

## What's Causing the Pain in Your Neck?

*By: Charles J. Harvey, D.O., Blair Orthopedic Associates & Sports Medicine*

Just imagine that you and eight of your friends are sitting in a room; the room is very large and you are all comfortable.

Now imagine that each year the room becomes smaller on all four sides by one inch. Initially you may not notice the difference, but eventually you and your friends would start to be crowded towards the center of the room and at some point you would become extremely uncomfortable.

This is similar to the situation in our neck (cervical spine). As we get older, the room for the nerves in our neck becomes smaller because of a combination of factors - factors that could represent the walls in the room.



One of the walls could be represented by the cushion (called the intervertebral disc) between the bony segments (vertebrae) of your back. As these discs age and naturally bulge, they can press on the nerves in your neck (spinal nerves). Another one of the walls in our example could be our ligaments which hold the bones of the cervical spine together. As these ligaments become larger, they also push into the center of the room causing compression of our nerves.

This process occurs so slowly that we may not notice it until we begin to have pain or numbness into our arms. Sometimes the symptoms are more subtle and include difficulty in performing routine tasks with our hands, such as buttoning our shirts, or generalized weakness in our arms. We could become confused whether the weakness is part of the normal aging process or due to another abnormality. If the process becomes worse, we may notice that we have difficulty walking and may be tripping and falling more often. In some cases, people will notice that when they are driving and put their foot on the brake, their foot will bounce up and down on the brake repeatedly. This is called clonus and can be a sign of spinal cord compression.

If our cervical spinal cord becomes compressed over time due to a combination of arthritic change, enlarged ligaments (ligamentous hypertrophy) and disc bulging, we call this cervical spondylitic myelopathy (CSM).

Cervical spondylitic myelopathy can be diagnosed by a spinal physician after performing a thorough physical examination. The doctor will usually examine your reflexes, the strength in your upper and lower extremities, and check the range of motion of your cervical spine. Other problems such as multiple sclerosis and tumors of the spinal cord should be ruled out. An MRI is an important diagnostic tool for making the determination of whether or not a patient has CSM.

Most cases of CSM can be treated with physical therapy, neck traction and spinal injections; however, if the spinal cord is compressed to a certain degree, surgery may be necessary to remove the pressure off of the cervical spinal cord. The spinal cord is like a banana in that once

it is bruised the bruising may be permanent. Therefore, many surgical cases for cervical spondylitic myelopathy are performed to prevent further deterioration and not necessarily to return normal function.

If you are at an advanced age, have a history of neck arthritis and are noticing diffuse pain in your upper extremities, difficulty walking or loss of dexterity, notify your family physician and ask him or her to consider the diagnosis of cervical spondylitic myelopathy.

*Dr. Charles Harvey is a Board Certified and Fellowship Trained Orthopedic Surgeon with a focus on cervical and lumbar spine surgery and total joint replacement (arthroplasty). He is a Fellow of the American Osteopathic Academy of Orthopedic Surgery and member of the American Osteopathic Association.*