

## **CERVICAL (NECK) DISC PAIN**

Symptoms that are the result of a herniated (slipped disc) or a bulging disc in the neck can vary widely. You may feel pain in the neck, in the upper back or shoulder, or have pain that radiates down your arm, even into your hand and fingers. Numbness, tingling or weakness of the arm or hand may be present and you may experience muscle spasms which are involuntary contractures or tightening of a muscle. Putting your hand or elevating the affected arm on top of your head may decrease the pain by relieving pressure on the nerve (called a positive Bakody test), and is usually indicative of a disc problem.

## **UNDERSTANDING A DISC HERNIATION OR BULGE**

Your neck is made up of seven moveable bones called vertebrae which support your skull and enables you to look up and down and rotate it from side to side. These vertebrae are separated by “discs” which help protect and cushion the joint and also help keep the neck flexible. Look at the disc like it is a tube of toothpaste. The tough outer coating of the disc is called the annulus fibrosis (the tube), and the gel on the inside of the disc is called the nucleus pulposus (the toothpaste gel). A herniated disc occurs when a crack, tear, or rupture occurs in the annulus (the tube), and the gel (toothpaste) squeezes out putting pressure on the nerve or spinal cord. With a disc bulge there is no tear or rupture in the annulus or tube, the gel remains contained within the tube, but extends out or swells causing pressure on the nerve or spinal cord.

## **TREATMENT**

Diagnosing a disc problem first begins with a detailed history and examination, and x-rays may be taken to assess the vertebrae (the bones) and joints for degenerative changes (osteoarthritis) or loss of disc height or slippage of one bone on another. A disc bulge or herniation cannot be diagnosed from an x-ray. An MRI, which shows soft tissue, is the preferred test for obtaining a detailed view of the disc and nerves. It is an expensive, preoperative test and conservative treatment should be the first option before surgery is even considered. Chiropractic treatment including light force manipulative therapy, electric stimulation, soft tissue release, exercise, ice, heat, acupuncture and Decompression Spinal Traction (which helps the gel to be reabsorbed back into the tube), in conjunction with pain and inflammation management by the patients medical doctor can be successful in over eighty percent of cervical pain cases. The course of treatment is usually from six to twelve weeks and the patient can resume normal activity. Surgical intervention should always be a last resort, and is necessary in less than ten percent of all cases. Consider Chiropractic first, see your Chiropractor for regular wellness/supportive care and stay on the road to optimum health.

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