

Cervical Radiculopathy

PHYSICAL THERAPY REHABILITATION HOME PROGRAM

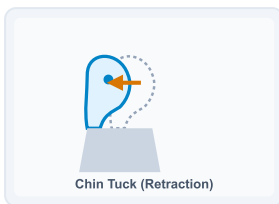
PT Ahmad Al Hariri

Physical Therapist

Clinical Note for Patients: Cervical radiculopathy involves compression or irritation of nerve roots as they exit the cervical spine, often presenting as neck pain radiating into the shoulder, arm, or hand. The conservative physical therapy exercises below aim to decompress affected nerve roots, restore normal movement patterns, and stabilize the cervical spine.

Safety & Red Flags: Exercises must be performed within a pain-free or minimal-discomfort zone ($\leq 3/10$ pain scale). If you experience worsening arm pain, sudden weakness in your hand/arm, or loss of balance, discontinue the routine immediately and contact your physical therapist.

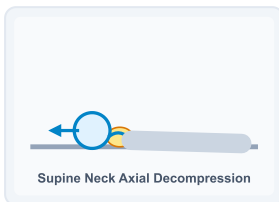
PHASE 1: CERVICAL DECOMPRESSION & POSTURAL ALIGNMENT



1. Axial Cervical Retraction (Chin Tuck)

1. Sit up straight with shoulders relaxed and eyes looking horizontally forward.
2. Gently draw your head straight backward, as if creating a "double chin".
3. Avoid tilting your head up or down; keep the movement parallel to the floor.
4. Hold briefly at end-range, feeling a light stretch at the base of the skull.

Dosage: 10 Repetitions | Hold 5 sec | 2-3 Sets Daily

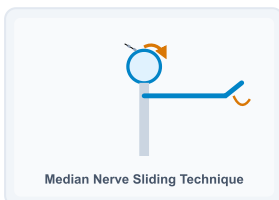


2. Supine Cervical Decompression with Roll

1. Lie on your back on a firm surface with a small rolled towel under your neck.
2. Perform a gentle chin tuck, pressing the back of the neck downward into the roll.
3. Maintain deep, relaxed breathing while keeping jaw and shoulder muscles soft.
4. This posture unloads intervertebral discs and reduces neural impingement.

Dosage: Hold 10-15 sec | 8 Repetitions | 2 Sets Daily

PHASE 2: NEURAL MOBILIZATION (NERVE GLIDING)

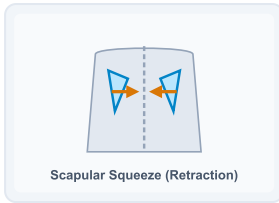


3. Median Nerve Sliding Technique

1. Extend affected arm out to side at shoulder height with palm facing forward.
2. As you extend your wrist back, gently side-bend your head *towards* the arm.
3. As you relax wrist, side-bend head *away*. Fluid, rhythmically continuous motion.
4. **Note:** Never hold or overstretch; movement should remain painless.

Dosage: 10-12 Rhythmic Glides | 2-3 Sessions Daily

PHASE 3: SCAPULAR & POSTURAL STABILIZATION



4. Scapular Setting & Retraction

1. Sit or stand tall, keeping arms resting relaxed by your sides.
2. Squeeze shoulder blades together toward your spine, moving back and down.
3. Avoid shrugging shoulders up toward ears or arching lower back.
4. Helps relieve mechanical stress on upper thoracic and cervical regions.

Dosage: 10-12 Repetitions | Hold 5 sec | 2 Sets Daily



5. Multi-Directional Cervical Isometrics

1. Place palm on forehead. Press head forward into hand while resisting movement.
2. Repeat on side of head (side-bend) and back of head (extension).
3. Use approximately 20-30% of maximum effort; **no joint movement occurs**.
4. Builds deep neuromuscular endurance without mechanical joint wear.

Dosage: 5 Sec Holds | 8 Reps Each Direction | 1-2 Sets Daily

HOME EXERCISE PROGRESSION & DOSAGE TABLE

Exercise Name	Frequency	Sets / Reps	Clinical Target
Chin Tucks	3x Daily	2 Sets × 10 Reps (5s hold)	Deep neck flexor activation & spinal alignment
Supine Decompression	2x Daily	1 Set × 8 Reps (10s hold)	Reduction of disc pressure & nerve root relief
Median Nerve Glides	2x Daily	2 Sets × 10 Dynamic Glides	Restoration of neural tissue mobility & sliding
Scapular Squeezes	2x Daily	2 Sets × 12 Reps (5s hold)	Postural support & scapulothoracic endurance
Isometric Holds	1-2x Daily	8 Reps per direction (5s hold)	Isometric spinal stability without motion

PHYSICAL THERAPIST GUIDELINES & SELF-CARE

Ergonomic Modifications:

- Keep computer monitor at eye level to prevent forward head posture.
- Avoid holding phones between ear and shoulder.
- Use a supportive cervical pillow maintaining neutral spine while sleeping.

Symptom Monitoring:

- **Centralization:** Pain moving from arm into neck is a positive sign.
- **Peripheralization:** Pain traveling further down arm means stop exercise.