Cervical Spondylosis

Pain in the neck is common and may be a natural consequence of aging in people over 50. Like the rest of the body, bones in the neck (cervical spine) progressively degenerate as we grow older. Over time, arthritis of the neck (cervical spondylosis) may result from bony spurs and problems with ligaments and disks. The spinal canal may narrow (stenosis) and compress the spinal cord and nerves to the arms. Injuries can also cause spinal cord compression. The pain that results may range from mild discomfort to severe, crippling dysfunction.

Symptoms

- Cervical spondylosis can lead to chronic pain and stiffness in the neck that may also radiate to the upper extremities (radiculopathy).
- Neck pain and stiffness may be worse with upright activity.
- You may have numbness and weakness in the arms, hands and fingers, and trouble walking due to weakness in the legs.
- You may feel or hear grinding or popping in the neck when you move.
- Muscle spasms or headaches may originate in the neck.
- The condition can make you feel irritable and fatigued, disturb your sleep and impair your ability to work. See your doctor soon for diagnosis and treatment.

Doctor’s exam

Give the doctor your complete medical history. This can help him or her rule out other conditions that cause symptoms similar to cervical spondylosis. The doctor will examine you physically and may take X-rays or use other diagnostic imaging tests to see inside the body.

Medical history. Tell the doctor if you have any illnesses or chronic conditions. Describe the exact location of neck pain and when the problem began. What does the pain feel like? Have you ever injured your neck or been previously treated for neck pain?

Physical exam. The doctor may identify tender spots along the back of your neck and evaluate your ability to move the neck in various directions. He or she may test your reflexes and the function of nerves and muscles in the arms and legs. The doctor may want to watch you walk.

Imaging. X-rays and/or MRI (magnetic resonance imaging) studies may show bone spurs and other abnormalities and reveal the extent of damage to the cervical spine.

In certain cases, you may need additional tests before the doctor can make a diagnosis. Sometimes the doctor may want you to see a neurologist for evaluation.
Treatment

If you have cervical spondylosis, symptoms may last for several months or become chronic. Most of the time if symptoms are mild, the doctor may recommend a variety of non-surgical treatments. Rest, medication and physical therapy may take away most of your symptoms, but do not treat the underlying cause. The doctor may want to see you again to check if symptoms have gotten better, worse or stayed the same.

Rest. You may need to wear a soft cervical collar or neck brace to limit neck motion and relieve nerve irritation.

Medication. The doctor may prescribe non-steroidal anti-inflammatory medications (NSAIDs) or other non-narcotic pain relievers to relieve pain and reduce swelling.

Physical therapy. A cervical traction device, hot and cold therapy or active exercise program may help relieve symptoms. Exercises may include neck strengthening, neck and shoulder stretching and aerobic exercises. Gentle massage and improving your posture may also help.

Surgery. Surgery may be necessary if you have severe pain that does not improve with other treatments or progressive neurological symptoms. Surgery may remove bone spurs or disk material (decompression) and provide lasting relief.