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Cervical spine stretching exercises pdf

The neck, also called the cervical spine, is a well-designed structure of bones, nerves, muscles, ligaments and tendons. The cervical spine is a delicate shelter of the spinal cord that sends messages from the brain to control all aspects of the body, as well as surprisingly strong and flexible, allowing the neck to move in all directions. The neck is connected to the upper back through a series of seven segments of the vertebrae. Watch: Anatomy of the cervical spine Video Cervical Spine has 7 stacked bones, called vertebrae, labeled C1 via C7. The upper part of the cervical spine is connected to the skull, and the lower part connects to the upper back at about the level of the shoulders. If viewed from the outside, the cervical spine forms a lordotic curve, gently bending to the front of the body and then back. Advertising of the cervical spine performs several important roles, including: Protection of the spinal cord. The spinal cord is a bundle of nerves that extends from the brain and passes through the cervical spine and thoracic spine (upper and middle back) until the end just before the lumbar spine (lower back). Each vertebra has a large hole (vertebrate holes) for the spinal cord to pass. Together, these vertebrae keep the spinal cord protected inside a bony tunnel called the spinal canal. Watch cervical spinal cord Anatomy Animation Support head and its movement. The cervical spine handles a heavy load, as the head weighs an average of 10 to 13 pounds. In addition to supporting the head, the cervical spine provides neck flexibility and range of head motion. Relieve blood flow to the brain. Small holes (foramina in transverse processes) in the cervical spine provide passage for vertebral arteries to carry blood to the brain. These blood vessel openings are present only in the vertebrae of the cervical spine from C1 to C6 (not in C7 or below). With so many critical nerves, blood vessels and joints in such a relatively small space, the cervical spine is one of the most complex regions of the body. The movements of the cervical spine cervical spine is the most mobile area of the spine. Head and neck movements usually include one or more of the following movements of the cervical spine: Flexion. The cervical spine leans straight forward with the chin tilting downwards. Neck bending usually occurs when looking down or while in a pose in front of the head, for example, sitting with poor posture at the computer. Extension. The cervical spine straightens or moves straight backwards with the chin tilt upwards. Neck extension is common when doing overhead work. Rotation. Neck and the head turns to one side. The neck rotation is especially useful when trying to look to the side or over the shoulder, for example, when backing up the car. Side flexion. The cervical spine leans to one side with the ear moving towards the shoulder. Some movements can be performed in combination, such as the rotation of the neck, as well as bending it forward. Shayan vertebrae, discussed on the next page, plays a key role in maintaining neck functions and facilitating her movements. Cervical spine surgery is usually performed on an elective basis for treatment either: nerve/spinal cord encroaches (decompression surgery) of spinal instability (fusion surgery). These two procedures are often combined, as decompression can de-stabilize the spine and create the need for fusion to add stability. Spinal devices (such as a small plate) can also be used to help add stability to the spinal structure. Cervical spine surgery approaches anterior discectomy and synthesis (ACDF) is the most commonly used method for most herniated intercer. During the operation, the disc is removed through a small incision in the front of the neck. The cervical spine can be approached either from the front (front approach) or from the back (rear approach). In general, where possible, most surgeons favor a forward approach for most conditions. The anterior approach leads to less disruption of normal musculature, as well as easier to maintain normal spinal alignment. The posterior discectomy of the cervix involves removing the herniated disc from the back of the neck rather than the front. Sometimes this procedure can be done without the need for a merger. For example, many degenerative conditions of the spine cause loss of normal lordosis (soft curvature of the spine); however, by opening the front of the spine, this lordosis can be restored. With this said, there are some conditions that require a rear approach or a combined front/rear approach. See outpatient posterior cervical foraminotomy /discectomy (a) Ready? Sit tall with your feet in front, slightly wider than hip-width, hands in front. (b) Exhale and roll the head and upper torso forward like above the ball, drawing in the tummy. Keep your hands in front. (c) Inhale the torso and head up, bottom up, still drawing in the abs. Repeat five times. Tip: Bend your legs a bit if you need to avoid rounding your back. Can you feel it? This content is created and supported by a third party and is imported to this page to help users provide their email addresses. You may be able to find more information about this and similar content on piano.io piano.io cervical spine stretching exercises pdf

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