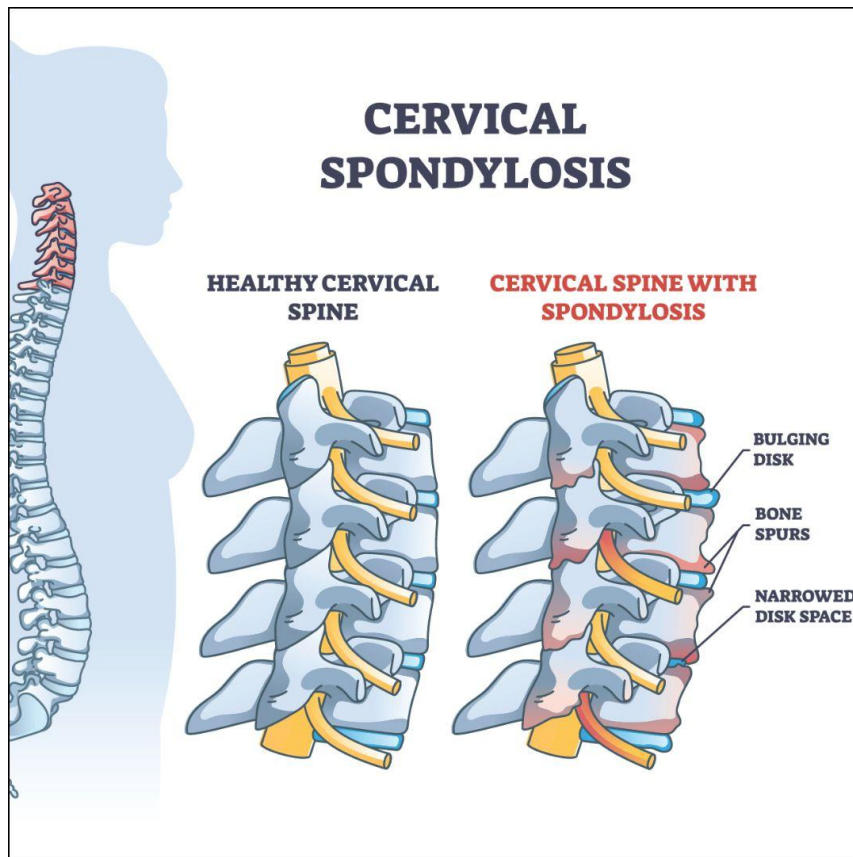


Cervical Spondylitis (Cervical Spondylosis)



What is Cervical Spondylitis?

Cervical spondylitis—also known as **cervical spondylosis**—is age-related wear and tear affecting the joints, discs and bones of the neck (cervical spine). These changes are very common and happen in most people as they get older.

For many individuals it causes no symptoms, but for some it may lead to neck pain, stiffness, and occasionally nerve irritation.

What Are the Common Symptoms?

Symptoms vary, but may include:

- **Neck pain** – aching or sharp pain that may worsen with movement
- **Neck stiffness**, especially in the morning or after prolonged positions
- **Headaches**, usually starting from the back of the head
- **Pain spreading to shoulders or arms**
- **Pins and needles**, numbness, or weakness in the arms (if a nerve is irritated)
- **Grinding or clicking** sounds when moving the neck
- **Muscle spasms**

Most symptoms improve with time and simple treatments.

What Causes It?

Cervical spondylitis develops due to:

- **Wear and tear** of the discs and joints with age
 - **Dehydration and thinning of discs**
 - **Bone spurs (osteophytes)** forming
 - **Previous injury or repetitive strain**
 - **Poor posture**, prolonged computer/phone use
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When Should I Seek Urgent Help?

Seek **urgent medical attention** if you experience:

- Severe neck pain after trauma
- Loss of balance or difficulty walking
- New bowel or bladder problems
- Severe arm or hand weakness
- Sudden loss of coordination
- Fever or unexplained weight loss along with neck pain

These may indicate a more serious problem, though they are rare.

How Is Cervical Spondylitis Diagnosed?

Your clinician usually diagnoses this based on:

- Your symptoms
- Physical examination (movement, strength, reflexes, sensation)
- Sometimes an **X-ray**, **MRI**, or **CT scan** may be requested if symptoms are severe or not improving

Most cases do not require scans.

Treatment Options

1. Keep Moving

Movement is the most important treatment.

- Avoid long periods of sitting or looking down at devices
 - Change position every 20–30 minutes
 - Gentle neck movements throughout the day help reduce stiffness
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2. Exercise Programme

Regular exercises strengthen neck and shoulder muscles and improve posture.

Useful exercises include:

- Chin tucks
- Shoulder rolls
- Gentle range-of-motion (looking side to side, up and down)
- Scapular (shoulder blade) strengthening
- Upper-back mobility exercises

A physiotherapist may provide a personalised plan.

3. Pain Relief

- **Paracetamol** or **NSAIDs** (e.g., ibuprofen) may help
- **Heat therapy** (warm shower or heat pack) relaxes tight muscles

- **Cold packs** may reduce inflammation after a flare-up
Always follow medication guidance or seek advice from a GP/pharmacist.
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4. Posture Advice

- Keep screens at eye level
 - Avoid hunching over phones (“tech neck”)
 - Use an ergonomic chair
 - Sleep with **one low pillow**
 - Avoid sleeping on your stomach
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5. Manual Therapy

Short-term relief may be achieved through:

- Physiotherapy
- Massage
- Mobilisation techniques

These should complement exercise, not replace it.

6. Injections (If Needed)

For persistent symptoms due to nerve irritation, a specialist may consider:

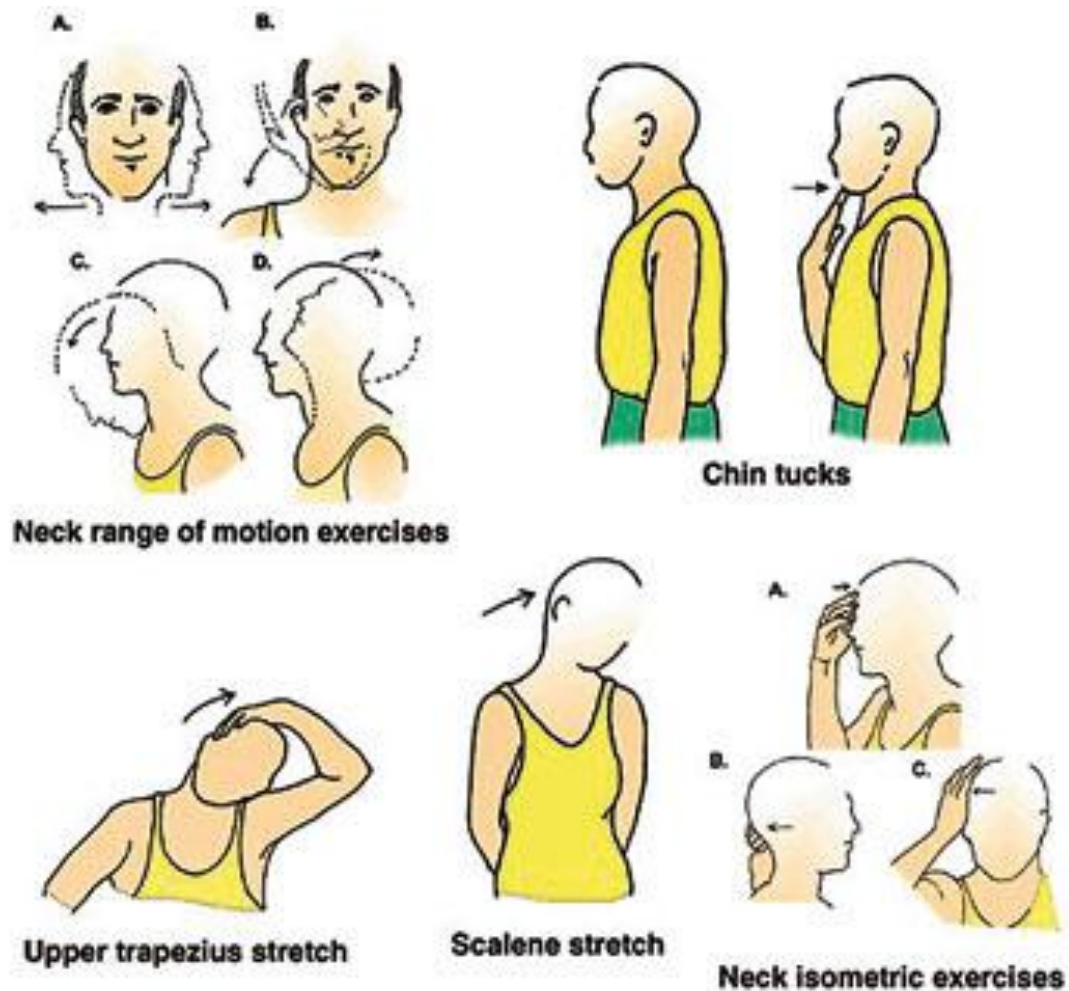
- **Nerve root blocks**
- **Facet joint injections**

These are usually only needed for a small number of people.

Self-Management Tips

- Stay active – even gentle walking helps
- Avoid carrying heavy bags on one shoulder
- Maintain good hydration
- Use a supportive chair at work/home

- Manage stress — tension worsens neck pain



Prognosis

Most people improve within **6–12 weeks**.

Flare-ups may occur but are usually manageable with exercises and lifestyle changes.

Frequently Asked Questions

Is this arthritis?

Yes—cervical spondylitis is a form of age-related arthritis (wear and tear), not the inflammatory type.

Will it get worse?

Not necessarily. Many people have symptoms that improve over time.

Do I need surgery?

Very rarely. Surgery is considered only if severe nerve compression or spinal cord compression is present.

Where to Get More Help

- **GP** for medication or referral if symptoms persist
- **Physiotherapist** for exercises and posture advice
- **NHS Websites:** Cervical spondylosis, neck pain resources
- **Local MSK service**, if available