

Case study: Cervical Disc Prolapse and Conservative Management Lipoma – Case Report

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Keywords

Cervical Disc, ROM, Surgical intervention.

INTRODUCTION

Cervical disc prolapse is one of the very common problems people are suffering which also called herniated or slipped disc where a portion of the soft, central material of a spinal disc bulges through a tear and often causes nerve compression. Literature prevail most common area of disc prolapse at C6-7 that causes mostly pain and radiculopathy [1]. Objective of the study was to evaluate the effectiveness of conservation management of patients with cervical disc herniation and improve associated symptoms.

There are number of management options are available for patients with cervical disc prolapse in globally. Unfortunately, evidence found no one is better hen other rather need to have rational and comprehensive management in this case. Washington university school of medicine [2] suggested in many cases of cervical disc prolapse symptoms and its associated complication can be treated conservatively or nonoperatively. Studies have shown the benefits of surgical intervention are moderate and tend to decrease over time [3].

A middle aged male, suffering from severe neck pain and weakness of right shoulder following disc prolapse in the cervical region between C6 & C7 for one and half months, it was confirmed by physical examination and MRI of spine. Physical examination have prevail cervical movements limitation and painful as well as weakness of shoulder girdle at all motion oxford scale between 2 and 3, moreover, functionality he could not use this right shoulder since the beginning of problem causes frustrating and growing concerning. Initially took NSAID and steroid for 3 weeks and finally but nothing changes his condition but surgery have been decided both here and abroad.

METHOD OF INTERVENTION

During initial physiotherapy assessment it was challenging to provide assurance and building patients confidence because of patients being refer to surgery. Red sign have excluded through assessment and everyday evaluation of condition. Physiotherapy intervention have divided into 3 parts manual therapy included manipulation (cyriax) and mobilization (maitland), SNAGS and MWM (Mulligan) associated shoulder

muscles progressive strengthening training, electrotherapy modalities like TENS, heat therapy and UST have applied into neck region, finally home advice given neck extension (Mckenize) and shoulder muscles home exercise to improve muscle strength, intervention continued for 5 weeks.

RESULTS

The end of treatment program it has found improve neck movement at all ROM and improve muscles strength (oxford 4 and 5) at all ROM of shoulder joints, pain 80 % (VAS-3) decrease. Moreover, at present patient can perform his daily acclivities and can participate in sports.

CONCLUSION

This case make professional to become more confident while treating case like cervical disc prolapse even elected for operation. However, a comprehensive and evidence based conservation or physiotherapy intervention can be best option for these kind of patients. But, the same time it is challenges for professionals like physiotherapist to maintain patient motivation and confidence to continue conservation management protocol until expected result.

RECOMMENDATION

Patients who suffer from musculoskeletal pain more specifically disco-genic pain and associated symptoms, need to be assess critically before surgery. If no red sign (mostly bowel and bladder function), very often, conservation treatment like physiotherapy can be a effective and efficient option.

REFERENCES

1. <https://www.statpearls.com/articlelibrary/viewarticle/20584/>
2. <https://neurosurgery.wustl.edu/items/cervical-disc-herniation-cervical-radiculopathy-and-cervical-myelopathy/>
3. Chou R, Loeser JD, Owens DK, et al. American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. Spine. 2009; 34: 1066-77.



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