"EFFECTIVENESS OF MANUAL THERAPY IN THE TREATMENT OF PIVD IN LOWER CERVICAL SPINE: A CASE REPORT"

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ABSTRACT: We reported a case of 58 yrs old male having prolapsed intervertebral disc at cervical spine at C5-C6, and C6-C7. The patient was having the symptoms of neck pain and and pain radiating in right arm and forearm since six months. Patient was treated with Maitlands approach of posterier central Intervertebral pressure on the spinous process of C5 ,C6and C7 along with postereo-anterior unilateral pressure on the posterior aspect of superior and inferior facet joint of C5,C6,C7 vertebra and posterior transverse process of relevant vertebra. then second line of treatment with Mulligans Technique giving Natural apophyseal glide and Sustained natural apophyseal glide at the level of C5.C6 level with the rule of three. Ultrasound therapy was applied on lower posterior cervical spine and then the patient was guided for the Isometric exercises of cervical spine, active neck rotation, flexion, extension, side flexion as Home exercise programme Patient got relief without any symptoms and problem.

Key words: Physical Therapy, Maitland Technique, Mulligan Technique.

INTRODUCTION

Cervical disc herniation often results in neck and arm pain in patients as a result of direct impingement of nerve roots and associated inflammatory processes. The clinical presentation usually corresponds with the side of herniation.

A Cervical disc herniation results from the displacement of the nucleus pulposus of the inter-vertebral disc at the cervical level, which may result in direct compression of the spinal cord or impingement of nerve roots. Herniation of the nucleus pulposus at the cervical level often results in radiculopathy, marked by compression and inflammation of the cervical nerve root near the neural foramen.

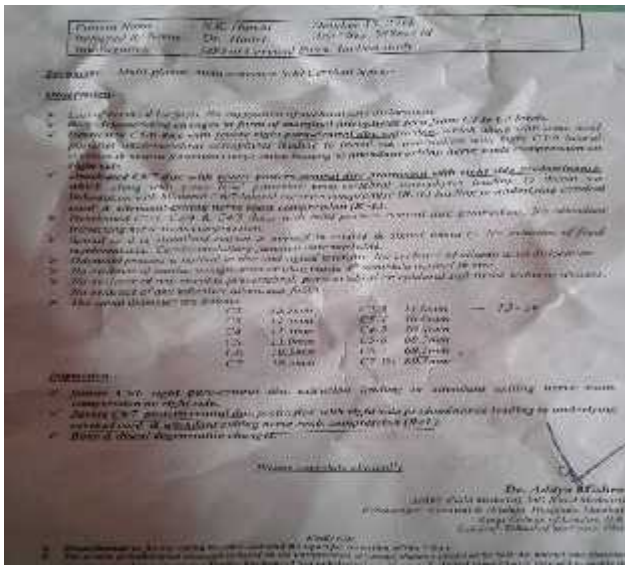
Cervical disc herniation can be generally classified into four types: disc bulge, protrusion, extrusion, and sequestration.

Case Study

A 58 years old man was suffering from sever neck pain from last six months. He was having dairy business and his lifestyle was very busy and strenuous. He had to weigh hundred of liters' of milk a day and to

lift a good quantity of weight a day. The neck pain was referred to right arm and forearm. Initially patient was started treatment after consulting an orthopedic surgeon and advised for wearing cervical collar.

Inspite of medication including analgesics and physiotherapy treatment including intermittent cervical traction and ultrasound therapy for two weeks patient didn't find any relief from pain. Then he consulted a neurosurgeon and gone through his treatment guideline for a month. He had also gone through homoeopathic and acupressure treatment but he didn't get relief from pain. Then he came to Rama Medical college Hospital and Research center, to the Physiotherapy department for treatment in mid of January 2016. On the first day of treatment he was assessed that he had also gone through MRI investigation, and the report was confirming of C5-6 right paracentral disc extrusion leading to attendant exiting nerve roots compression on right side and severe C6/7 posterocentral disc protrusion with right side predominance leading to underlying cervical cord and attendant exiting nerve roots compression (R>L). There was prolapsed intervertebral disc at cervical spine at C5-C6, and C6-C7and planed out all treatment for him. On the day first manual therapy was started including Maitland mobilization technique including 8-10 glides of poster central intervertebral pressure on spinous process of C5,C6,C7 vertebras and postereo-anterior unilateral pressure on the posterior aspect of superior and inferior facet joint of C5,C6,C7 vertebra and posterior transverse process of relevant vertebra. Then second line of treatment was given in sitting position with MULLIGANS Technique. Natural apophyseal glide and Sustained natural apophyseal glide was given at the level of C5.C6 level with the rule of three on the first day. After this therapeutic ultrasound therapy was given for 8 minutes at intensity of 1.6 w/cm2 on lower posterior cervical spine and then guided the patient for the isometric exercises of cervical spine, active neck rotation, flexion, extension, side flexion as Home exercise programme. This therapy was continued for 6 days a week for two weeks, then three alternate days a week for 2 weeks, then twice a week for 1 week and at last once a week for 2 weeks. Patient got relief without any symptoms and problem.



MRI Scans of the patient

CONCLUSION

Although a definitive treatment progression for treating cervical disc herniation has not been developed a general consensus exists within the literature that using manual therapy techniques in conjunction with therapeutic exercise and electrotherapeutics is effective in regard to increasing function, as well as AROM, while decreasing levels of pain and disability.

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