



<sup>1</sup>**Cervical spondylosis** is a chronic degenerative condition of the cervical spine that affects the vertebral bodies and intervertebral disks of the neck, as well as the contents of the spinal canal. Some authors also include the degenerative changes in the facet joints, longitudinal ligaments, and ligamentum flavum. <sup>2</sup>Pathologies of the cervical spine pose the potential for greater risk to patients than similar analogous pathologies in the lumbar spine, due to the heightened potential for spinal cord injury and greater chance of injury to visceral structures. Therefore, the use of less risky diagnostic and treatment strategies are emphasized; conservative treatment, if effective, is always preferred. <sup>1,3</sup>Physical therapy has long been the standard in the treatment of neck pain...including immobilization, traction, cervical exercises, passive modalities, manual therapies (including massage), stress management, and possible lifestyle modifications. <sup>4</sup>The American Academy of Orthopaedic Surgeons identifies non-surgical treatment for mild symptoms as rest (soft cervical collar) to limit motion, medication (such as NSAIDS or other non-narcotic pain relievers) to relieve pain and reduce swelling, physical therapy, acupuncture, and gentle massage. While non-surgical treatment may take away most of the symptoms in mild cases, it does not treat the underlying cause. Surgery may be necessary for patients with progressive neurologic symptoms or severe pain that does not improve with other treatments, <sup>5</sup>as non-operative management is generally not successful in reversing or permanently halting the progress of more advanced stages such as cervical spondylotic myelopathy. <sup>6,7,8,9</sup>However, there are a number of studies with the conclusion that conservative treatment is equally as effective as surgery with mild to moderate cases of myelopathy both post treatment and after three years. <sup>10</sup>A related study further concluded that conservative treatments “are most efficacious in combination”. The National Institutes of Health Pubmed database lists two interesting studies in China worth mentioning that evaluated the combined effects of acupuncture and massage. <sup>11,12</sup>The *Tan* study concluded that a combination of acupuncture and massage was superior to acupuncture and certain medications; and the *Zhou* study concluded that a combination of acupuncture and massage was superior to either treatment by itself. For patients diagnosed with cervical spondylosis or myelopathy, our practice can provide physical and occupational therapies, massage therapies, and acupuncture, in any combination; all at one location; under one prescription.

1. Al-Shatoury H, Galhom A, Wagner F. Cervical Spondylosis. [emedicine.com/pmr/fulltopic/topic27.htm](http://emedicine.com/pmr/fulltopic/topic27.htm). updated 12/21/2007
2. Benzel E, Zachary A. The Cervical Spine. *Spinal Column*. Spring 2007, 2-14
3. Kalfas I. Cervical Pain and Treatment. [SpineUniverse.com/displayarticle.php/article1769\\_3926](http://SpineUniverse.com/displayarticle.php/article1769_3926) Cleveland Clinic 2008
4. [orthoinfo.aaos.org/topic=A00369](http://orthoinfo.aaos.org/topic=A00369). Last reviewed 10/2007
5. Rao R, Gourab K, David K. Operative Treatment of Cervical Spondylotic Myelopathy. *Jour of Bone and Joint Surgery*. 2006;88:1619-1640
6. Persson LC, et al. Long-lasting cervical radicular pain managed with surgery, physiotherapy, or a cervical collar. A prospective, randomized study. *Spine*. 1997 Apr 1;22(7): 751-8
7. Fouyas IP, et al. Cochrane review on the role of surgery in cervical spondylotic radiculomyelopathy. *Spine*. 2002 Apr 1; 27(7):736-47
8. Kadanka Z, Mares M, Bednarik J, Smrcka V, Krbec M, Chaloupka R, Dusek L. Predictive factors for spondylotic myelopathy treated conservatively or surgically. *Eur J. Neurol* 2005 Jan;12(1):55-63
9. Kadanka Z, Mares M, Bednarik J, Smrcka V, Krbec M, Stejaskal L, Chaloupka R, Surelova D, Novotny O, Urbanek I, Dusek L. Approaches to spondylotic cervical myelopathy: conservative versus surgical results in a 3 year follow-up study. *Eur J. Neurol* 2002 Oct 15;27(20):2205-10
10. Sampath P, Bendebba M, Davis JD. Outcome of patients treated for cervical myelopathy. A prospective, multicenter study with independent clinical review. *Spine*. 2000;25 (6):670-676.
11. Tan T, Wang SC, Zhang GJ. (Article in Chinese) Effective of acupuncture and massage at tendon on F-wave of electromyogram in the patient of flexor spasm of the upper limb after operation of cervical spondylosis. *Zhongguo Zhen Jiu*. 2006 Oct;26(10):725-8
12. Zhou JW, Hu LX, Li N, Zhang F, Li CY, Zhao JJ, Li J, Hu YG, Zhang Y, Wang CW. (Article in Chinese) Multicenter randomized controlled study on acupuncture-massage comprehensive program for treatment of cervical spondylosis of arterial type. *Zhongguo Zhen Jiu*. 2005; Apr;25(4):227-31

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