



Musculoskeletal

Treatment of cervical radiculopathy

...comparing different approaches

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A cervical radiculopathy (CR) is a result from impingement/ inflammation processes that reduce space in the intervertebral foramen (IVF). Patients often report symptoms such as neck, periscapular or upper limb radicular pain, as well as neurological signs such as sensory disturbance, weakness and reduced tendon reflexes.

Movements such as flexion, contralateral rotation and contralateral lateral flexion may decompress the affected nerve. Extension, ipsilateral rotation and ipsilateral lateral flexion are hypothesized to reduce the space in the IVF.

The main objective of this RCT was to compare two rehabilitation programs in patients with signs and symptoms with acute or subacute CR. One included specific exercises to increase the size of the IVF, and the other did not include any specific techniques.

The rehabilitation program for the control group consisted of cervical and thoracic mobilizations, as well as stabilization and mobility exercises, depending on the findings of the therapist. All techniques were allowed to be used.



The experimental group received the same rehabilitation program as the control group, with two exceptions: (1) global contralateral rotation mobilization and ipsilateral lateral glide in a flexed position were not applied; and (2) cervical spine rotation in the direction contralateral to the affected side was left out.

Both groups achieved highly favorable outcomes in terms of pain, disability, and patient-perceived improvement, suggesting that, in this population, the combination of manual therapy and exercise is effective.

Although, in the present study, both groups reached significant statistical and clinical improvements following the intervention programs, no between-group differences were observed.

The current results suggest that, for acute and subacute CR, treating joint and muscle stiffness without a focus on increasing the size of the IVF is as effective as a program that specifically focuses on increasing the size of the IVF of the affected nerve root.

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