



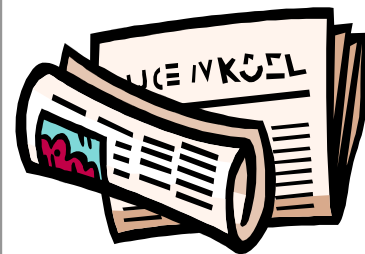
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NEWSLETTER

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Cervical Facet Block Useful in Diagnosis and Treatment of Neck Pain and Headache

Cervical facet block using the medial branch technique is useful in the diagnosis and treatment of neck pain or cervicgia due to trauma, arthritis, or inflammation of the cervical facet joints. Patients who complain of suboccipital headaches with referred retroorbital pain can also make suitable candidates. In addition, patients with chronic neck or head pain related to deceleration or whiplash type injuries may also be candidates for treatment.

Clinically relevant anatomy of the cervical facet joints includes the superior and inferior articular processes, which are formed by the *inferior* and *superior* adjacent vertebrae respectively. The joints are true synovial articulations which possess a joint capsule. The joint capsule is highly innervated and is suspected to be a pain generator in up to 40% of patients experiencing chronic neck pain. Each facet joint receives innervation from two spinal levels via the medial branch of the dorsal ramus. The dorsal branch of each spinal nerve provides a medial branch, which wraps around

the lateral mass of the articular pillar and innervates the joints both above and below.

The technique of blocking the cervical facet nerves involves placing the patient in the prone position and utilizing fluoroscopic guidance. Small quantities of 2% lidocaine (.5 ml) are injected adjacent to each medial branch as it courses adjacent to the lateral mass (Fig. 1). Patients are observed for 15 minutes in the recovery area and monitored for signs of block efficacy as measured by improved range of motion and reduced pain as well as side effects. Patients with positive responses are often offered a more permanent block via percutaneous rhizotomy.

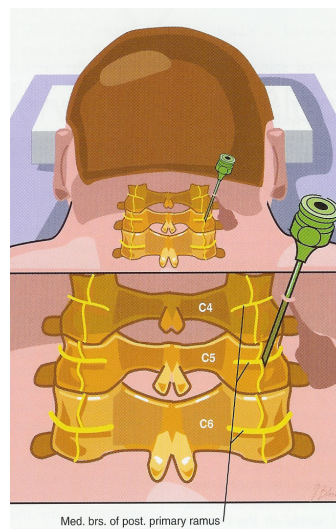


Figure 1. Technique of cervical facet block

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