Back and Neck Pain

Whether it's a simple ache or a consistent pain, when your back starts feeling out of place, even mundane day to day tasks can feel exhausting because pain can become excruciating. In the same way, when we experience neck pain, we quickly become uncomfortable. Because these two areas hold so much responsibility and are key to controlling how our body functions as a whole, it is vital that we are able to keep these two parts of our body functioning and feeling the way they should.

There are two types of pain that can be experienced in these two specific areas, they are acute and chronic back and/or neck pain. With acute pain, the pain usually starts abruptly and is quite intense, however though more extreme, this type of pain may be only be present for a few weeks. Whereas with chronic pain, it may linger and last anywhere from weeks, months to even years. This type of pain is usually continuous, though it can also come and go.

With so many possible factors, it is hard to say what exactly cause neck and/or back pain. Usually it is a variety of causes that result in neck or back pain. Some of these causes include simply over exerting or using these two areas, repeatedly lifting heavy objects, a previous injury, natural break down of the vertebrae due to aging, unhealthy eating, lack of exercise and much more.

When trying to determine what back pain feels like, it's been described as a piercing pain either in one specific region or in a large area of the back; numb or tingling sensation in the legs; stiff spots, pain that goes from your back to your buttocks and ends just under the knee. In more severe cases, there could even be a loss of bladder control.

Because back and neck pain could be a result of many different things, it is important that you visit a doctor to rule out any possible major conditions such as a tumor, abdominal problems or an infection.

To diagnose your case, a doctor will perform an exam and will more than likely want to order X-rays or possibly an MRI to view the spine and neck vertebrae to ensure that the tendons and tissues are all healthy and intact. If the doctor supposes arthritis may be present and causing the pain, a blood test might be done to confirm it.

Once the doctor is able to diagnose what is causing the back or neck pain, different options of treatment may be suggested. If it is acute pain, simple lifestyle changes such as more rest, healthier eating and consistent exercise could aid in decreasing the pain. Other methods may include, cold or hot compresses, braces or acupuncture. If the pain is chronic, and treatments such as those previously mentioned do not help, a doctor may suggest looking into surgery.

Depending on the causes and if there are other preexisting conditions, different types of surgery may be suggested, as well as rehabilitation program. When it comes to back

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and neck pain, it can be debilitating at times, causing every day activities and tasks to be dreaded. The quicker a doctor can diagnose the source of the pain, the sooner the pain can be treated, and normal life actions will be enjoyable again.

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Cervical radiculopathy (nerve-root compression)

You have just been diagnosed with cervical radiculopathy. In other words, you have a pinched nerve. When a nerve root becomes compressed, the nerve essentially is pinched, causing it to not only result in pain, but an individual may also experience a loss of sensation in the area where the nerve runs. The nerves that are usually affected are the seven vertebrae that are located in the neck.

Like many conditions in the spine, cervical radiculopathy usually happens naturally as we age. Though many may assume that only adults or those who are 45+ will experience cervical radiculopathy, that assumption is not always true. It is more common in adults; however, young teens may experience cervical radiculopathy as well. When occurring in older adults, cervical radiculopathy is usually a result of conditions such as arthritis or spondylosis. If a degenerative condition is present, bone spurs may begin to form in attempts to strengthen the weak bones. Because of these bone spurs, the spine begins to stiffen.

If an individual has cervical radiculopathy when younger, it is more likely a result of an abrupt injury which led to a slipped or herniated disc. When discs slip, they can also put pressure on the nerve roots resulting in this kind of pain. Another cause of cervical radiculopathy could be a forceful trauma that has previously occurred in the neck or back.

When trying to determine if you are experiencing cervical radiculopathy, the most common symptom to look for is pain in the arm, neck, upper back, shoulders or chest. If pain is felt in any one, or all of these areas, more than likely it is due to cervical radiculopathy. Other less noticeable symptoms include numbness in the hands or fingers, muscle weakness or becoming less coordinated, mainly with your hands.

Once pain is noticed and a visit to the doctor has been decided on, a doctor will want to examine and review your medical history. Not only will your neck and back be looked at, but the doctor will also want to possibly check out your hands, arms and shoulders to test strength, sensations and reflexes.

Depending on what has caused the pinched nerve, most cases of cervical radiculopathy can be treated with simple pain medications, steroids, or physical therapy. Most times, the nerve will get better on its own over time, going away as quickly as just a few days to a few weeks. However, it can last for a few weeks, depending on the severity of the pinched nerve.

X-rays will more than likely be done to view your bones and see if there are any other conditions present, as well as look at the alignment of the spine and neck vertebrae. In addition, CT scans or an MRI may be performed to view any possible bone spurs or herniated discs. Another possible test that may be done is an electromyography, also known as an EMG. This test will check the electrical impulses of your muscles, both during movement and when at rest. Understanding and ensuring there are no other

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factors at play when concerning the nerves can be crucial to diagnosing and ridding the patient of the neck or back pain.

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Degenerative disc disease

Without discs, your spine could not properly function. The discs act as a cushion in between your vertebrae. Each disc has two parts to it; a strong, tough outside layer and then a soft, jellylike inside. On the outside, nerves can be found, while on the inside are proteins. However, as time goes on, the discs in your spine begin to wear down; they can become dehydrated and brittle which causes them to break.

In reality, almost everyone's discs will experience regular wear and tear as they age. This natural process which results in pain in your spinal area is known as degenerative disc disease. Some people may not notice any pain as the discs begin to break down, others though may experience an uncomfortable pain. Though the word disease is in the name, it is known as more of a condition rather than an actual disease.

Aside from dehydrating and drying out like a contact does, discs can also crack. When discs crack, this is referred to as a slipped or herniated disc. This kind of disc can cause other issues to arise due to its effect on nerves that are close by.

Unfortunately, once a disc is damaged or has broken, it is unable to repair itself and assistance will be needed.

Aside from natural break down, every day activities such as playing sports while growing up can lead to degenerative disc disease. In the same way, any type of injuries involving the neck, back or spine can cause this condition, too. If you've been told you have degenerated disc disease, then you have probably experienced one or more of these symptoms: pain in your lower back, buttocks or thighs, pain that may last a few days, or pain that lasts a few months; you may feel a stronger sense of discomfort or pain when you are sitting, or when you twist or bend a certain way, but are able to find relief when you stand or walk around; the pain goes away or lessens when you switch positions or lay flat. One of the most common symptoms is a pain that seems constant in either your neck or your back, depending on where the broken disc is located. Some numbness or tingling in the arms and legs may also be felt.

To determine whether or not you have degenerative disc disease, the doctor will do a physical exam and also want to review your medical history. An MRI will more than likely be done to see how severe the damage to the discs are, but other tests will probably be performed as well to confirm that it is degenerative disc disease and not another condition or issue in the spine.

If confirmed, treatments may include acupuncture, a back brace or over the counter pain medication. If the case is severe, the doctor may require you to look into the option of replacing the disc(s) through surgery.

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Herniated discs

If you didn't know, the spinal column is made up of 24 separate vertebras. It is our spinal column that allows our back and neck to move in the ways that it does to perform our daily tasks. In between the adjoining vertebrae, are cushion like discs. These discs work to lessen any friction that might occur, as well as assist in the movement of the vertebrae. Because these discs need to stay well hydrated in order to serve their purpose, if they begin to dehydrate over time, they are more likely to break or deteriorate, this results in what is called a herniated disc.

When this happens, and a person develops a herniated disc, pressure is then put on the spine or directly on a nerve, resulting in pain.

Though the most common cause of a herniated disc is simply just aging, there are several other causes that can lead to a herniated disc. These possible causes include, trauma on the spine, lack of exercise and regular unhealthy eating, smoking tobacco or extended periods of sitting or lifting heavy objects on a regular basis. If your family has a history of herniated discs, genetics can also play a factor.

So just how do you know if you have a herniated disc? Well, it can be tricky sometimes to know. Sometimes there will be no symptoms, while with other cases, a person may experience excruciating pain in their back or neck that may go all the way down through their arm or leg, making it hard to walk at times, or they may feel as if their muscles are weak.

Because there are several regions in the spine, a herniated disc can happen in the thoracic, cervical or lumbar region. However, it is most common for a herniated disc to happen in either the lumbar or cervical regions. You may be wondering why, it's simple. The lower back and neck tend to be what we depend on to support a good portion of our body weight. These two areas are also extremely flexible. Overtime, these two areas cab begin to wear and tear, resulting in the herniated disc. Depending on what region the disc is located could determine what kind of pain you feel; this pain could range from the lower back, neck and legs to even your stomach.

When visiting a doctor, the doctor will check your back to see how and where it is tender at. Movement of your legs will be checked as well as your reflexes and muscle strength. After diagnosing a patient with a herniated disc, an X-ray and/or MRI will be ordered. The X-ray will be used to make sure that there are no other conditions or issues in the back or neck, while the MRI will be performed to see where and what your discs look like.

Very few who are diagnosed with a herniated disc require surgery. For most, simple treatments such as pain relievers, physical therapy and muscle relaxers will get the job done.

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Myelopathy (spinal cord injury or inflammation)

Anything involving the spinal cord is a cause for concern, but if dealing with myelopathy, the concern may be more serious than expected. If left untreated, myelopathy can be a detrimental condition causing permanent damage on the nerves which could lead to not only paralysis, but even possibly death.

Myelopathy is a condition which describes any neurologic symptoms that could affect the spinal cord. As with many conditions and diseases involving the spinal area, compression on the nerves and cord could result in myelopathy. This compression could come from piercing trauma, deformities in the spine or a slipped disk in the cervical spine. In other cases, though not as common, infectious, vascular, nutritional, idiopathic or inflammatory disorders could be the cause of myelopathy. Even still, sometimes myelopathy forms due to cysts or tumors. Other causes of myelopathy include rheumatoid arthritis or previous injuries on or around the spine.

Regarding symptoms, a person may notice several abnormal signs, but not be certain what is causing the symptoms. These signs could include anything from grip strength, bowel or bladder function, balance, walking or even a person's fine motor skills. All of these could be a sign of myelopathy. In addition, an individual may also notice pain or changes in their senses in their arms and/or legs. Other signs could be a stiff neck, a tingling sensation in the hands, fingers or arms or weakness in your arms or shoulders. Examples of these symptoms would be tripping or stumbling while walking, not being able to button your pants, you may not even be able to tell when you need to urinate, much less be able to control holding your bladder. Because these are all regular day to day actions, if you notice any or all of these symptoms, it is important to consult with a doctor immediately. The sooner the doctor is able to diagnose a person with myelopathy, the sooner they will be able to relieve the spinal cord of whatever pressure may be on it.

To diagnose an individual with myelopathy, a doctor will order an MRI and do a routine checkup of the legs, arms, neck and back. Upon receiving the results of the MRI, a doctor will be able to determine the progression of the myelopathy, as well as whether or not the patient needs certain types of surgeries due to different factors such as if a slipped disc is the cause or if a previous injury is the cause. Based on what is causing the myelopathy, a doctor may choose different treatment plans.

For some cases, a doctor may recommend physical therapy, a cervical collar to wear around the neck to provide the neck rest, or simply prescribe medication, while with others, they may deem it necessary to perform a surgery. Because of where the spinal cord is located and the purpose and control the nerves have over the body, surgeries can be dangerous in this area at times. However, in many cases surgery is performed.

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Osteoporosis (loss of bone mass)

If you believe your bones are breaking ridiculously easy, it may be time to visit the doctor to check for osteoporosis. This bone weakening disease may lead to fractures that happen when doing the littlest of things such as a cough or sneeze.

When looking at a healthy and normal bone, you will see little spaces. However, when osteoporosis sets in, these spaces become larger, causing the bones to become thin and weak, resulting in the bones fracturing or breaking very easily. Though it can happen in any bone, the most common area of bones to develop osteoporosis, and then to experience a fracture or break, are the hips, ribs, wrists and spine.

Unfortunately, if you have osteoporosis you will probably not even be aware of it until you break or fracture a bone. There are very few symptoms to warn or tell you that you have developed osteoporosis, but a couple that could be warning signs are receding gums, brittle nails, a curved or abnormal back frame, or shortened height, and a weaker grip. If there have been others in your family who have a history of osteoporosis, making your doctor aware of that fact could help to evaluate your risks of having it or later developing it.

Though it is most often seen in people above the age of 45, osteoporosis has been known to occur more in women than in men, and it is usually after a woman has gone through menopause, starting as early as age 35. This disease is not an uncommon one, as more than 53 million people in the United States are either at high risk for developing it at some point in their life or already have it.

Other factors that could put an individual at risk are cigarette smoking, certain medications, low body weight, a lack of vitamin D or calcium, little exercise, excessive amounts of alcohol, arthritis or simply genetics.

When dealing with osteoporosis simple things such as bending a certain way or even just walking could result in a bone break or fracture, that is why it is important to get checked out immediately if fractures are occurring easily or if you suspect you may have osteoporosis. Once a doctor has diagnosed a person with the disease, he/she may also order X-rays as well as other tests to check the bone’s density to confirm it is in fact osteoporosis.

Once confirmed, treatments for osteoporosis include a healthy diet and plenty of exercise on a regular basis, an adequate intake of both calcium and vitamin D, and stopping the intake of alcohol or smoking cigarettes. Depending on the how severe the individual’s condition is, the doctor may also prescribe medication.

If you have experienced one of these medical conditions, cancer, asthma, lupus, or an eating disorder, or if you have taken a steroid medication previously as a treatment for one of these or a similar condition, you are more likely to develop or may possibly already have osteoporosis.

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Sciatica (compression or irritation of a sciatic nerve)

Did you know the sciatica is not only the longest, but the widest nerve in the human body? Running practically throughout your entire body, the sciatica nerve starts in the lower back and moves all the way through the buttocks, down the legs and then stops just under the knee.

When pain begins to be felt on this nerve, this pain is referred to as sciatica. Because this word describes a pain, it is not actually a disorder or condition, but more of a symptom pointing towards another issue that is occurring with the sciatic nerve. Pain on the sciatic nerve can be mild or severe and often times is confused with just simple back pain.

For many, the cause of experiencing sciatica is due to a slipped disk, but anything that causes irritation to the nerve could result in sciatica. Along with pain, if a person is experiencing sciatica, they may also have a numb or tingling feeling along the area where the nerve is located, or in their feet or toes. Because of the location of the nerve, pain could also be felt in the buttocks and down the backs of the legs. If sitting for long periods of time, the pain or tingling sensation may increase.

Since sciatica is a symptom and not a condition, a few different conditions that could result in sciatica are spondylolisthesis, lumbar spinal stenosis, tumors throughout the spine, infections or previous injuries on the spine. Though very rare, there is a more serious ailment known as cauda equina syndrome, that can irritate the nerves in the lower area of the spinal cord. If cauda equina syndrome is the cause, then seeing a doctor as quickly as possible is necessary.

There are two types of sciatica, acute and chronic. With acute sciatica, simple fixes such as over the counter painkillers, stretching, walking or even just switching back and forth between a hot and cold compress can diminish the pain. With Chronic sciatica, medical assistance may be needed along with self-care. A couple of options that might be offered by a doctor are physical therapy or cognitive behavioral therapy. If these options result with little to no relief, surgeries such as lumbar laminectomy or a discectomy, may be suggested.

When looking at possible risk factors, sciatica normally occurs in individuals who are in there 30 to 40’s who participate in little to no physical activity. Another risk factor is jobs that may require a person to be involved in heavy lifting for extended periods of time.

Though back pain is very common for women during pregnancy, most pain is not sciatica. The back pain that is confused for sciatica is actually pain resulting from hormones that have formed due to being pregnant. These hormones force a woman’s ligaments to stretch, resulting in pain in the back for many women.

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After being diagnosed with sciatica, most sciatica pain will leave on its own within about 4-8 weeks. If it does not and the individual has made lifestyle changes to attempt to decrease the pain, then more evaluations may be necessary to see if surgery is needed.

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Scoliosis (abnormal spinal curvature)

If you turn to the side and your back, rather your spine, appears to look like an “S” or a “C,” then it is time to check if scoliosis may be the reason. A normal spine should look like a nice, straight “I.” However, if there appears to be come curves, it is likely that you have scoliosis.

Simply put, scoliosis is a disease in which the spine curves in an irregular way. These curves are a result from the bones twisting against and with each other, forming the “C” or “S” shape.

Unfortunately, scoliosis is around two times more likely to occur in girls than boys. Typically, scoliosis will form during the first seven years of a child’s life, however, it can form during the teenage and adult years, too.

There are a variety of factors to take into consideration when trying to pinpoint what causes scoliosis. To name just a few possible causes of scoliosis, spine deformities that are either existent at birth or those formed from other conditions, cerebral palsy, genetic conditions, muscular dystrophy, tumors and more. Though there are many possible causes, roughly 80% of those diagnosed with scoliosis have no identified cause. Scoliosis can be hereditary, meaning if an individual has developed scoliosis, their chances of having children who will also have scoliosis is much more likely. As to whether the scoliosis will be as severe, there has not been a correlation made to determine that theory.

When diagnosing scoliosis, there are four possible types that an individual could have. These four types are degenerative, congenital, adolescent idiopathic and neuromuscular. Degenerative scoliosis is common in older adults, as this type usually occurs due to aging, when the spine weakens, and arthritis sets in. Congenital scoliosis forms while a child is still in utero, normally between the third to sixth weeks. In this type, the spine curves because of abnormal formations in the vertebras. The most known and common type of scoliosis is adolescent idiopathic. This type of scoliosis often forms during the early childhood to early teen years, when children go through growth spurts. This type specifically is what is seen in more girls than boys. The fourth kind of scoliosis is neuromuscular. This type of scoliosis happens as a result of children developing conditions such as cerebral palsy, muscular dystrophies and other spinal problems.

There are many symptoms that you can be on the lookout for when trying to determine if you or someone you know may have have scoliosis. Some of these symptoms include, a raised hip, leaning body (to one side), waist or rib cages appear to be at different heights than the opposite sides, or your shoulders seem to be uneven with each other. If any or all of these symptoms are present, there is a good chance that a form of scoliosis may be the problem.

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After evaluating the symptoms, a doctor may perform an exam which includes X-rays, possible CT scans, MRI's and/or a spinal radiograph. The angle at which your spine curves will be measured, and the doctor will determine whether it is a normal curve or a curve for concern. Depending on factors such as age, angle of curve and other things, treatment may vary, but a common form of treatment is usually a back brace. If the case is more extreme, surgery may be required to correct the scoliosis.

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Spinal stenosis (narrowing of the spinal canal)

Imagine your spinal canal slowly narrowing as you age, leaving little to no room for your spinal cord and your nerves. As the canal narrows, your spinal cord and nerves are squeezed tightly, like a boa constrictor preparing its prey. This very process can and does happen. Referred to in the medical field as spinal stenosis, this condition occurs in the neck and lower back, also known as the cervical and lumbar spine.

Though it is possible to have more than one type of stenosis, there are two main types of spinal stenosis; cervical and lumbar. As you might guess, cervical stenosis means it occurs in the neck, while lumbar stenosis means it occurs in the lower back. Cervical stenosis can become a serious condition as it could lead to the body becoming tremendously weak, which sometimes results in paralysis. Someone with cervical stenosis has the possibility of experiencing compression on the spinal cord. Depending on how severe the compression is, surgery may be required in order to deal with the stenosis.

Lumbar stenosis may cause an individual to experience pain in their legs when walking but find relief when sitting. Because of this symptom, lumbar stenosis may look similar to vascular insufficiency. To determine which condition it is, the person's blood flow will be checked.

As with many spinal conditions, a person dealing with stenosis may or may not experience, much less notice, symptoms. Symptoms can also vary depending on whether the stenosis is in the neck or lower back. Some common symptoms to be aware of with both cervical and lumbar stenosis include, numbness, tingling, leg/buttocks pain and weak muscles.

More specifically, with cervical stenosis, a person may feel pain or tingling in an arm, hand, foot, leg or neck. They may also struggle with balance or simply walking. In more extreme cases, a person could also face problems with bowel or bladder dysfunctions.

With lumbar stenosis, numbness or pain may be felt in the foot, leg or lower back. The person may also experience cramping in a leg, if not both, when walking, or after standing for an extended period of time, but then feeling relief when sitting down or bending.

There is a third type of stenosis, known as thoracic. This form is not common, however can still occur. When discussing the thoracic area, this part of the spine involves the middle to upper area. These vertebrae are attached to the ribs. Because little movement occurs in this area, the chances of developing this kind of stenosis is much less common.

Though most cases of spinal stenosis are simply a result of the spine simply deteriorating as a person ages, there are some cases in which a person is born with a type of stenosis.

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A person may be aware of their stenosis due to a previous CT scan or even an MRI, however they may not ever notice any other symptoms. Once the pain or tingling begins to occur, it usually only increases as time goes on, and will differ depending on if the stenosis is in the back or neck, as well as what specific nerves are being impacted.

A few causes of stenosis or factors that could contribute, could include any of the following: herniated discs, tumors, thickened ligaments, spinal injuries, scoliosis, genetic diseases, or overgrowth.

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Spondylolisthesis (slipped vertebra)

If simple tasks around the house such as bending down to pick up a few objects, or if standing and walking has become a dreaded activity to do because of pain, then it may be time to visit a doctor to see if spondylolisthesis is the culprit.

Spondylolisthesis is a condition that occurs in the lower back when a vertebra has slipped out of place in the spine. Due to this slipping, the said vertebra could put pressure on a nerve resulting in an intense pain in either the neck or back, sometimes even in the legs, depending on which vertebra has slipped.

The three most common types of spondylolisthesis are congenital, isthmic and degenerative. With congenital, a person was most likely born with a type of unusual bone formation. Because of this, the vertebrae are not in the normal alignment. This odd formation increases the risk of a person's vertebrae slipping, resulting in spondylolisthesis. Isthmic spondylolisthesis is actually the effect of the initial spondylolisthesis; small stress breaks in the vertebrae begin to occur. These breaks, or fractures then lead to the vertebrae slipping because the bones have become so weak due to the spondylolisthesis. Of the three, degenerative spondylolisthesis is the most common type. As people begin to age, the discs located between the vertebral bones start to weaken, becoming less like a cushion and more like a hazard. These discs are no longer able to prevent the vertebrae from moving, which results in a slip.

Though these are the three most known forms, there are three others that can occur, traumatic, pathological and post-surgical. Traumatic spondylolisthesis occurs when an individual has experienced a type of injury that then leads to a vertebra slipping. Pathological can happen when a person has had a tumor, previous disease or infection which has caused the spine to weaken, then resulting in spondylolisthesis. Post-surgical spondylolisthesis is simply that; if you've already had a slip or noticed slipping, then undergo a spinal surgery and experience a move severe form of spondylolisthesis, this type would fall under post-surgical.

Though the most common age range to see symptoms of spondylolisthesis is near or after the age of 40, teenagers may begin to experience spondylolisthesis due to their peak times of growth, resulting in back pain that is really spondylolisthesis.

For many, symptoms of spondylolisthesis may seem nonexistent. Usually the first and most prominent sign of spondylolisthesis is low back pain. This pain may even be mistaken as a strain or pulled muscle at first. Because of the nerves in the spine, a person may experience muscle spasms in their hamstring, or feel pain or a numbing sensation from their leg to their foot, due to the slipped vertebra.

When visiting the doctor, a radiologist will examine and conclude the degree of slipping by doing and reviewing spinal X-rays. Upon reviewing, they will then determine if surgery is necessary or not. Normally, only Grade III and IV slips will need surgery, while Grades I and II will not.

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To grade slipping, the radiologist will use a scale of I to IV. This scale is as follows:

Grade I: 1% to 25% slip
Grade II: 26% slip to 50% slip
Grade III: 51% to 75% slip
Grade IV: 76% to 100% slip

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Spondylosis

Spondylosis is the term used to depict the degenerative progression in which different areas of the spine, including the cervical (neck), thoracic (upper, mid back), lumbar (low back) or lumbosacral (low back/sacrum), begin to naturally deteriorate due to factors such as regular and constant movements like twisting and bending. Another factor that may contribute to the condition of spondylosis could also be weight gain or arthritis. Because these factors tend to happen over time, rather than when an individual is younger, as people begin to age, spondylosis begins to set in. During spondylosis, the spine's discs and joints can both be affected.

Due to this process, the spinal discs begin to lose their regular shape, height and size, diminishing the amount of space between the vertebras and joints. Most common in the lower back and neck, spondylosis can cause pain in these two areas. As a result of the spondylosis process, a variety of spinal conditions can result such as the forming of bone spurs, pinched nerves in the spine, herniated discs, spinal stenosis or even bulging discs.

Supporting the heavy weight of the head with the broad range of movement, the neck is at high risk for spondylosis. In the same way, the lower back is prone to the condition due to how it stabilizes and supports the body as a whole. With the lower back being a key area for spondylosis, the buttocks can also experience pain because of the strain of weight on the spine. Along with this symptom, a person with spondylosis may also experience stiffness after long periods of time with no activity or movement, a night's rest or even a long nap. Strange tingling or even possible numbness, otherwise known as paresthesia, may also develop after spondylosis sets in, as well as headaches or difficulties with balance and walking.

Though most often age, and natural wear and tear are the source of spondylosis, other factors such as a previous neck or back injury, a genetic predisposition, or even a job which requires regular heavy lifting, could increase the individual's risk of forming a spinal condition. Because of this, though spondylosis is most common in individuals aged 65+, a person could experience spondylosis as early as their early 20's.

If symptoms appear, a visit with your doctor to evaluate your range of motion in the neck and spine will need to be done. In addition, the doctor will check to see if there are any odd or abnormal curves or shapes in the spine and if the muscles are tight or tender. The doctor may also check for inflammation and spasms throughout the neck and spinal areas. Depending on how severe the symptoms are and what the physical appearance of the neck or spine is, a CT scan or MRI may be requested by the doctor to check and compare changes from the deterioration. X-rays may also be done to check on the discs.

Though being painful, most cases of spondylosis are only mild and do not require extensive treatment. To aid in finding comfort, consistent exercise as well as over the

counter pain killers are helpful. In extreme cases, doctors may recommend physical therapy or steroid injections.

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