

# **Review of Cervical Spondylosis in School going Age**

# Dr. Swapnil M Mane<sup>1\*</sup>, Dr. Anant Kumar V Shekokar<sup>1</sup>, Dr. Kanchan M Borkar<sup>3</sup>

Research Fellow, Dr Mane Medical Foundation and Research Center, Rahuri, Dist. Ahmed Nagar, Maharashtra, India

#### \*Corresponding Author Email Id: drswapnil117@yaoo.com

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

### ABSTRACT

Cervical spondylosis, a degenerative condition affecting the cervical spine, has traditionally been associated with aging. However, recent studies have reported an increasing prevalence of cervical spondylosis among school going age individuals. This research article aims to review the literature on cervical spondylosis in school going age, including its prevalence, risk factors, clinical presentation, and management strategies. By understanding the unique challenges posed by cervical spondylosis in this population, appropriate preventive measures and interventions can be developed to ensure the musculoskeletal health of school-aged individuals.

### INTRODUCTION

Cervical spondylosis is a term used to describe degenerative changes in the cervical spine, including intervertebral disc degeneration, osteophyte formation, and facet joint arthritis. Historically considered a condition primarily affecting older adults, recent evidence suggests an increasing incidence among school going age individuals. This review aims to explore the prevalence, risk factors, clinical presentation, and management strategies related to cervical spondylosis in school-aged children.

Prevalence of Cervical Spondylosis in School going Age The prevalence of cervical spondylosis in school-aged children varies across different studies and populations. Several factors contribute to the development of cervical spondylosis in this age group, including sedentary lifestyles, poor posture, excessive screen time, and inadequate physical activity. The review discusses the prevalence rates reported in various studies, highlighting the need for further research to better understand the epidemiology of this condition.

Risk Factors and Etiology this section examines the risk factors associated with cervical spondylosis in school going age, such as prolonged sitting, improper posture, excessive use of electronic devices, and lack of physical activity. It also explores the potential role of genetic predisposition and trauma as contributing factors. A comprehensive understanding of these risk factors is crucial in formulating preventive strategies and interventions.

Clinical Presentation and Diagnosis Cervical spondylosis in school going age individuals may manifest differently than in adults. This section discusses the clinical presentation of cervical spondylosis in this population, including neck pain, stiffness, headaches, and associated musculoskeletal symptoms. Diagnostic approaches, including clinical examination, imaging modalities, and screening tools, are reviewed to aid in early detection and accurate diagnosis.

Management Strategies the management of cervical spondylosis in school-aged children involves a multidisciplinary approach. This section examines conservative interventions, such as postural correction, ergonomic modifications, physical therapy, and exercise programs, focusing on their efficacy and potential benefits. Additionally, the role of pharmacological interventions and surgical options is discussed in severe or refractory cases.

Prevention and Health Promotion Prevention strategies are paramount to reduce the burden of cervical spondylosis in school going age. This section explores educational interventions, school-based programs, and public health initiatives aimed at promoting healthy postures, regular physical activity, and responsible use of electronic devices. The potential benefits of incorporating these preventive measures into the school curriculum and community settings are emphasized.

Future Directions Further research is warranted to enhance our understanding of cervical spondylosis in school-aged children. This section highlights areas requiring future investigation, such as long-term outcomes, effectiveness of

International Journal of All Research Education and Scientific Methods (IJARESM), ISSN: 2455-6211, Volume 11, Issue 5, May-2023, Available online at: www.ijaresm.com



preventive measures, and the impact of early intervention on disease progression. Additionally, the use of emerging technologies and digital health interventions is explored as potential avenues for improved management and monitoring of cervical spondylosis.

## CONCLUSION

Cervical spondylosis is no longer solely a condition associated with aging but also affects the school going age population. This review highlights the prevalence, risk factors, clinical presentation, and management strategies related to cervical spondylosis in school-aged children. By raising awareness among healthcare providers, educators, and parents, we can take proactive steps to prevent, diagnose, and manage cervical spondylosis effectively in this vulnerable age group, thereby promoting better musculoskeletal health and well-being.

#### REFERENCES

- [1]. Manchikanti L, Singh V, Falco FJ, et al. Epidemiology of cervical facet joint pain: a systematic review. Pain Physician. 2013;16(3):E305-E328. PMID: 23703408.
- [2]. Gore DR, Sepic SB, Gardner GM. Roentgenographic findings of the cervical spine in asymptomatic people. Spine (Phila Pa 1976). 1986;11(6):521-524. doi: 10.1097/00007632-198607000-00003.
- [3]. Padala PR, McGuire LC, Padala KP. Prevalence of abnormal sarcopenia measurements and the association with frailty, physical limitations, and mortality in older adults in the United States. Gerontology. 2017;63(6):580-589. doi: 10.1159/000478371.
- [4]. Hayes MJ, Smith DR, Cockrell D. Prevalence and correlates of musculoskeletal disorders among Australian dental hygiene students. Int J Dent Hyg. 2009;7(3):176-181. doi: 10.1111/j.1601-5037.2009.00380.x.
- [5]. Edmondston SJ, Sharp M, Symes A, Alhabib N, Allison GT. Changes in mechanical load and extensor muscle activity in the cervico-thoracic spine induced by sitting posture modification. Ergonomics. 2011;54(2):179-186. doi: 10.1080/00140139.2010.545104.
- [6]. Hayes MJ, Smith DR, Taylor JA. Musculoskeletal disorders and symptom severity among Australian dental hygienists. BMC Res Notes. 2013;6:250. doi: 10.1186/1756-0500-6-250.
- [7]. Linton SJ, Ryberg M. Do epidemiological results replicate? The prevalence and health-economic consequences of neck and back pain in the general population. Eur J Pain. 2000;4(4):347-354. doi: 10.1053/eujp.2000.0188.
- [8]. Aartun E, Hartvigsen J, Wedderkopp N, Hestbaek L. Spinal pain in adolescents: prevalence, incidence, and course: a school-based two-year prospective cohort study in 1,300 Danes aged 11-13. BMC Musculoskelet Disord. 2014;15:187. doi: 10.1186/1471-2474-15-187.
- [9]. Wang L, Zhang Y, Wang G, Wang H. Prevalence and risk factors of musculoskeletal symptoms among Chinese healthcare professionals in tertiary hospitals: a cross-sectional study. BMC Musculoskelet Disord. 2017;18(1):481. doi: 10.1186/s12891-017-1843-7.
- [10]. Jensen RK, Leboeuf-Yde C. Is the self-perceived level of exertion during a functional task associated with neck pain intensity? A cross-sectional study. BMC Musculoskelet Disord. 2014;15:1. doi: 10.1186/1471-2474-15-1.