Spondylosis is a term used to us as a description of degenerative changes in the spine caused by age. The vast majority of cases are a result of osteoarthritis, but there are other causal cases. This effects the facet joints of the spine and is characterized by the collapse and narrowing of the disk space in the vertebra. This can put pressure on the surrounding nerves and cause radiating pain in the limbs and lower back. The lack of disc space leads to osteophytes, or bone spurs, which are boney projections on the edges of bones that have develop from the friction at the joint. The bone spurs can also cause pain if they put pressure on the surrounding nerve, muscles or ligaments. Degenerative facet joint problems can also lead to spondylolisthesis, which is another cause of spondylosis. This involves the entire vertebra sliding forward underneath the superior vertebra. Sciatica, pain down the back into the buttocks and leg, can then occur because of the slippage putting compression on the sciatic nerve. Another cause for spondylosis is spinal stenosis, which also can result from bone spurs and involves the nerve compression of nerves passing through the foramina. This narrowing of the canal can be difficult to detect. Degenerative disc disease has also been known to be referred to under spondylosis. The loss of moisture and thickness of the disk can lead more nerve pain. It can results from changes in the spine or specific disk issues.

Doctors will prescribe further testing if they suspect a patient has spondylosis. If a patient complains of low back pain or consistent neck soreness it may be a symptom that leads to the doctor ordering testing for spondylosis. When an individual develops weakness in one or limb it can be a sign of nerve dysfunction. The loss of bladder control can also be a symptom of nerve dysfunction due to spondylosis. The diagnosis of spondylosis cannot be made without radiology test. There are various different scans that are used make the diagnosis. Plain X-ray film can be used to show bone spurs on the vertebra of the spine. Bone spurs would be the key indicator for spondylosis, and they will also look be looking for the facet joints thickening as well as space between the vertebras narrowing. An X ray is an effect test to see these large changes in the spine. The use of a CT scan is needed to see greater details in the spine to diagnose more specific cases. The greater detail allows the doctor to observe a narrowing of the spinal canal. This is spinal stenosis which is a cause of spondylosis. The MRI scan is needed when attempting to diagnose issues involving the disc of a patient. Disc hernias and issues such as degenerative disc disease can be diagnosed with the MRI. All these tests are needed because spondylosis can vary greatly with symptoms.

Spondylosis can occur on any section of the spine. There is cervical spine spondylosis, thoracic spine spondylosis, or lumbar spine spondylosis. The two most common are lumbar and then cervical. Cervical spondylosis is also referred to as cervical osteoarthritis and involves the bones, discs, and joints of the neck. It often involves vertigo as a major side effect as well as cause secondary hyperextension. Thoracic spine spondylosis does not typically have severe side effect or symptoms. Multilevel spondylosis means that these changes affect multiple vertebrae in the spine. This is common for an individual to have spondylosis in the cervical and lumbar spine. The only risk factor for all types of spondylosis are age, gender and occupation. With age degeneration of the bones is unstoppable. This is by far the largest risk factor because it is inevitable. Studies have shown that men have a greater likelihood of developing spondylosis. Also occupation has a significant impact of degeneration of the spine. An individual who has worked laborious jobs with constant impact on the spine is much more likely to have degenerative issues. Those who work less intensive jobs are much less likely but still susceptible. Prevention of spondylosis is difficult and there is no specific precautions. It is beneficial to maintain healthy habits to prevent degeneration. Physical exercise on a regular basis can be beneficial to back pain. Protecting one cervical and lumbar spine through using proper body mechanics is also beneficial in preventing pain and discomforts from occurring. Other factors such as weight and height can have an impact on ones likelihood of developing spinal issues, but studies did not show definitive evidence that they were direct risk factors for spondylosis specifically.

The prognosis of spondylosis is generally favorable. It is not a treatable condition, but physical therapy may help to discomfort and pain in the patient. The age group affected by spondylosis is above the age of 40 because of the bone degeneration. Those affected still do not show any significant symptoms other than pain. Through therapy the pain will typically subside or reduce. Doctors will often want regular appointment to monitor the progress, but regular radiology testing is not need. Only if the symptoms change or increase will additional testing be prescribed. It is considered chronic condition because the degeneration occurs over ones entire life. It is very rare that surgery is performed on a patient with a chronic spinal condition such as spondylosis. In cases where the doctor sees fit, such as when there is progressive nerve damage with worsening pain from a spinal stenosis and the patient is unable to walk normally or perform every tasks even after physical therapy, surgery is sometimes performed. A spinal decompression surgery could be performed in order to attempt to relieve the pressure on the disc which is causing the severe pain. A discectomy or laminectomy can be performed as well as a foraminotomy. The doctor would sooner suggest cortisone shots through an epidural injection, which is minimally invasive. This would have a significant role is reducing an acute nerve pain that radiates to the limbs. Minimally invasive procedures will always be chosen before full invasive surgery when applicably effective for spondylosis. Spondylosis is a chronic condition that typically not require significant attention beyond Physical Therapy.