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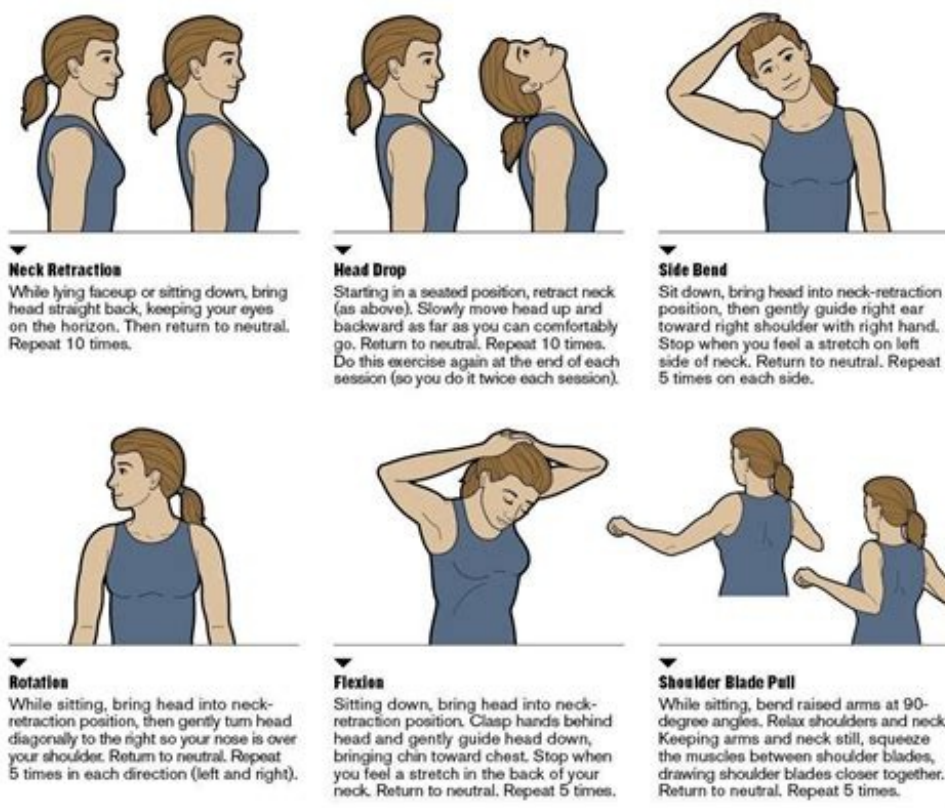
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Assessment and Correction of Cervical Muscle Dysfunction



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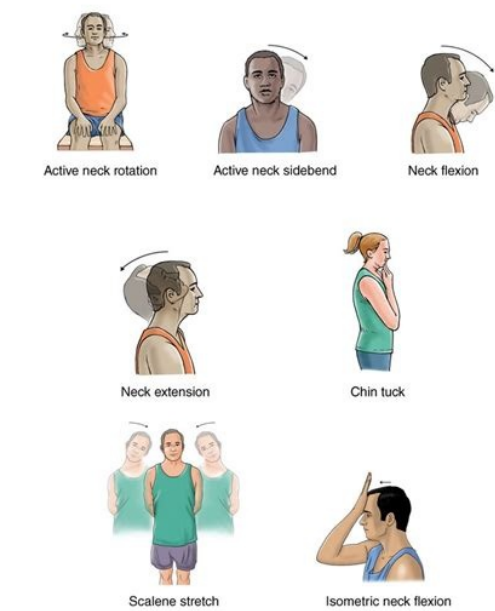
» THE PROGRAM



Print Email Spine Rehabilitation Exercises To ensure that this program is safe and effective for you, it should be performed under your doctor's supervision. Talk to your doctor or physical therapist about which exercises will best help you meet your rehabilitation goals. After an injury or surgery, an exercise conditioning program can help you return to daily activities and enjoy a more active, healthy lifestyle. Following a well-structured conditioning program can also help you return to sports and other recreational activities. Click to view and download this [handout](#). **Spine Conditioning Program** To ensure that this program is safe and effective for you, it should be performed under your doctor's supervision. Talk to your doctor or physical therapist about which exercises will best help you meet your rehabilitation goals.

After an injury or surgery, an exercise conditioning program can help you return to daily activities and enjoy a more active, healthy lifestyle. Following a well-structured conditioning program can also help you return to sports and other recreational activities. Strength: Strengthening the muscles that support your spine will help keep your back and upper body stable. Keeping these muscles strong can relieve back pain and prevent further injury. Flexibility: Stretching the muscles that you strengthen is important for restoring range of motion and preventing injury. Gently stretching after strengthening exercises can help reduce muscle soreness and keep your muscles long and flexible. Target Muscles: The muscle groups targeted in this conditioning program include: Cervical spine (neck) External oblique rotators (side and lower back) Trapezius (neck and upper back) Internal oblique rotators (side and lower back) Latissimus dorsi (side and middle back) Piriformis (buttocks) Back extensors and erector spinae Gluteus maximus (buttocks) (middle and lower back) Gluteus medius (buttocks) Quadratus lumborum (lower back) Hamstrings (back of thigh) Abdominals Length of program: This spine conditioning program should be continued for 4 to 6 weeks, unless otherwise specified by your doctor or physical therapist. After your recovery, these exercises can be continued as a maintenance program for lifelong protection and health of your spine.

Performing the exercises 2 to 3 days a week will maintain strength and range of motion in your back. Warm up: Before doing the following exercises, warm up with 5 to 10 minutes of low impact activity, like walking or riding a stationary bicycle. Stretch: After the warm-up, do the stretching exercises shown on Page 1 before moving on to the strengthening exercises. When you have completed the strengthening exercises, repeat the stretching exercises to end the program. Do not ignore pain: You should not feel pain during an exercise.



to your doctor or physical therapist if you have any pain while exercising. Ask questions: If you are not sure how to do an exercise, or how often to do it, contact your doctor or physical therapist. Repetitions 3 sets of 3Days per week Daily Main muscles worked: Cervical spine muscles, trapeziusYou should feel this stretch all around your neck and into your upper back Equipment needed: None Step-by-step directions Sit in a chair or stand with your weight evenly distributed on both feet. Gently bring your chin toward your chest. Roll your head to the right and turn so that your ear is over your shoulder (1). Hold for 5 seconds. Gently roll your head back toward your chest and to the left. Turn your head so that your ear is over your left shoulder (2). Hold for 5 seconds. Slowly roll your head back and in a clockwise circle three times (3). Reverse directions and slow roll your head in a counterclockwise circle three times (4). Tip Do not shrug your shoulders up during this exercise. Repetitions 10Days per week Daily Main muscles worked: Quadratus lumborum, erector spinaeYou should feel this stretch in your lower back and your abdominals Equipment needed: None Step-by-step directions Begin on your hands and knees with your shoulders positioned over your hands. Rock forward onto your arms, round your shoulders and allow your low back to drop toward the floor. Hold for 5

Tip: Lie down on the floor to keep your neck in alignment with your spine. Repetitions 2 set of 4days per week Daily Main muscles worked: Piriformis, external oblique rotator internal oblique rotators You should feel this stretch in your buttocks, as well as at your sides Equipment needed: None Step-by-step directions Sit on the floor with both legs straight out in front of you. Cross one leg over the other. Slowly twist toward your bent leg, putting your hand behind you for support. Place your opposite arm on the side of your bent thigh and use it to help you twist further. Look over your shoulder and hold the stretch for 30 seconds.



Slowly come back to center. Repeat on the other side. Repeat the entire sequence 4 times. 1. **Rip Sit** Sit up tall and keep your sit bones pressed into the floor throughout the stretch. Repetitions 10 each side Days per week Daily Main muscles worked: Hamstrings, extensor muscles, erector spinae You should feel this stretch in the back of your thighs and into your lower and middle back Equipment needed: None Step-by-step directions Sit on the floor with one leg extended to the side and the other leg bent. Keep your back straight and bend from your hips toward the foot of your straight leg. Reach your hands toward your toes and hold for 5 seconds. Slowly round your spine and bring your hands to your shin or ankle. Bring your head down as close to your knee as possible. Hold for 30 seconds and then relax for 30 seconds. Repeat on the other side. Repeat the sequence 10 times. Tip Keep your extended leg straight as you bring your head down. Repetitions 3 sets of 10 Days per week Daily Main muscles worked: Quadratus lumborum You should feel this stretch in your lower back, as well as in the front of your hip and inner thigh Equipment needed: None Step-by-step directions Lie on your back on the floor. Lift one leg and bring your knee toward your chest. Grasp your knee or shin and pull your leg in as far as it will go. Tighten your abdominals and press your spine to the floor. Hold for 5 seconds.



Repeat on the other side, then pull both legs in together. Repeat the sequence 10 times. Tip Keep your spine aligned to the floor throughout the sequence. Repetitions 5Days per week Daily Main muscles worked: Back extensors, erector spinae, gluteal musclesYou should feel this exercise in your lower back and into your buttocks Equipment needed: None Step-by-step directions Begin on your hands and knees with your shoulders positioned over your hands and your hips directly over your knees. Tighten your abdominal muscles and raise one arm straight out to shoulder-height and level with your body. Hold until you feel balanced. Slowly lift and extend the opposite leg straight out from your hip.

Tighten the muscles in your buttocks and thigh, and hold this position for 15 seconds. Slowly return to the start position and repeat with the opposite arm and leg. Tip Keep your stomach muscles tight and your back flat to stay balanced. Repetitions 5Days per week Daily Main muscles worked: Back extensors, erector spinae, quadratus lumborum, abdominalsYou should feel this exercise in your middle to lower back, abdominals, and gluteal muscles Equipment needed: None Step-by-step directions Lie on your stomach with your forearms on the floor and your elbows directly below your shoulders. Tighten your abdominal muscles and lift your hips off of the floor. Squeeze your gluteal muscles and lift your knees off of the floor. Keep your body straight and hold for 30 seconds. If you cannot hold this position, bring your knees back to the floor and hold with just your hips lifted. Slowly return to the start position and rest 30 seconds. Repeat. Tip Do not let your pelvis sag toward the floor. Keep your stomach muscles tight. Repetitions 5Days per week Daily Main muscles worked: Quadratus lumborum, external oblique rotators, internal oblique rotators You should feel this exercise in your lower back, waist, and abdominals Equipment needed: None Step-by-step directions Lie on your side on the floor with your bottom leg slightly bent and top leg straight. Your elbow should be directly under your shoulder with your forearm extended on the floor in front of you. Tighten your abdominal muscles and raise your hip off of the floor. If you can, straighten your bottom leg and lift your knee off of the floor as shown. Keep your body straight and hold this position for 15 seconds. Slowly return to the start position and repeat on the other side. Tip Keep neck in alignment with your spine and do not shrug your shoulder up to your ear. Do not let your elbow fall behind your body; keep it directly under your shoulder. Repetitions 5Days per week Daily Main muscles worked: Lower back extensor, erector spinae, gluteal muscles, hamstringsYou should feel this exercise in your lower back, buttocks, and back of your thigh Equipment needed: None Step-by-step directions Lie on your back on the floor with your arms at your sides, your knees bent, and your feet flat on the floor. Tighten your abdominal and gluteal muscles and lift your pelvis so that your body is in a straight line from your shoulders to your knees. Hold this position for 15 seconds. Slowly return to the start position and repeat. Tip Center your weight over your shoulder blades. Do not tense up in your neck. Repetitions 5Days per week Daily Main muscles worked: AbdominalsYou should feel this exercise in your stomach muscles Equipment needed: None Step-by-step directions Lie on your back on the floor with your knees bent and arms at your sides. Tighten your abdominal muscles so that your stomach pulls away from your waistband (toward the floor). Hold this position for 15 seconds. Tip Flatten your lower back into the floor. Repetitions 2 sets of 10Days per week Daily Main muscles worked: AbdominalsYou should feel this exercise in your stomach muscles Equipment needed: None Step-by-step directions Lie on your back on the floor with your knees bent and hands at the back of your head with your elbows open wide. Tighten your abdominal muscles and lift your head and shoulder blades off of the floor. Keep your back flat to the floor and hold for 2 seconds. Slowly lower and repeat. Tip Relax your neck and do not pull on your head with your hands. In most cases, treatment for cervical spondylosis is nonsurgical. Nonsurgical treatment options include: Physical therapy. Physical therapy is usually the first nonsurgical treatment that your doctor will recommend. Specific exercises can help relieve pain, as well as strengthen and stretch weakened or strained muscles. In some cases, physical therapy may include posture therapy or the use of traction to gently stretch the joints and muscles of your neck. Physical therapy programs vary in length, but generally last from 6 to 8 weeks. Typically, sessions are scheduled 2 to 3 times per week. Medications. During the first phase of treatment, your doctor may prescribe several medications to be used together to address both pain and inflammation. Acetaminophen. Mild pain is often relieved with acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs). Often prescribed with acetaminophen, NSAIDs such as aspirin, ibuprofen, and naproxen are considered first-line medications for neck pain. They relieve both pain and swelling and may be prescribed for a number of weeks, depending on your specific symptoms. Other types of pain medication can be considered if you have serious contraindications to NSAIDs or if your pain is not well controlled. Oral corticosteroids. A short course of oral corticosteroids can help relieve pain by reducing inflammation. Muscle relaxants. Medications such as cyclobenzaprine or carisoprodol can be used to treat painful muscle spasms. Soft cervical collar. This is a padded ring that wraps around the neck and is held in place with velcro. Your doctor may advise you to wear a soft cervical collar to limit neck motion and allow the muscles in your neck to rest. A soft collar should only be worn for a short period of time since long-term wear may decrease the strength of the muscles in your neck. Ice, heat, and other modalities. Your doctor may recommend careful use of ice, heat, massage, and other local therapies to help relieve symptoms. Steroid-based injections. Many patients find short-term pain relief from steroid injections. The most common procedures for neck pain include: Cervical epidural block. In this procedure, steroid and anesthetic medicine is injected into the space next to the covering of the spinal cord (epidural space). This procedure is typically used for neck and/or arm pain that may be due to a cervical disk herniation, also known as radiculopathy or a pinched nerve. Cervical facet joint block. In this procedure, steroid and anesthetic medicine is injected into the capsule of the facet joint. The facet joints are located in the back of the neck and provide stability and movement. These joints can develop arthritic changes that may contribute to neck pain. Medial branch block and radiofrequency ablation. This procedure is used in some cases of chronic neck pain. It can be used to both diagnose and treat a painful joint. During the diagnosis portion of the procedure, the nerve that supplies the facet joint is blocked with a local anesthetic. If your pain is relieved, then your doctor may have pinpointed the source of your neck pain. The next step option may be to block the pain more permanently. This is done by damaging the nerves that supply the joint with a burning technique — a procedure called radiofrequency ablation. Pain relief from an ablation typically lasts for several months. If the nerve regenerates, however, pain can return. Although less invasive than surgery, steroid-based injections are prescribed only after a complete evaluation by your doctor. Your doctor will talk with you about the risks and benefits of steroid-based injections for your specific condition. Surgery is not commonly recommended for cervical spondylosis and neck pain unless your doctor determines that: A spinal nerve is being pinched by a herniated disk or bone (cervical radiculopathy), or Your spinal cord is being compressed (cervical spondylotic myelopathy) Patients who have progressive neurologic symptoms, such as arm weakness, numbness, unsteadiness while walking, or falling, are more likely to be helped by surgery. Sometimes, surgery may be recommended if you have severe neck pain (without nerve compression) that has not been relieved by nonsurgical treatment. However, some patients with severe neck pain will not be candidates for surgery. This may be due to the widespread nature of their arthritis, other medical problems, or other causes for their pain, such as fibromyalgia.