

## The Cervical Blockade

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When examining the cervical spine in the supine position, the following procedures can be followed:

1. Testing bilaterally the joint play from C-1 to C-7, anterior (A) to posterior (P) by pressing on the anterior cervical TP regions, with the ipsilateral hand (left hand, left side of neck).
2. Testing bilaterally the joint play from C-1 to C-7 from A to P by pulling with the contralateral hand. For example, the left hand is extended under the patient's neck, and the individual TP regions of the right side are pulled A to P as the patient's head is turned to the right.
3. Test each cervical segment for rotation from P to A with the ipsilateral hand.
4. Test each cervical segment for lateral flexion when coupled with rotation. Pure lateral flexion is not a revealing test.

Quite frequently, one will encounter the entire left side of the cervical spine resistant to rotation to the right, when each segment is tested. That is, each segment from C-7 to C-1 or C-2 will exhibit stiffness and hypomobility when tested for lateral flexion coupled with rotation. As you motion palpate from C-7 to C-2 or C-1, there is often increasing hypomobility, with most pronounced motion at C-2 or C-1.

In these cases, where the entire left side of the cervical spine palpates like a single blockade, the problem most often is a hypomobile dysfunction at C-2 or C-1. Choosing the appropriate C-1 or C-2 level for correction is important. Correction of the major level of cervical fixation will reduce the restriction of every cervical joint level on the left side. In these cases after the C-1 or C-2 correction, the entire left side of the neck will soften and palpate with greater relaxation.

Another example frequently encountered is the left-sided lower cervical rotation restriction. The left side at C-7 and C-6 motion palpates with restriction from left to right. C-5 through C-2 or C-1 motion palpates with less rotation restriction. However, when each cervical segment is tested with coupled lateral flexion and rotation, C-5 through C-2 or C-1 become restrictive to coupled rotation and lateral flexion, and C-6 or C-7 becomes more free and mobile, losing its hypomobile characteristic. The problem is a C-2 or C-1 coupled lateral flexion and rotation restriction fixation. Correcting the appropriate C-2 or C-1 level will free the lateral flexion and coupled rotation restrictions on the left side.

Watch for these cervical patterns and don't be fooled by the cervical blockade entrapment.

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