

Understanding the degenerative cervical spine: implications for clinical practice and OMPT

Brian Swanson PT, DSc Rafael Ozdemirer

Cervical disc degeneration (CDD) is generally accepted to be a progressive, age-related occurrence that is frequently associated with neck pain and radiculopathy. Consistent with the majority of published clinical practice guidelines (CPG) for neck pain, the 2017 APTA Neck Pain CPG recommends cervical manipulation as an intervention to address chronic symptoms in the “Neck Pain With Mobility Deficits” category as well for individuals with “Chronic Neck Pain With Radiating Pain”. While CPGs are intended to help optimize care, these guidelines generally do not recommend or discuss specific manipulation techniques, with selection left to the practitioner’s discretion. From a biomechanical perspective, disc degeneration represents the loss of structural integrity/failure of the intervertebral disc. The sequelae of CDD include posterior neck pain, segmental hypermobility and/instability, radicular symptoms, myelopathic disturbance, and the potential for vascular compromise. In this session, we ask whether OMPTs are fully considering these mechanical, neurological, and vascular consequences of CDD? To help answer these questions, this session will review relevant information on the anatomy of the cervical disc, the mechanics of discogenic instability and changes to the intervertebral foramen, and the potential effects of spondylotic hypertrophy on the central spinal canal, spinal cord, and vertebral artery. The consequences of CDD will be discussed in the context of manual therapy, and suggestions offered for the clinician to incorporate the resulting biomechanical sequelae of CDD within the biopsychosocial model of manual therapy practice. Selected techniques will be presented and practiced in the accompanying hands-on lab session.

At the completion of this session, the participant will be able to:

- 1) Discuss the implications of degenerative pathology on the biomechanics of the cervical spine
- 2) Discuss the unique structural role of the cervical disc
- 3) Relate degenerative changes in the cervical spine to their associated presentations including neck pain, radiculopathy, and myelopathic symptoms
- 4) Apply examination techniques to identify dysfunctions resulting from cervical degenerative changes, including instability, radiculopathy, and myelopathy
- 5) Develop an evidence-informed treatment plan to treat impairments commonly found in individuals with degenerative cervical changes
- 6) Apply manual therapy techniques, including HVLA thrust, appropriate for individuals with degenerative cervical changes

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Brian Swanson PT, DSc is an Associate Professor, Chair of the Department of Rehabilitation Sciences, and Director of the Physical Therapy program at the University of Hartford. Dr. Swanson also serves as Director of the Certificate in Advanced Orthopedic Physical Therapy and co-director of the HHCNR-University of Hartford Orthopedic Residency program. An experienced clinician, he is a board-certified Orthopedic Clinical Specialist and Fellow of the American Academy of Orthopedic Manual Physical Therapists. Additionally, he maintains an active research agenda, and has authored multiple peer-

reviewed manuscripts on topics including orthopedic tests/measures, clinical decision making, and manual therapy.

Rafael Ozdemirer PT, DPT is a fellowship-trained orthopedic manual therapist. He is currently practicing at Connecticut Children's Sports Physical Therapy in Farmington and is an adjunct instructor in the Physical Therapy program at the University of Hartford.