Cervical radiculopathy treatment

In most patients with cervical radiculopathy, nonoperative treatment is effective. In a one-year cohort study of 26 patients with documented herniated nucleus pulposus and symptomatic radiculopathy, a focused, non-operative treatment program was successful in 92 percent of patients.

Little high-quality evidence supports the use of an individual nonoperative treatment; however, a multimodal approach may alleviate symptoms.

Patients should be reassured that most cases will resolve regardless of the type of treatment. Nonoperative treatment includes physical therapy involving strengthening, stretching, and potentially traction, as well as nonsteroidal anti-inflammatory drugs, muscle relaxants, and massage.

Epidural steroid injections may be helpful but have higher risks of serious complications. In patients with red flag symptoms or persistent symptoms after four to six weeks of treatment, magnetic resonance imaging can identify pathology amenable to epidural steroid injections or surgery ¹⁾.

Cervical radiculopathy may be treated with a combination of pain medications such as corticosteroids (powerful anti-inflammatory drugs) or non-steroidal pain medication like ibuprofen (Motrin or Aleve) and physical therapy. Steroids may be prescribed either orally or injected epidurally (into the space above the dura, which is the membrane that surrounds the spinal cord).

Cervical radiculopathy rehabilitation treatment

see Cervical radiculopathy rehabilitation treatment.

1)

Childress MA, Becker BA. Nonoperative Management of Cervical Radiculopathy. Am Fam Physician. 2016 May 1;93(9):746-54. PubMed PMID: 27175952.

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