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Spine Health in Older Adults

Spinal health is critical to maintaining **mobility**, **postural stability**, and **independence** in older adults. Aging affects vertebral bodies, intervertebral discs, ligaments, muscles, and the spinal cord itself.

☐ Age-Related Changes in the Spine

- Disc degeneration: reduced hydration and height → loss of flexibility.
- Facet joint arthritis: cartilage loss and osteophyte formation → stiffness, pain.
- **Vertebral compression**: due to osteoporosis or trauma.
- Kyphosis: exaggerated thoracic curvature, often from compression fractures or muscle weakness.
- Ligamentous calcification: reduced elasticity of spinal ligaments.
- **Spinal canal narrowing (stenosis)**: from disc bulging, facet hypertrophy, or ligamentum flavum thickening.

△ Common Spine-Related Disorders in the Elderly

- Osteoporotic vertebral fractures.
- **Lumbar spinal stenosis** → neurogenic claudication.
- Degenerative disc disease (DDD).
- Cervical spondylotic myelopathy.
- Chronic low back pain and axial spine pain.

□ Risk Factors

- Age >65 years.
- Sedentary lifestyle.
- Vitamin D / calcium deficiency.
- Smoking and alcohol abuse.
- Poor posture and ergonomics.
- History of osteoporosis or spinal trauma.

□ Prevention and Maintenance Strategies

- Weight-bearing exercise: walking, Tai Chi, resistance training.
- Postural correction: stretching, yoga, physiotherapy.
- Core strengthening: improves lumbar spine support.
- Adequate intake of calcium and vitamin D.
- Avoid tobacco and excessive alcohol.
- Fall prevention: home safety, balance training.

□ Diagnostic and Monitoring Tools

- **DEXA scan**: for bone mineral density.
- MRI / CT: to evaluate stenosis, disc herniation, or fractures.
- **X-ray**: alignment, vertebral collapse, scoliosis or kyphosis.

☐ Treatment Options

• Pharmacologic:

- Bisphosphonates for osteoporosis.
- NSAIDs or acetaminophen for pain control.
- Muscle relaxants cautiously.

• Non-pharmacologic:

- Physical therapy and posture training.
- Heat/cold therapy, TENS units.
- Bracing for vertebral compression fractures (short term).
- Surgical (selected cases):
 - Decompression (e.g., laminectomy) for stenosis.
 - Kyphoplasty or vertebroplasty for fractures.
 - Instrumented fusion for instability or deformity.

□ Patient Education and Counseling

- Promote **self-efficacy** in pain management.
- Encourage regular physical activity and safe movement.
- Provide resources for **assistive devices** and home modifications.
- Address fear of falling and educate on spine-sparing techniques.

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