**CERVICAL SPINE RADIOGRAPHS (72050)**: AP, open mouth, lateral, flexion and extension views are submitted.

**ALIGNMENT:**

AP View: Translation of the head left of midline by approximately 10-11 mm. Mild left tilt of the entire cervical spine extending to the T4-T5 level. No appreciable lateral convexity. No offset of the lateral masses.

Lateral View: Moderate anterior translation of the head. Gravity line of C2 is located anterior to the C7 body by approximately 4.2 cm. Marked generalized reduction of the normal lordotic curvature. Anterior subluxation of C4 by 2 mm. Retrolisthesis C5 by 2 mm.

Stress Views: On flexion, global range of motion is mildly restricted. Specifically, very limited motion at the atlantooccipital junction and C1-C2 and C2-C3 levels. Stress lines are abnormal and intersect closer to C4-C5. Anterior subluxation of C4 is unchanged. Retrolisthesis of C5 reduces to normal anatomic alignment compatible with translational hypermobility. However, there is anterior translation of C6 upon C7 by 2 mm compatible with translational hypermobility.

On extension, global range of motion is moderately restricted. Stress lines are abnormal and intersect closer to C5-C6 level. Anterior subluxation of C4 reduces to normal anatomic alignment compatible with translational hypermobility. Retrolisthesis of C5 is unchanged. Posterior translation C3 by 1-2 mm compatible with translational hypermobility.

**FINDINGS:**

BONE DENSITY: Bone density is within normal limits.

CRANIOVERTEBRAL JUNCTION: No significant developmental abnormality. ADI is within normal range. Dens is intact.

OSSEOUS STRUCTURES: Vertebral body height is maintained at the visualized levels. Posterior arches are intact. No acute fracture fracture or dislocation. No aggressive osteolytic or osteoblastic changes.

DISCOVERTEBRAL JOINTS: Advanced loss of disc height at C5-C6 and C6-C7 levels. Mild anterior and posterior spurring noted at both these levels. Remaining disc spaces are maintained.

UNCOVERTEBRAL JOINTS: Moderate to advanced bilateral uncovertebral arthrosis C5-C6 and C6-C7 levels. If indicated clinically oblique views would be useful to rule out foraminal stenosis.

FACET JOINTS: Mild to moderate bilateral facet arthrosis C3-C4 with moderate bilateral arthrosis C4-C5 and C5-C6 levels.

SOFT TISSUES: Mild calcific plaquing in the carotid vasculature bilaterally.

**IMPRESSIONS:**

1. Postural and biomechanical abnormalities. Multilevel limited motion compatible with muscle spasm and/or joint dysfunction. Multilevel translational hypermobility at C5 and C6 on flexion and at C3 and C4 on extension as described.

2. Disc degeneration: Advanced C5-C6 and C6-C7 levels.

3. Uncovertebral arthrosis: Moderate to advanced bilateral arthrosis C5-C6 and C6-C7.

4. Facet arthrosis: Mild to moderate bilateral C3-C4 moderate bilateral arthrosis C4-C5 and C5-C6 levels.

5. Atherosclerotic changes: Mild atherosclerotic changes in the carotid vasculature bilaterally.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on 12/18/2017 4:21 PM

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Dfr: 12/12/2017