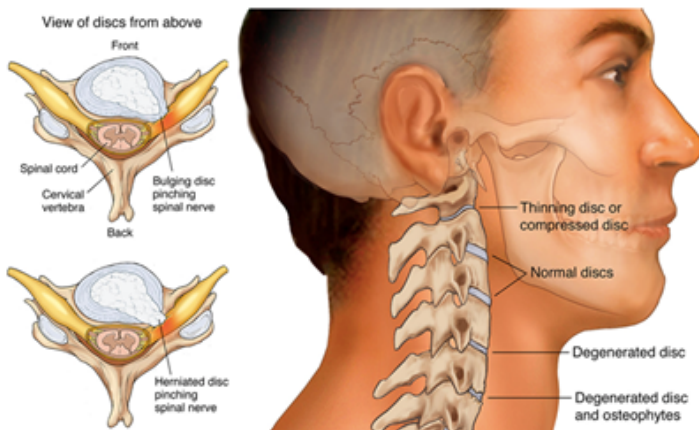


What is it?

The neck or cervical spine is made up of 7 bones or vertebrae with a disc between each. The disc is made up of tough outer layers of tissue known as the annulus and a soft jelly like substance in the middle. Due to the structure of the spine and the nature of the way we move, it is almost always the back part of the disc that becomes injured.



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Injury to the cervical disc will generally fall into one of the 3 following categories, increasing in severity:

- Annular Strain – where the back portion of the disc becomes inflamed due to sustained or repetitive bending of the neck, or with a sudden unexpected force on the back of the neck.
- Disc bulge – This tends to occur gradually over time, although the onset of symptoms may be quite sudden. Repetitive stress on the back of the annulus, results in stretch to the tissue, allowing the disc to bulge. Due to

the way we move, this almost always occurs backwards, towards the spinal cord and nerves.

- Disc herniation – With a chronically bulged disc, the annulus at the back can fail, allowing the jelly like substance within the disc to leak out, causing irritation to nerves and other surrounding tissue.



Symptoms will vary depending on severity of the injury, but include:

- Pain on one side or back of the neck.
- Painful restriction of movements of the neck, especially dropping the head forward.
- Muscle spasm in the neck and top of the shoulders.
- Difficulty with finding a comfortable position, and sleep deprivation.
- A disc bulge and disc herniation, commonly cause compression or irritation of the nerves from the neck into the arms, resulting in pain, pins and needles, numbness, or weakness in the arm.

Diagnosis

Diagnosis of a disc injury can generally be made in the clinic based on your history, symptoms and movement patterns. Where neurological symptoms are present, such as pain radiating down the arm, tests of neural mobility, reflexes and muscle strength will be undertaken.

Imaging is not required to diagnose a cervical disc injury but may be indicated in the suspicion of a severe disc injury or significant neural compression.

Management

Management of a disc injury will depend on the severity but typically includes:

- Manual therapy of the neck and surrounding structures to reduce muscle spasm and restore joint and neural mechanics.
- Heat, analgesic and anti-inflammatory medication are often useful in settling symptoms.
- Education around the injury and minimising trigger movements, such as repeated neck bending or slumped posture.
- Strength and mobility exercises of the neck, shoulder and upper back is typically a mainstay of treatment.
- A surgical consultant can be required for severe disc herniations, particularly in the presence of significant neural compression.



Book Now

Don't put up with pain and reduced function from a sore neck. Book an appointment today with one of our experienced physios for an accurate diagnosis of your issues and a plan to get you pain free and doing the things you love!