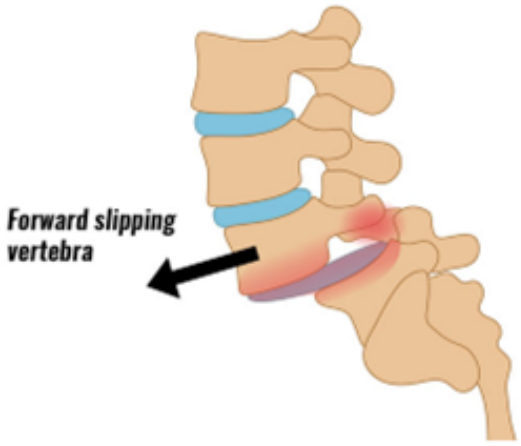
Spondylolisthesis

What is it?

Spondylolisthesis is the slippage or movement of one vertebra in your spine relative to the adjacent vertebrae. The degree of slippage of the vertebrae leads to the grading of the spondylolisthesis. Spondylolisthesis most commonly occurs in the lumbar (lower back), and the cervical (neck) vertebrae.

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Signs and symptoms include:

- Local mechanical back pain at the effected level of the spine.
- Pain will be exacerbated by either bending or extension of the back and relieved in the opposite direction, depending on whether the vertebra has slipped forward or backwards on its neighbour.
- In severe cases, there may be compression of the nerve at the effected level, resulting in pain radiating into the arms or legs.

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- Pain with direct palpation or pressure to the effected segment.
- Protective muscle spasm and reduced movement in the affected area.

Grading of Spondylolisthesis

Grade I = 1-25% of slippage
Grade II = Up to 50% of slippage
Grade III = Up to 75% of slippage

Risk Factors

Several risk factors for Spondylolisthesis have been identified and include:

- Participation in activities with high degrees of mobility and repetitive movement, including gymnastics and fast bowlers in cricket.
- Congenital deformity of the bone on formation.
- Poor core and limb strength resulting in degenerative changes from extended periods of overload.
- Males are more likely to develop Spondylolisthesis.
- Family history of spondylolisthesis.

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Diagnosis

Diagnosis of Spondylolisthesis in athletic populations is often more clear due to the obvious repetitive loading to the back, which generally triggers the symptoms. Degenerative spondylolisthesis is a progressive condition that in the early stage will mimic other mechanical back and neck pain and at times takes a little longer to diagnose. There will be fairly typical patterns of aggravation and relief. There may be a noticeable step deformity on palpating the spine, but generally the condition will be diagnosed and graded based on imaging.

Management

Management of a Spondylolisthesis is a multimodal approach and depends on the grading.

Grade I and II are typically managed conservatively, including:

- Education around the injury, management, and prognosis.
- Minimising trigger movements, such as lifting, bending, and sporting movements.

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- Medication may be provided by the doctor to reduce pain and inflammation if present.
- Heat can be beneficial to reduce pain.
- Immobilisation (depending on the severity).
- Strengthening of the core and limbs.
- Exercises to improve movement control in provocative directions.
- Stretch and mobility of tight structures.

Grade III and above of Spondylolisthesis typically warrant a review with an orthopaedic specialist for advice on best management.



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Stop putting up with back pain and reduced function. Book an appointment now with one of our experienced physios for a diagnosis and plan to get you back to your active best.

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