

Diagnostika in fizioterapija pri pacientki z nestabilnostjo zgornje vratne hrbtenice – poročilo o primeru

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Uvod: Nestabilnost zgornje cervikalne hrbtenice se največkrat odkrije kot dodatna diagnoza v okviru skrbne preiskave vratne hrbtenice (1). Dejstvo odkritja nestabilnosti vsekakor pomembno vpliva na vrstni red in izbor metod terapije, ki zahteva obravnavo radikulopatije. Namen: Predstaviti fizioterapevtsko diagnostiko s testi stabilnosti vratne hrbtenice, testiranje prevodnosti vertebralne arterije (2), preiskavo mobilnosti živčevja (3) in obravnavo nestabilnosti vratne hrbtenice (4) ter mobilizacijo živčevja (5). **Metode:** Poročilo prikazuje primer preiskovanke, ki je prišla na obravnavo s simptomatiko radikulopatije C 7 (3) in z okcipitalnimi glavoboli. V preiskavi, v katero so bili vključeni testi hiper mobilnosti zgornjih vratnih segmentov (1) in provokacijski test za vertebralno arterijo po De Klejnu ter preizkus po Hautantu (2), je bilo ugotovljeno, da dodatno trpi še za nestabilnostjo zgornje vratne hrbtenice. Na podlagi fizioterapevtske ocene in imobilizacije nevrologa so bile uporabljene te fizioterapevtske tehnike: mobilizacija medianega in ularnega živca (5) in terapevtske vaje za stabilizacijo vratne in prsne hrbtenice (4). **Rezultati:** Po sedmih obravnavah je preiskovanka dobila dober občutek za pravilno stabilizacijo vratne hrbtenice pri aktivnostih vsakdanjega življenja. Mravljinčenje in bolečine, zaradi katerih je preiskovanka prišla v ambulantno, so se v poteku obravnave zmanjšali. Refleks mišice triceps brachii se ni opazno spremenil. Tudi zmanjšana mišična moč se je le nekoliko poboljšala. **Zaključek:** Ker stabilizacija vratne hrbtenice in obravnavo radikulopatije zahtevata dolgoročno terapijo, štejemo zaradi razmeroma naglega poboljšanja splošnega občutka (nočni spanec, glavoboli) in s tem kakovosti življenja fizioterapevtsko obravnavo kot uspešno.

Ključne besede: manualna terapija, mobilizacija živčevja, stabilizacija, vratna hrbtenica.

Diagnosis and physiotherapy of a patient with instability in upper cervical spine – a case report

Background: Instability of upper cervical spine is often detected as an additional diagnosis within a diligent examination of the cervical spine (1). The fact of having discovered instability certainly has a significant impact on the order and selection of methods and therapies required in the treatment of radiculopathy. Purpose: To present a physiotherapeutic diagnosis of cervical spine stability tests, a conductivity test of artery vertebralis (2), an investigation of mobility of the nervous system (3), including a treatment of cervical spine instability (4) and mobilization of the nervous system (5). **Methods:** The report shows an example of a woman patient who came to be treated for the symptoms of radiculopathy of C 7 (3) and occipital headaches. Investigation which included the tests of hyper mobility of the upper cervical segments (1) and provocation tests of the artery vertebralis according to De Kleijn and Hautant (2) revealed the existence of further suffering - the instability in the upper cervical spine. Based on physical therapy evaluation and immobilization by the neurologist the following physical therapy techniques were applied: mobilization of median and ulnar nerve (5) and medical training to stabilize the cervical and thoracic spine (4). **Results:** After seven treatments the patient got a good feeling for the proper stabilization of the cervical spine in her activities of daily living. The tingling and pain, which guided her to the health care, reduced in the course of treatment. M. triceps reflex did not significantly change and the decreased muscle strength also only slightly improved. **Conclusion:** Since the cervical spine stabilization and the treatment of radiculopathy requires a long-term therapy and the present physiotherapeutic treatment resulted in a relatively rapid improvement of general good health (sleep, headaches) and consequently in the quality of life, the therapy is considered to be successful.

Keywords: manual therapy, nerve mobilization, stabilization, cervical spine.

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