



the spinal column

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Dr. Issam Ayache - Abdul Aziz St - HSBC Bldng. 4th Floor - Hamra - Beirut - Lebanon
Phones: 01 / 747165 - 03 / 747165 - e.mail: issam@drayache.com - www.drayache.com

PAIN IN THE NECK !

From stiffness to aches, pains in the neck are all too common. No wonder: your neck is prone to injury from poor posture, years of abuse, wear and tear, even stress. Joints can be pushed out of alignment, and other structures can be stretched, distorted, or torn

The neck (cervical spine) is made up of the seven vertebrae of your spine. A healthy neck is strong, flexible, and pain free and the joints of these vertebrae are balanced and aligned with the natural curve. Your neck supports your head, protects your spinal cord and spinal nerves, and allows you to move your head in a variety of ways... The neck moves more than any part of the spine, and can move in three basic ways. Each of these movements has its own range of motion. The amount of motion that is normally possible .Most neck problems affects your range of motion some way. Some of the problems affecting the neck are:

Stiffness (Hypo mobility)... If you have

a stiff neck, you may also have pain and muscle spasm, and, headache, and referred pain to your face, shoulder, arm or hand. Stiffness can be caused by poor posture, muscle fatigue, tension from physical or emotional stress, and long hours in one position. Stiffness can come on suddenly, or you can accumulate fatigue and stress over many years. Left untreated stiffness may result in muscle tension headaches and eventually lead to degeneration of your joints (osteoarthritis)

Instability (Hyper mobility).... If your problem is instability, you may be feeling pain muscle spasm and the curious sensation of a wobbly neck. Instability is often

caused by whiplash injuries from a car accident. Your neck is hurled in one direction then another causing the ligaments and muscles and tendons of your neck to stretch too far or tear. , with neck pain and looseness ever since) Left untreated, instability can result in stiffness around your joints, referred pain, and headache and disc problems.

Degenerative joint disease... When the spine becomes misaligned or injured the vertebrae cannot move properly discs can become compressed and nerves may be irritated. As degeneration, progresses your discs lose their ability to cushion and your vertebrae can develop bone spurs. You may experience pain, stiffness,

headaches, and nagging neck aches (often worse in the morning). Joint degeneration is often the result of too much stress on the joints caused by poor posture, repeated movements, or new or old injuries. Left untreated joint problems can begin to affect your nerves and spinal cord.

Nerve Root problems...

With nerve root problems, the spinal nerves that pass through the vertebrae in your neck can become stretched, inflamed or pinched. You may experience sharp pain shooting down your arm(often triggered by turning your head) or tingling , weaknesses and numbness in your arm and hands. A nerve problem can be caused by a variety of joints and disc problems. Such as facets (joints) problems, a ruptured (herniated) disc. Or severe osteoarthritis left untreated further neck or nerve problems can develop.



The Rehabilitation of Low Back Pain: Bed Rest: Unadvisable for LBP What Works Best

Back pain is an extremely common condition; by most estimates, 80 percent of all people experience it at some point in their lives. Chronic low back pain is an especially common disorder. Evidence suggests that using rehabilitation techniques to treat low back pain patients is more effective than doing nothing. The question is, which types of rehabilitation work best?

In a trial, 212 people with chronic low back pain were assigned to one of four groups: active physical exercise, cognitive behavioral therapy, a combination of the two therapies, or no treatment. Patients undergoing active physical exercise rode a bicycle and performed back exercises to improve fitness levels and increase back strength, while patients used cognitive behavioral therapy to help them cope with the pain and overcome their reluctance to perform physical activities.

At the end of the trial, patients in all of the treatment groups saw an improvement in function and a reduction in pain levels compared to the group that received no treatment. In addition, the ability to perform certain physical tasks improved in patients who received active physical exercise or combined therapy, but not cognitive behavioral therapy.

While exercise and cognitive therapy appear effective in helping to rehabilitate people with low back pain, they are by no means the only therapies available. Your doctor of chiropractic can draw up a

treatment program that combines chiropractic adjustments with techniques to provide a safe, effective form of rehabilitation.



Considerable evidence in the past decade shows that bed rest has not been beneficial to patients suffering from low back pain (LBP). A recent review of trials comparing advice to rest in bed with advice to stay active for patients with LBP. Six trials compared bed rest with staying active for the management of LBP.

Results found that advice to rest in bed was clearly less effective than advice to stay active for patients with acute simple LBP. Evidence shows consistent differences in favor of staying active for pain and functional status at 3-4 weeks and 12 weeks follow-up, respectively. Additionally,

In patients with acute simple LBP, evidence shows that bed rest will increase length of sick leave in the first 12 weeks, compared to advice to stay active. For patients with sciatica, evidence shows that bed rest has little or no effect on pain and functional status, compared to staying active at 3-4 weeks and 12 weeks.

All in all, it appears that LBP sufferers should not count on bedrest to help decrease their recovery time or stave off pain. If you suffer from LBP, talk to your Doctor of Chiropractic about an appropriate treatment plan to include staying active.

