neutral position while sleeping on your side or back.
✓ Avoid excessively thick or multiple pillows.
✓ Choose a fiberfill or feather/down pillow as these are usually better than foam.
✓ Consider a commercially available pillow that promotes good neck posture.

This is an optional field that allows you to add a custom message for your patient, i.e. Refrain from lifting greater than 10 pounds for the next 7 days.

EXERCISES AT HOME
The following exercises have been specifically selected to assist with your recovery and help minimize future problems. Exercises should be performed slowly and within a relatively comfortable range. Maintain good posture and breathe naturally. Do not hold your breath. Unless otherwise instructed, stop any exercises that cause pain, or radiating symptoms.

PHASE I
YTWL Scapular Depression
Stand with your straight arms raised above your head in a "Y" position. Squeeze your shoulder blades together and downward throughout the following sequence of movements. Lower your straightened arms to shoulder level, into a "T" position. Next bend your elbows so that your fingers are pointing straight up while slightly lowering your elbows to make a "W". Finally, while keeping your elbows bent 90 degrees, lower your arms to your sides so that your elbows are touching your ribs to form an "L" on each side and squeeze. Hold each position for 1-2 seconds and repeat 3 sets of 10 repetitions, twice per day or as directed.
**Cervical Retractions**

Sit or stand looking forward with good posture. Tuck your chin to create a double chin. Hold this position for 3-5 seconds. Return to the starting position. Focus your vision on a spot on the wall to avoid neck flexion or extension. To progress, place a finger on your chin, and apply backwards pressure at end range. Imagine that your head is on drawer slides. Keep your mouth closed.

Perform 1 set of 10 repetitions 3-10 times per day. Alternately, this exercise may be performed standing with your back against a wall. Your buttocks and shoulder blades should be in contact with the wall. Tuck your chin to make a “double chin” until the base of your skull contacts the wall, relax and repeat as directed.

**Deep Neck Flexion**

Lie on your back, with your head supported. Perform a “chin tuck” by retracting your head to create a double chin. Lift your head, bringing chin toward your chest without lifting shoulders as though you are looking at your toes. Hold this position for 3-4 seconds. Lower your head and relax. Keep your teeth apart during exercise to decrease straining at the jaw. Perform 1 set of 10 repetitions three times a day.

**Levator Stretch**

While sitting, grasp the seat of your chair with your left hand. Rotate your head toward the right and look downward toward the floor. Place your right hand over the top of your head and gently pull down and diagonally in the direction you are looking. Against the resistance of your hand, contract your neck in an attempt to push your head backward/diagonally from the direction you are looking for seven seconds. Relax and gently pull your head further toward the floor to increase the stretch. Lock into this new position, and make sure that you continue to keep your head rotated in the direction that you are pulling. Perform three contract/relax cycles on each side twice per day or as directed.

The following Phase II exercises will be started at a later date as you progress. Do not begin Phase II exercises until you are directed to do so by our office. You will continue your Phase I exercises until otherwise directed.