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Editorial Note on Spine Research-Spondylosis

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Spondylosis is a type of arthritis spurred by wear and tear to the spine. It happens when discs and joints degenerate, when bone spurs grow on the vertebrae, or both. These changes can impair the spine's movement and affect the nerves and other functions. Cervical spondylosis is the most common type of progressive disorder that affects the neck during aging.

Spondylosis happens when the discs and joints of the spine degenerate with age. The spine helps give the body structure and supports most of its weight. It also carries and protects almost all of the main nerve branches that run from the brain. The spine curved, not straight, and the cervical, thoracic, and lumbar parts of the spine contain 24 bones known as vertebrae. Between these vertebrae are joints that allow the spine to move flexibly. A vertebral compression fracture results from bone collapsing in the spine.

Risk factors

Daily wear and tear over time is the general cause of spondylosis. These changes affect people differently, depending on each individual's risk factors. Risk factors include:

- having a genetic tendency
- having obesity or being overweight
- having a sedentary lifestyle with a lack of exercise
- having injured the spine or undergone spinal surgery
- smoking

Symptoms can include weakness and tingling in the limbs. Most people with age-related spondylosis do not experience any symptoms. Some people have symptoms for a while, but then they go away.

Sometimes, a sudden movement can trigger symptoms. More severe symptoms include:

- a grinding or popping feeling when moving the spine
- weakness in the hands or legs
- poor coordination
- muscle spasms and pain

Complications

Spinal stenosis: This is a narrowing of the canal that carries the spinal cord nerves. Symptoms include pain in the neck or back that may extend down the leg, problems with the feet, and numbness or weakness. Cervical radiculopathy changes in a disc or the bone can cause nerves in the spine to become pinched, leading to shooting pain, numbness, and hypersensitivity.

Treatment

If a person experiences pain, they can try the following:

- Over-the-counter pain relief medication: Nonsteroidal antiinflammatory drugs (NSAIDs), such as ibuprofen, may help.
- Keeping physically active: Low-impact exercise, such as swimming or walking, can help with maintaining flexibility and strengthening the muscles that support the spine.
- Improving posture: Slouching, for example, can make the pain worse.
- Physical therapy: A physical therapist may suggest specific exercises or massage.
- Back support: A person may need to choose a chair or mattress that supports their back better.
- Rest during periods of inflammation: When symptoms are troublesome, try resting for a while.

Surgery

A doctor will only suggest surgery if symptoms are severe and persistent and if no other treatment has helped. A person might need surgery if pinched nerves result in serious numbness, weakness, or loss of bowel or bladder control, and if the damage is likely to get worse without surgery. The type of surgery will depend on the problem and its location. This is far less invasive than open surgery. According to the American Association of Neurological Surgeons, minimally invasive spinal surgery involves fewer risks, because:

- The incision is smaller.
- There is less blood loss during surgery.
- There is less chance of muscle damage.
- Recovery is faster.
- A doctor can use a local anesthetic.