

DIAGNOSTIC X-RAY CONSULTATION SERVICES®

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Radiology

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Patient: XXXXX XXXXX
Date of Birth: X-XX-XX
Date of Examination: 2-4-16
Date of Report: 2-6-16
Referring Physician: Dr. XXXXXX
Examination: Videofluoroscopic Evaluation of the Cervical Spine

CERVICAL SPINE:

Standard fluoroscopic views of the cervical spine performed by Health Solutions, Inc are submitted for evaluation. Sagittal alignment demonstrates loss of the normal cervical lordosis with posterior carriage of the head. The intervertebral disc spaces are maintained. Overall bone density is adequate for the age and sex of the patient.

NODDING MOTION OF THE UPPER CERVICAL SPINE: Flexion and extension demonstrate normal intersegmental motion.

LATERAL BENDING MOTIONS OF THE UPPER CERVICAL SPINE: During left lateral bending there is a 3.0 mm lateral translation of C1 upon C2. There is a 2.0 mm translation during right lateral bending.

FLEXION AND EXTENSION MOTIONS OF THE LOWER CERVICAL SPINE:

Flexion: During flexion, there is a 1.0 mm anterior translation of C3, C4 and C5.

Extension: Extension demonstrates a 2.0 mm posterior translation of C3, C4 and C5.

FLEXION AND EXTENSION MOTIONS IN THE OBLIQUE PROJECTION: During flexion and extension, there is contiguous motion of the facets with patency of the intervertebral foramina.

LATERAL BENDING MOTION OF THE LOWER CERVICAL SPINE: Right lateral bending is restricted at the C5-C7 levels.

ROTATION MOTIONS OF THE LOWER CERVICAL SPINE: Left and right rotation demonstrate normal intersegmental motion.


IMPRESSIONS:

1. Lateral translation during left and right lateral bending indicates laxity of the right and left alar ligaments.
2. Anterior translation of C3, C4 and C5 during flexion indicates posterior ligamentous laxity at those levels.

XXXXX XXXXX
Dr. XXXXXX
2-6-16

IMPRESSIONS, CONT'D:

3. Posterior translation of C3, C4 and C5 during extension indicates anterior ligamentous laxity at those levels.
4. Abnormal motion; intersegmental hypomobility C5-C7 during right lateral bending indicates muscle spasm with articular dysfunction at those levels.
5. Hypolordosis with posterior carriage of the head, most likely due to myospasm.


G.A. Longmuir, DC, DACBR