

MYELOPATHY, RADICULOPATHY, and PERIPHERAL ENTRAPMENT SYNDROMES

Textbook by Dr. David H. Durrant and Dr. Jerome M. True



An Important Resource For Neurology and Spinecare Diagnosis



MYELOPATHY, RADICULOPATHY, and PERIPHERAL ENTRAPMENT SYNDROMES

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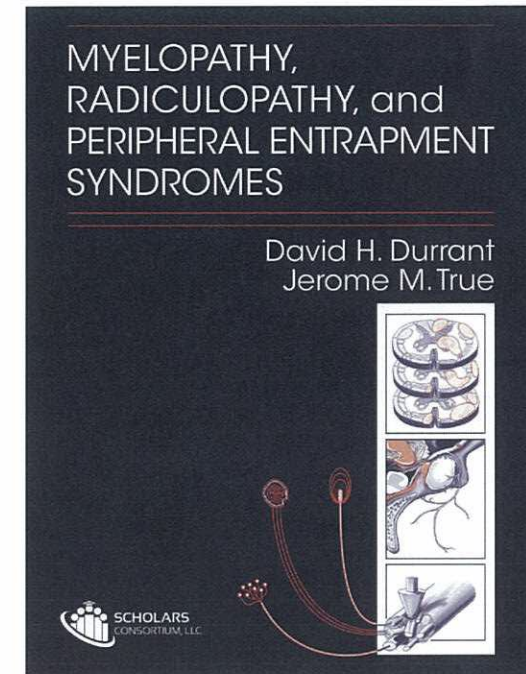
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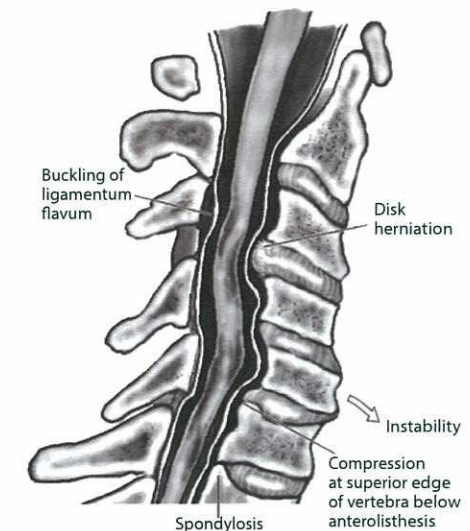
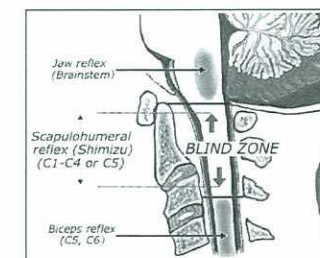
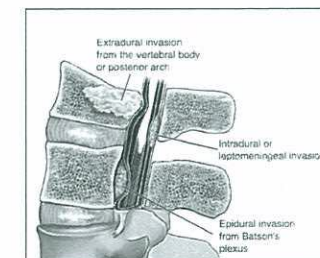
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Richly illustrated and easy to use, Myelopathy, Radiculopathy, and Peripheral Entrapment Syndromes presents comprehensive and up-to-date information about the etiology and clinical presentation of disorders involving the spinal cord, spinal nerve roots, and peripheral nerves.

Featuring:

- Over 400 concise images, graphics, and tables for quick reference
- Practical review of relevant anatomy, neurophysiology, and neuropathology
- Methods of clinical and advanced assessment
- Measures of therapeutic outcome
- Neuroimaging of relevant pathology
- Expanded differential diagnostic considerations
- Temporal patterns of disease progression
- Mechanisms and complications of neurological injury
- Time frames of neurological recovery



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- 6.10 Cervical Medullary Syndrome
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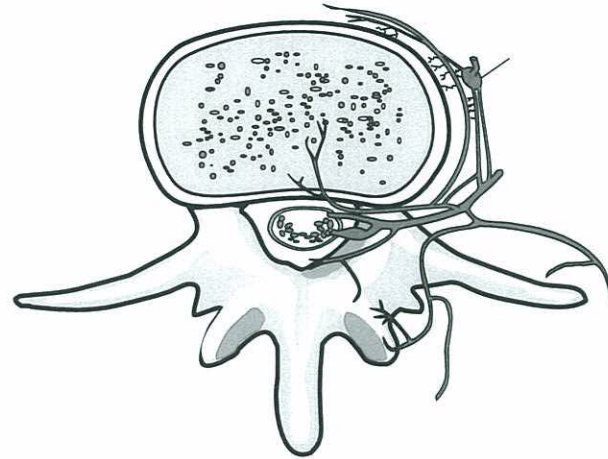
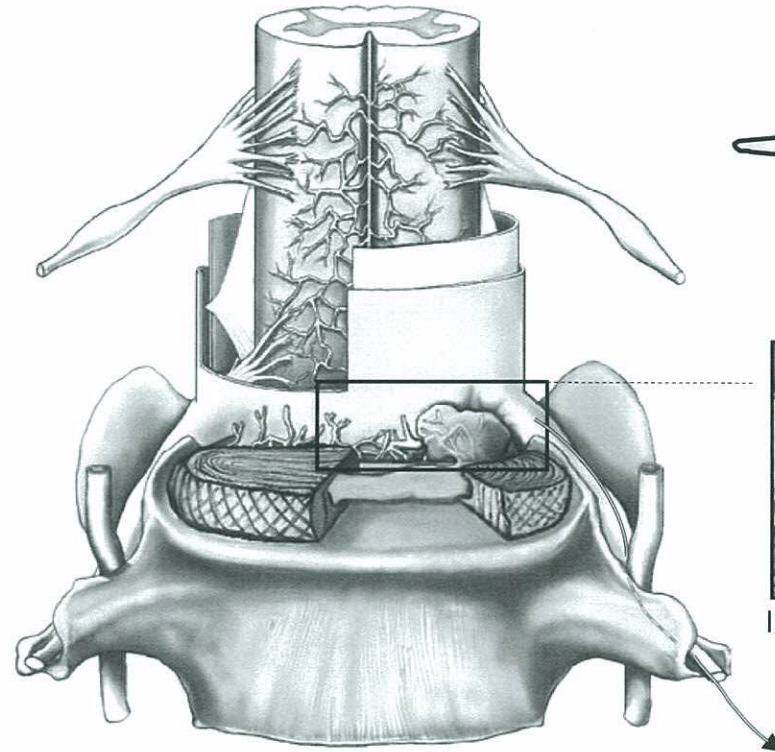
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This highly acclaimed neurology textbook is richly illustrated and practical. It contains over 400 concise graphics, illustrations, and tables to simplify the learning process and to serve as quick references for clinical practice.

The scope and organization of Myelopathy, Radiculopathy, and Peripheral Entrapment Syndromes makes it a valuable resource for healthcare providers at all stages of training and clinical practice.

DETAILED ILLUSTRATIONS

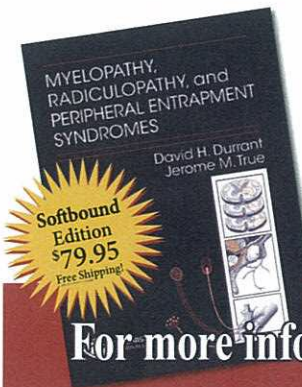


Internal vertebral venous plexus congestion
Reduced venous drainage through IVF

THIS TEXTBOOK SHOULD BE ON THE SHELF OF ALL HEALTH PROFESSIONALS

- Neurologists
- Neurosurgeons
- Radiologists
- Orthopedic Surgeons
- Psychiatrists
- Attorneys
- Chiropractic Physicians
- Exercise/Fitness Specialists
- Massage Therapists
- Nurse Specialists

This textbook is used by the American Academy of Spine Physicians (AASP) in continuing education courses eligible for advanced credentialing.

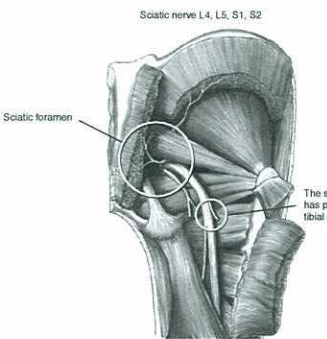


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PAGE EXAMPLES

TABLE 10.39
Lumbosacral Tunnel Syndrome (L5)

Clinical Signs and Symptoms	Possible Etiologies
Hypoesthesia in L5 dermatomal distribution	Marginal osteophytes at L5 and S1
Pain in L5 dermatomal distribution	Ligamentous thickening
Typically no weakness or muscle atrophy	Intrinsic and extrinsic neural tumors
Pain increases with walking	Sacral and lumbar pathomechanics
Sclerotomal pain in hip	Tumors of the sacrum, ilium, or spine



Etiologies

- Direct and indirect trauma
- Chronic repetitive trauma (welder sciatica)
- Inflammation of bursa, muscle or tendon
- Local ischemia
- Myofascial band between biceps femoris and adductor magnus
- Complications of hip surgery

Anatomical variations of the sciatic foramen

- 1) Sacrotuberous and sacrospinous ligament size and attachments
- 2) Suprapiriformis and infrapiriformis division relationship to sciatic nerve
- 3) Nerve courses through muscle belly




FIGURE 7.19B Preexisting intradiscal factors that increase the risk for complete annular failure during trauma. (Copyright J.M. True, D.C.)

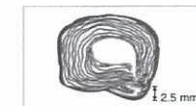


FIGURE 7.20 Radial tears of the annulus fibrosus are usually present when a disk bulge or protrusion exceeds more than 2.5 mm beyond the outer vertebral margin. (After Yu et al.)

7.8.2.2 Disk Protrusion (Herniation)

A disk herniation represents a rupture of nuclear material through a defect in the annulus, producing a focal extension of the disk or asymmetric, broad-based extension of the disk margin. The term *disk protrusion* is synonymous with the term *subannular contained nuclear herniation*. A portion of nuclear material may eccentrically migrate through compressed internal annular fibers without extending beyond the outer annular fibers. This produces an abrupt, asymmetric extension beyond the vertebral margin within the degree of gradual tapering typically observed with an annular bulge. The protruding subannular disk material often migrates in a caudal direction. Intervertebral disk herniations result in some degree of central canal or foraminal occlusion. Therefore, when thecal sac effacement is present, compression of the spinal venous plexus and sinuvertebral nerve is possible (Figures 7.21 and 7.22). Lateral disk herniation may compress the intervertebral venous plexus or segmental artery (Figure 7.23). These symptom-producing pathomechanisms should always be considered in rapid-onset disk herniations, with or without nerve root compression.

7.8.2.3 Disk Extrusion

The classification of an extruded disk is applied when portions of the nucleus pulposus fibrocartilage and end-plate cartilage have migrated through compressed outer

FIGURE 7.21 The sinuvertebral nerve is vulnerable to disk herniation due to its anterior position within the spinal canal. Sinuvertebral nerve compression may result in discogenic pain without spinal nerve root effacement. (Copyright J.M. True, D.C.)

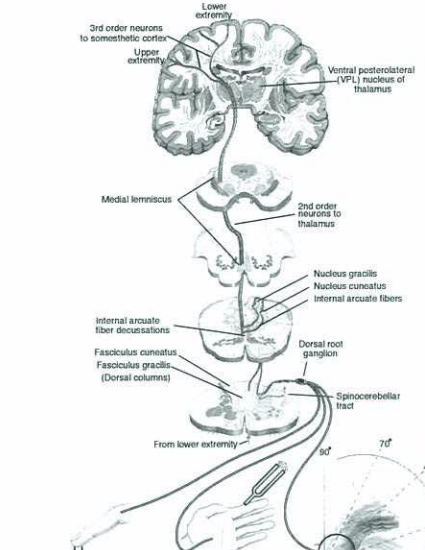


FIGURE 1.8 Dorsal column and medial lemniscus pathway. (Copyright J.M. True, D.C.)

REVIEWS AND TESTIMONIALS

“This text represents an extensive diagnostic guide for neurological disorders from the “neck down” to the extremities” ... The illustrations, tables, and related text are excellent. They are designed so that the practitioner can move easily through them to support daily diagnosis and to develop a treatment plan. The material covered in this landmark textbook should be part of the core curriculum for all doctors and health care professionals caring for the spine.

Warren J Hammer, DC, DABCO, Chiropractic Orthopedist

“I was rather taken by this book... very well written and will serve its intended audience well....Its emphasis upon strong diagnosis is well earned...a very fine addition to the literature.”

Dr. Dana J. Lawrence, Editor-in-Chief of Journal of Manipulative and Physiological Therapeutics

“The book by Drs. Durrant and True, **MYELOPATHY, RADICULOPATHY, AND PERIPHERAL ENTRAPMENT SYNDROMES**, is clearly written and well organized. The illustrations are nicely drawn and serve to illustrate the various points in an excellent manner. This book belongs on the bookshelf of those interested in the clinical or basic neurosciences. I give the book a strong recommendation.”

George J. Dohrmann, M.D., Ph.D., Neurosurgeon at the University of Chicago and Council Member of the American Academy of Spine Physicians

“This will be one of those books you keep close at hand in the reference section of your library....This text offers you an overwhelming amount of current clinically related neurological information. This book is definitely not a casual read, do not take it to the beach....Overall well worth the price, these authors took a very difficult topic and presented in a superior fashion.

Dr. Jeffrey Kintish, President of Clinical Charts Company