Commonly Asked Questions About Cervical/Thoracic/Lumbar Segmental Dysfunctions

What is a segmental dysfunction?
Spinal segmental dysfunctions, whether they be in the neck (cervical spine), mid-back (thoracic spine), or low back (lumbo-sacral spine), are mechanical problems of the individual joints (facet joints) and related ligaments and muscles that link the spinal bones.

Motion of the entire spine is dependent on proper movement of each of these links. Segmental dysfunctions can be caused by poor posture, repetitive motion, trauma and often just simple movements of the back. These dysfunctions are maintained by restrictions of the muscles or ligaments that surround these joints.

What are the symptoms of cervical / thoracic / lumbar segmental dysfunctions?
The symptoms of segmental dysfunctions vary. Sometimes, they can cause spasms of the muscles of the back or neck at the level of the individual facet joint. The pain is frequently sharp in nature, and may lead to discomfort in other parts of the spine. It may also cause symptoms away from the problem. However, symptoms into the upper or lower extremities are common with segmental dysfunctions.

What types of treatments are available?
The initial treatment for cervical, thoracic, or lumbar dysfunction is mobilization or manipulation of the involved segments. This may include hands on treatment by a physician (MD or DO), a physical therapist with special training in manual medicine, or by a chiropractor.

An individualized exercise program to prevent recurrence of the dysfunction is just as important as manual therapy. Often, muscles are tight and need to be regularly stretched or strengthened to decrease the likelihood of recurrence.

Medication is rarely needed, but a short course of anti-inflammatory medication such as ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve) and ketoprofen (Orudis KT) may be helpful.

Surgery is not needed for spinal segmental dysfunctions.

What can be done to prevent spinal segmental dysfunctions from coming back?
It is important to perform the exercises taught by the physician, physical therapist, or chiropractor on a weekly basis, and ideally two to three times a week. Although regular exercise lessens the risk of recurrence, there is never a guarantee that these dysfunctions won't come back on occasion.