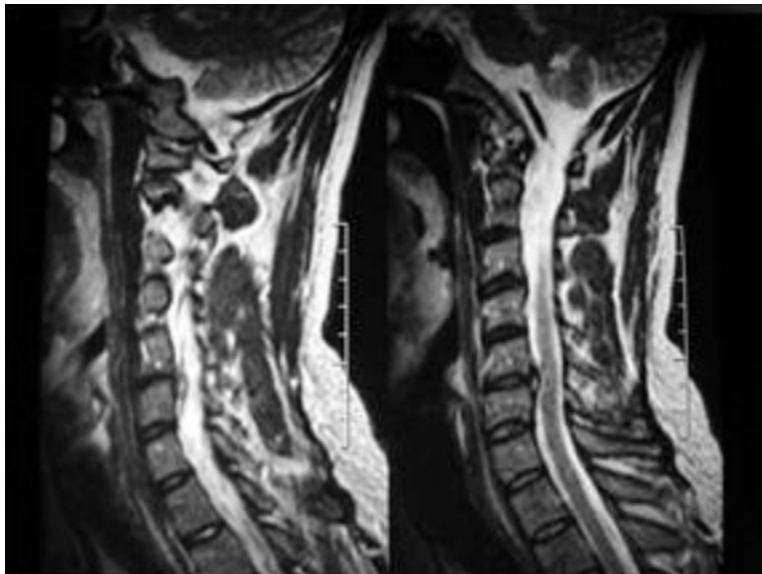


Cervical disc herniation is a common cause of neck and upper body pain. Pain may feel dull or sharp in the neck, between the shoulder blades, and may radiate (travel) downward into the arms, hands and fingers. Sensations of numbness and tingling are typical symptoms, and some patients report muscle spasms. Certain positions and movement can aggravate and intensify pain.



The above images are lateral MRIs of a disc herniation in the cervical spine, specifically at C5-C6. The herniation is pressing into the spinal canal.

In some patients, a cervical herniated disc can cause spinal cord compression where disc material pushes on the spinal cord. This is a much more serious condition and may require a more aggressive treatment plan. Spinal cord compression symptoms include awkward or stumbling gait, difficulty with fine motor skills in the hands and arms, and tingling or “shock” type feelings down the torso or into the legs.

Several factors increase the risk for disc herniation:

1. Lifestyle choices such as tobacco use, lack of regular exercise, and inadequate nutrition substantially contribute to poor disc health.
2. As the body ages, natural biochemical changes cause intervertebral discs to gradually dry out, affecting disc strength and resiliency.
3. Poor posture combined with the habitual use of incorrect body mechanics can place additional stress on the cervical spine.

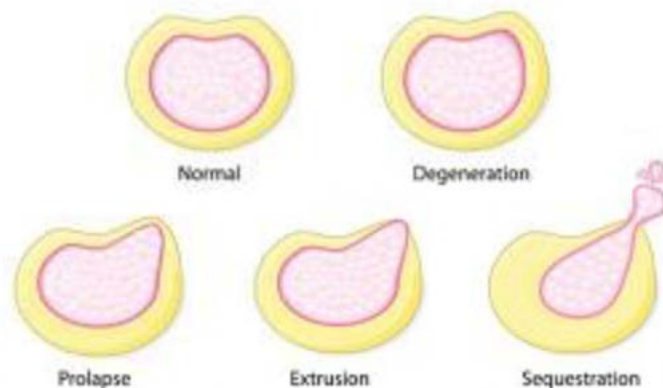
Combine these factors with the effects from daily wear and tear, injury, incorrect lifting, or twisting, and it is easy to understand why a disc may herniate. A disc herniation may develop suddenly or gradually over weeks or months.

Stages of a Cervical Herniated Disc

The 4 stages to a cervical herniated disc are:

1. *Disc Degeneration*: Chemical changes associated with aging cause intervertebral discs to weaken, but without a herniation. This is part of the aging process discussed above, and it can cause the disc to dry out, making it less able to absorb the shock from your movements. It can also become thinner in this stage.
2. *Prolapse*: The form or position of the disc changes with some slight impingement into the spinal canal or spinal nerves. This stage is also called a bulging disc or protruding disc.
3. *Extrusion*: The gel-like nucleus pulposus (inner part of the intervertebral disc) breaks through the tire-like wall (annulus fibrosus) but remains within the disc.
4. *Sequestration or Sequestered Disc*: The nucleus pulposus breaks through the annulus fibrosus and can move outside the intervertebral disc and into the spinal canal.

STAGES TO A DISC HERNIATION



Non-surgical Treatment Options

Not all patients require neck surgery. Often, within 4 to 6 weeks most patients find non-surgical treatments relieve pain and symptoms. Be optimistic about your treatment plan.

Medications may include a non-steroidal anti-inflammatory drug to reduce swelling, muscle relaxant to ease spasms, and/or a pain reliever.

Physical therapy may include cold and heat treatment, gentle massage, and stretching.

Surgical Treatment Options

Cervical spine surgery may be recommended if pain and symptoms progressively worsen despite nonoperative therapies. If the herniated disc is compressing the spinal cord (i.e., myelopathy), surgery may be necessary.

Can a cervical herniated disc be prevented?

Aging is inevitable, but lifestyle changes can help prevent cervical disc disease. Practice good posture and body mechanics, maintain a healthy body weight, get regular exercise, and don't smoke.

Read more about cervical disc herniation at spineuniverse.com