

**A survey on cervical spondylosis at Centre for the
Rehabilitation of the Paralysed (CRP) Savar, Dhaka**



Daffodil
International
University

*[In the partial fulfillment of the requirements for the degree of Bachelor of
Pharmacy]*

Submitted To

Department of Pharmacy
Faculty of Health & Life Sciences
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July 2024

APPROVAL

This project paper, “**A survey on cervical spondylosis at Centre for the Rehabilitation of the Paralysed (CRP) Savar, Dhaka**”, submitted to the Department of Pharmacy, Faculty of Health & Life Sciences, Daffodil International University, has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of Bachelor of Pharmacy and approved as to its style and contents.

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DECLARATION

I hereby declare that this project report, “**A survey on cervical spondylosis at Centre for the Rehabilitation of the Paralysed (CRP) Savar, Dhaka**”. I am declaring that this Project is my original work. I also declare that neither this project nor any part thereof has been submitted elsewhere for the award of Bachelor or any degree.

Supervised by



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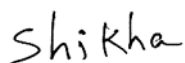
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ACKNOWLEDGEMENT

I might want to communicate my profound applause to the All-powerful Allah who has given me the capacity to finish my undertaking work and the chance to concentrate in this subject.

I'm a lot of thankful to my honorable project supervisor Md. A.K. Azad Assistant Professor, Department of Pharmacy, Faculty of Health & Life Sciences, Daffodil International University.

I would like to express my humble regards to Dr. Muniruddin Ahmed, Professor and Head, Department of Pharmacy, Daffodil International University.

I also wish to offer my respect to all of the teachers of Pharmacy Department, Daffodil International University and thankful to other members for their excellent cooperation with us.

Finally, I would like to express my gratitude towards my parents and other family members for their kind cooperation and encouragement which helped me in completion of this project.



My Parents,

The persons who always encourage me in every sphere of my life.

My teacher,

The persons who guided me in this process and the faculties who kept me on track.

Abstract

Cervical spondylosis, a degenerative condition affecting the cervical spine, is a significant health concern due to its prevalence and impact on the quality of life. The study involved a comprehensive analysis of patient records, interviews, and physical examinations. The purpose of the study would typically be to investigate and understand various aspects related to cervical spondylosis among the population at CRP Savar in Dhaka. 39% of participants in this pie chart reported having neck pain or discomfort in the past. According to this figure, 31% of respondents said they had had neck pain for less than a month, while 35% of respondents said they had had it for one to six months. Thirty percent of interviewees said that a medical expert had diagnosed them with cervical spondylosis. Of the respondents, 22% reported having experienced numbness or tingling in their hands or arms, 20% reported neck pain, and 15% reported stiffness. Twenty percent of respondents said they occasionally experienced their symptoms, whilst thirty-five percent said they experienced them regularly. In this study, forty-five percent of participants indicated that they have kept their calcium-rich eating regimen up to date in order to avoid cervical spondylosis. According to this data, 35% of participants responded that they had been sat at their workstation for six to seven hours. Furthermore, 20% responded that they had sat for 8–10 hours, 18% that they had sat for 5 hours, and 17% that they had sat for longer than 10 hours. In response to the inquiry, 36% of respondents said they had taken medicine to treat their symptoms. 60% of participants, in the majority, answered that their doctor had recommended NSAIDs for cervical spondylosis. According to this study, the majority of participants 45% retorted that they had received regular (monthly) follow-up care from a medical expert for their sickness. Future research should focus on longitudinal studies to better understand the progression of the disease and the long-term effectiveness of various treatment modalities.

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Chapter 1

Introduction

1. Introduction

Cervical spondylosis, commonly referred to as cervical osteoarthritis or neck arthritis, is a degenerative condition affecting the cervical spine. This condition is characterized by the progressive wear and tear of the cervical vertebrae, intervertebral discs, and associated joints and ligaments, leading to pain, stiffness, and potential neurological complications. As one of the most prevalent musculoskeletal disorders, particularly among the aging population, cervical spondylosis poses significant clinical and public health challenges. The Centre for the Rehabilitation of the Paralysed (CRP) in Savar, Dhaka, is a renowned institution dedicated to the treatment and rehabilitation of individuals with spinal cord injuries and related conditions [1]. The CRP has been at the forefront of providing comprehensive care, encompassing medical, therapeutic, and support services to enhance the quality of life for patients with spinal disorders. This survey aims to assess the prevalence, clinical features, and treatment outcomes of cervical spondylosis among patients attending the CRP in Savar, Dhaka [2]. By systematically collecting and analyzing data, the study seeks to understand the demographic characteristics, symptomatology, and functional impairments associated with cervical spondylosis in this patient population. Additionally, the survey will evaluate the effectiveness of various therapeutic interventions employed at CRP, providing valuable insights into best practices for managing this condition [3]. The findings from this survey will contribute to the existing body of knowledge on cervical spondylosis and inform future strategies for improving patient care and rehabilitation outcomes. Through this study, we aim to highlight the significance of early diagnosis, appropriate treatment modalities, and multidisciplinary approaches in mitigating the impact of cervical spondylosis on individuals' health and well-being [4].

1.1 Etiology of Cervical spondylosis

Cervical spondylosis, also known as cervical osteoarthritis or neck arthritis, is a condition that involves the degeneration of the bones (vertebrae) and discs in the neck (cervical spine). The etiology, or causes, of cervical spondylosis can be multifactorial and include:

Aging:

Degenerative Changes: As people age, the intervertebral discs lose hydration and elasticity, leading to their collapse and loss of height. This can cause the vertebrae to move closer together, resulting in joint and disc degeneration [5].

Osteophyte Formation: Bone spurs, or osteophytes, can form on the vertebrae due to the body's attempt to repair damaged bone. These bone spurs can compress nerves and cause pain.

Genetics:

Family History: A genetic predisposition can make some individuals more prone to developing cervical spondylosis. Family history of spine-related conditions can be a significant factor [6].

Occupational Factors:

Repetitive Strain: Jobs that involve repetitive neck movements, heavy lifting, or prolonged periods of looking down or up can increase the risk of developing cervical spondylosis.

Sedentary Lifestyle: A lack of physical activity and poor posture, especially while sitting for extended periods, can contribute to the development of cervical spondylosis [7].

Trauma:

Injuries: Previous neck injuries, such as whiplash or other trauma, can lead to the early onset of cervical spondylosis.

Lifestyle Factors:

Smoking: Smoking has been linked to increased disc degeneration due to reduced blood flow and nutrients to the spinal discs.

Obesity: Excess body weight can put additional stress on the cervical spine, leading to degenerative changes [8].

Underlying Health Conditions:

Rheumatoid Arthritis: This autoimmune condition can cause inflammation of the joints, including those in the cervical spine, leading to degeneration.

Diabetes: Diabetes can affect the health of the intervertebral discs and other spinal structures, increasing the risk of spondylosis.

Understanding these etiological factors can help in the prevention and management of cervical spondylosis. Maintaining good posture, staying active, managing weight, and avoiding smoking can reduce the risk of developing this condition. For those already experiencing symptoms, early intervention and appropriate treatment can help manage pain and improve quality of life [9].

1.2 Risk factor of cervical spondylosis

Cervical spondylosis is influenced by several risk factors, which can increase the likelihood of developing this degenerative condition. The primary risk factors include:

The risk of cervical spondylosis increases with age. It is most common in individuals over the age of 40, and nearly everyone over the age of 60 has some degree of cervical spondylosis. A family history of cervical spondylosis or other degenerative spine conditions can increase the risk [10].

Repetitive Neck Movements: Jobs or activities that involve repetitive neck movements, heavy lifting, or prolonged periods of looking up or down can contribute to wear and tear on the cervical spine.

Sedentary Lifestyle: Lack of physical activity and poor posture, especially during extended periods of sitting, can increase the risk.

Poor Posture: Consistently poor posture can strain the neck and contribute to degenerative changes [11].

Smoking is associated with increased disc degeneration due to reduced blood flow and nutrient delivery to the spinal discs. Excess body weight can place additional stress on the spine, accelerating degenerative changes. Trauma or injuries to the neck, such as whiplash or fractures, can predispose individuals to earlier and more severe degenerative changes. Some studies suggest that men may develop cervical spondylosis at an earlier age than women, although women tend to report more severe symptoms as they age [12].

Rheumatoid Arthritis: This autoimmune disease causes inflammation of the joints, including those in the cervical spine, leading to degeneration.

Diabetes: Diabetes can affect the health of intervertebral discs and other spinal structures, increasing the risk of spondylosis.

High-impact Sports:

Participation in sports that place a lot of stress on the neck, such as wrestling or football, can increase the risk of developing cervical spondylosis [13].

Poor Nutrition:

A diet lacking in essential nutrients for bone and joint health can contribute to the degenerative process.

Addressing modifiable risk factors through lifestyle changes, such as maintaining a healthy weight, staying active, avoiding smoking, and practicing good posture, can help reduce the risk of developing cervical spondylosis. For individuals with non-modifiable risk factors, early recognition and management can help mitigate the impact of the condition [14].

1.3 Pathogenesis of cervical spondylosis

Cervical spondylosis, also known as cervical osteoarthritis or neck arthritis, is a degenerative condition affecting the cervical spine. It primarily involves the intervertebral discs, vertebrae, and surrounding structures. The pathogenesis of cervical spondylosis is multifactorial and involves several interconnected mechanisms:

Degeneration of Intervertebral Discs

- Nucleus Pulposus Dehydration: With aging, the nucleus pulposus (the gel-like core of the intervertebral disc) loses water content, reducing its ability to absorb shocks.
- Disc Shrinkage and Fibrosis: The disc becomes less flexible and more fibrous, leading to reduced disc height [15].
- Annulus Fibrosus Degeneration: The outer ring of the disc (annulus fibrosus) develops cracks and fissures, compromising its structural integrity.

Osteophyte Formation

- ❖ As the intervertebral discs degenerate and lose height, the vertebral bodies move closer together. This mechanical instability stimulates bone remodeling.
- ❖ Osteophytes, or bone spurs, form along the edges of the vertebrae as a compensatory mechanism to stabilize the spine. These can impinge on adjacent structures, such as nerve roots and the spinal cord [16].

Facet Joint Changes

- The facet joints (zygapophyseal joints), which are synovial joints between the vertebrae, undergo degeneration due to increased load and mechanical stress.
- Degenerative changes include cartilage loss, subchondral sclerosis (hardening of the bone beneath the cartilage), and the formation of osteophytes around the joint margins [17].

Ligamentous Changes

- The ligaments surrounding the cervical spine, particularly the ligamentum flavum, may thicken and lose elasticity.
- Ligamentous hypertrophy can contribute to spinal canal narrowing (spinal stenosis) and compress neural structures [18].

Inflammatory Processes

- ❖ Chronic inflammation may play a role in the degeneration of spinal structures. Inflammatory mediators can degrade cartilage and other connective tissues, exacerbating the degenerative process [19].

Biomechanical Factors

- ❖ Poor posture, repetitive neck movements, and mechanical stress from activities can accelerate degenerative changes.
- ❖ Occupations and activities that place excessive strain on the neck can predispose individuals to earlier and more severe spondylotic changes [20].

Genetic and Hereditary Factors

- ✓ Genetic predisposition may influence the rate and severity of intervertebral disc degeneration and osteophyte formation.
- ✓ Family history of cervical spondylosis can be a risk factor for developing the condition.

Systemic Factors:

- Conditions such as osteoporosis, diabetes, and other metabolic disorders can contribute to the degenerative changes in the cervical spine [21].

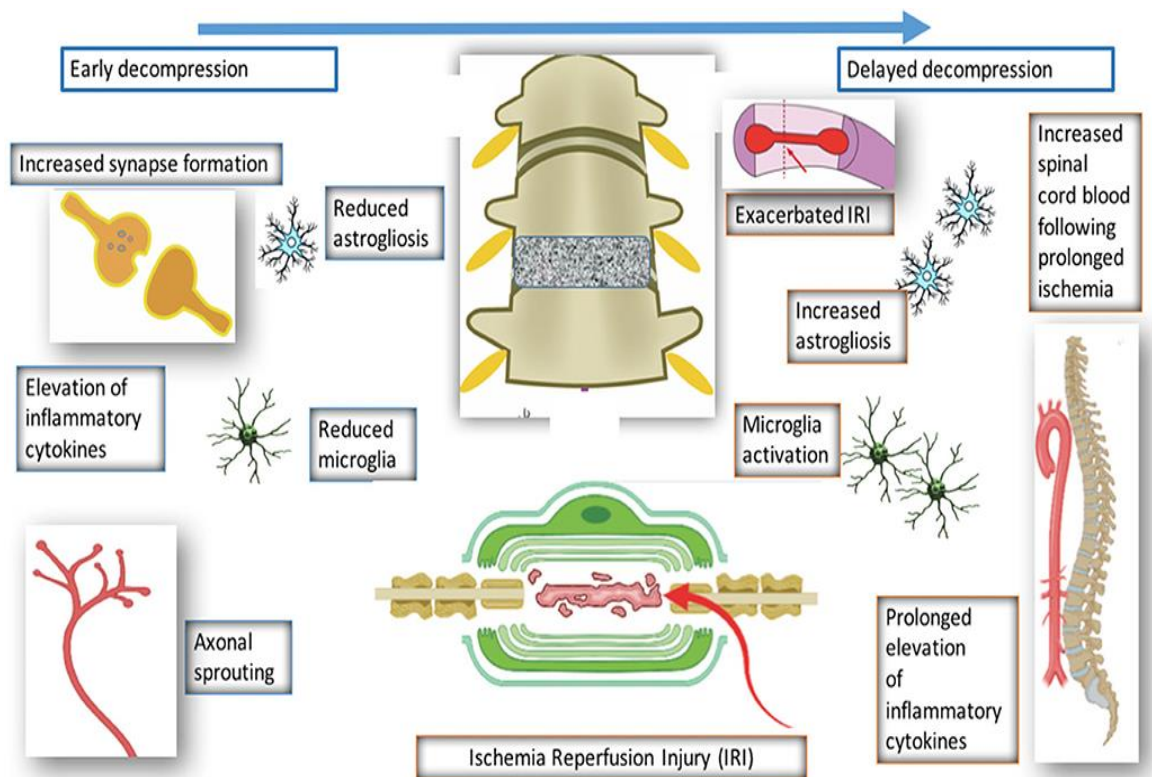


Figure 1: Pathogenesis of cervical spondylosis

1.4 Symptoms of cervical spondylosis

Cervical spondylosis, also known as cervical osteoarthritis or neck arthritis, involves the wear and tear of the bones and cartilage in the cervical spine (neck). Common symptoms include:

1. Neck Pain and Stiffness:

- Persistent or intermittent pain in the neck, especially after activities that involve looking up or down for prolonged periods, or holding the neck in a particular position for long durations.
- Stiffness, especially after periods of inactivity or upon waking up in the morning [22].

2. Headaches:

- Often starting from the neck and radiating to the back of the head.

3. Radiating Pain:

- Pain that spreads to the shoulders, arms, and even the hands.
- This pain can be sharp or a dull ache.

4. Numbness and Tingling:

- Sensations of numbness or tingling in the shoulders, arms, or hands due to nerve compression [23].

5. Weakness:

- Muscle weakness in the arms or hands, making it difficult to perform tasks that require strength or coordination.

6. Reduced Range of Motion:

- Difficulty in turning the head or tilting it sideways.

7. Grinding or Popping Sensations:

- Hearing or feeling grinding, popping, or cracking sounds when moving the neck.

8. Dizziness and Unsteadiness:

- Occasionally, cervical spondylosis can affect balance [24].

9. Loss of Bladder or Bowel Control:

- In severe cases, nerve compression can lead to loss of control over bladder or bowel movements, indicating a serious condition that requires immediate medical attention.

10. Muscle Spasms:

- Involuntary tightening of neck muscles [25].

1.5 Diagnosis & management of cervical spondylosis

Diagnosis:

1. **Clinical Evaluation:** This involves a thorough history and physical examination by a healthcare provider to assess symptoms, range of motion, muscle strength, and signs of nerve compression [26].
2. **Imaging:**
 - **X-rays:** Typically used to visualize the bones and evaluate for bone spurs (osteophytes), disc degeneration, and alignment changes.
 - **MRI (Magnetic Resonance Imaging):** Provides detailed images of soft tissues like discs, nerves, and spinal cord, helping to assess nerve compression and spinal cord involvement [27].

Management:

Management of cervical spondylosis focuses on relieving symptoms and preventing progression of the condition.

1. Conservative Treatments:

- **Medications:** Nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and sometimes corticosteroid injections can help reduce pain and inflammation.
- **Physical Therapy:** Strengthening exercises, stretching, and posture correction can improve neck muscle strength and flexibility, reducing pain and preventing further degeneration [28].

- **Activity Modification:** Avoiding activities that worsen symptoms and practicing proper ergonomics (especially for desk work and computer use) can help.
 - **Heat/Cold Therapy:** Application of heat or cold packs can alleviate pain and stiffness [29].
2. **Supportive Measures:**
- **Cervical Collar:** Short-term use of a soft cervical collar may help relieve acute symptoms by providing support and reducing movement.
 - **Neck Traction:** Manual or mechanical traction can help alleviate pressure on the cervical spine and nerve roots.
3. **Surgical Options:**
- Surgery is generally considered if conservative treatments fail and severe symptoms persist or if there is significant spinal cord compression.
 - **Discectomy:** Removal of part of a herniated disc that is pressing on a nerve.
 - **Cervical Fusion:** Joining two or more vertebrae together to stabilize the spine.
 - **Artificial Disc Replacement:** Replacement of a degenerated disc with an artificial one [30].
4. **Lifestyle Modifications:**
- Maintaining a healthy weight to reduce stress on the cervical spine.
 - Avoiding smoking, which can impair blood flow to spinal tissues and hinder healing.
 - Regular exercise to maintain overall strength and flexibility [31].

Prevention:

- Practicing good posture and ergonomics.
- Regular exercise to strengthen neck muscles.
- Avoiding prolonged periods of sitting or repetitive neck movements [32].

Prognosis:

- Many people with cervical spondylosis can manage their symptoms effectively with conservative treatments.
- Long-term outcomes are generally favorable with appropriate management, though symptoms may recur periodically.

It's crucial for individuals with cervical spondylosis to work closely with healthcare providers to tailor a treatment plan that addresses their specific symptoms and concerns [33].

Chapter 2

Purpose of the study

2.1 Purpose of the study

The purpose of the study "A survey on cervical spondylosis at Centre for the Rehabilitation of the Paralyzed (CRP) Savar, Dhaka" would typically be to investigate and understand various aspects related to cervical spondylosis among the population at CRP Savar in Dhaka. This may include:

- To identifying factors that contribute to the development of cervical spondylosis in this specific population.
- To assessing the symptoms experienced by individuals.
- To investigating the level of awareness and understanding about cervical spondylosis among the population at CRP Savar.

Chapter 3

Literature Review

3.1 Literature review

Analysis 1

The study aimed to identify the factors contributing to cervical spondylosis. Specifically, it sought to investigate the demographics of patients with this condition, analyze the correlation between sitting posture and cervical spondylosis, assess the relationship between smoking and cervical spondylosis, examine how work patterns influence the condition, and explore the impact of interior design on both office and home environments. The study employed a hospital-based case-control design using convenience sampling, with 33 cases and 33 controls matched at a 1:1 ratio. Data was gathered through structured questionnaires administered via face-to-face interviews in the musculoskeletal units of CRP's Savar and Mirpur branches. Statistical analysis was conducted using SPSS 16, focusing on descriptive statistics for demographic data. The findings indicated that several factors are associated with cervical spondylosis, including current job patterns, activities of daily living postures, diabetes, smoking, sitting and sleeping postures, and the interior design of office or residential spaces. In conclusion, optimizing lying and sitting postures represents a crucial preventive measure against cervical spondylosis. This research aims to identify these factors to potentially reduce treatment costs, morbidity, absenteeism, and alleviate physical and psychological distress associated with the condition [34].

Analysis 2

To determine the prevalence of low back pain among clinical physiotherapists, this study employed a cross-sectional design with a sample of 50 participants selected via simple random sampling. Data collection utilized a mixed-method questionnaire. Descriptive statistics, including tables, pie charts, and bar graphs, were employed for data analysis using Microsoft Excel and SPSS 16.0. Key findings revealed that 80% of participants experienced low back pain (LBP), while 20% did not. Among those experiencing LBP, 62.5% were female and 37.5% were male. The most affected age group was 24-30 years, constituting 76% of cases. Participants with less than 5 years of job experience accounted for 75% of those experiencing LBP, with the majority reporting onset within their first 1-2 years of work (30%). Moderate pain intensity was reported by 46% of participants, and the primary risk factor identified was working in a bent position (55%). The most common

posture for pain relief among those with LBP was lying down (45%). Clinical practice was moderately hindered for 42% of participants due to LBP. Most participants worked 8-hour shifts (60%), and 42% reported moderate effects on activities of daily living (ADLs) due to LBP. A significant portion (64%) were unaware of their posture during work. In conclusion, this study underscores the high prevalence of LBP among physiotherapists and emphasizes the importance of adopting proper posture techniques and self-care regimens to mitigate this prevalent issue [35].

Analysis 3

The study aimed to assess the quality of life of low back pain (LBP) patients receiving care at CRP using the EQ-5D-3L instrument. Objectives included examining various aspects such as socio-demographic details (age, gender, residence, occupation), mobility levels, personal hygiene, usual activities, pain levels, mental health status during LBP, and current health status using EQ VAS. This cross-sectional study gathered data from 70 participants aged 18-70 years, which were coded numerically and managed using Microsoft Excel and SPSS 16.0. Findings revealed significant challenges in mobility, usual activities, and pain/discomfort among participants, while personal care seemed less affected. The average participant age was 38.36 years, with females comprising 59% and males 41%. The study concludes that LBP significantly impacts quality of life, particularly in functional aspects, suggesting a need for increased awareness and tailored interventions, especially for women who are more affected due to lifestyle and cultural factors [36].

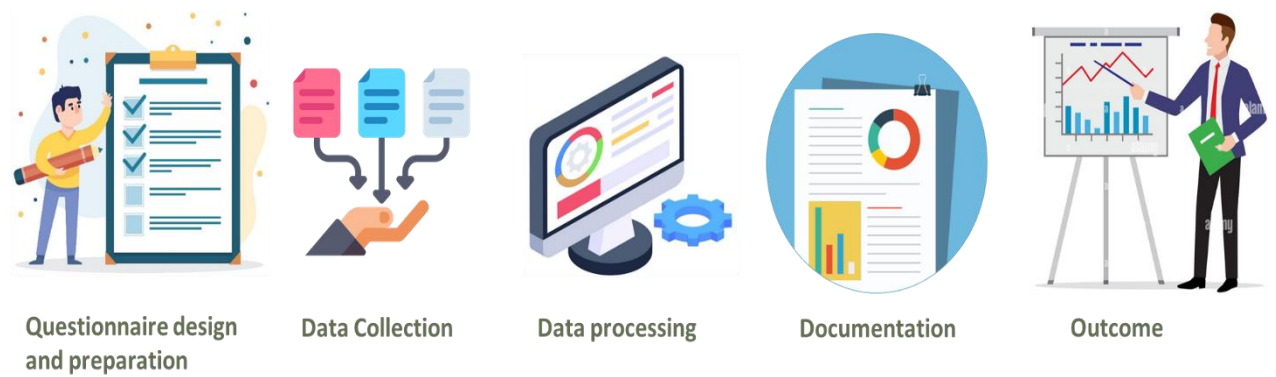
Chapter 4

Materials and methods

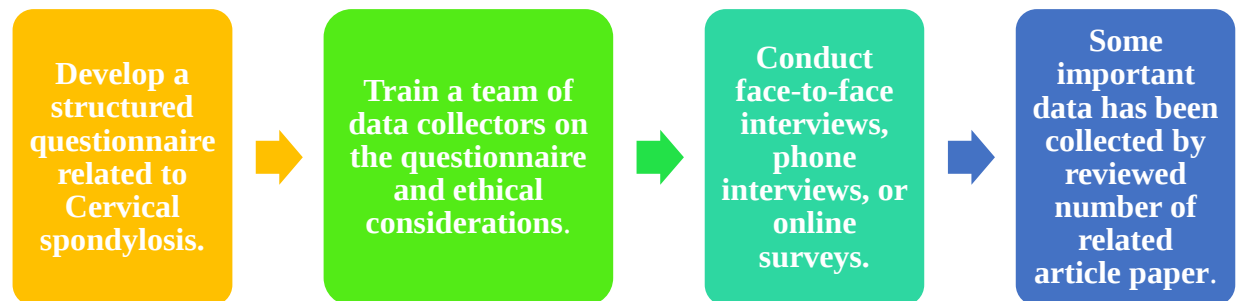
4. Methodology

Choose a cross-sectional survey design to gather data from a representative sample of the population in the Centre for the Rehabilitation of the Paralysed (CRP) Savar, Dhaka.

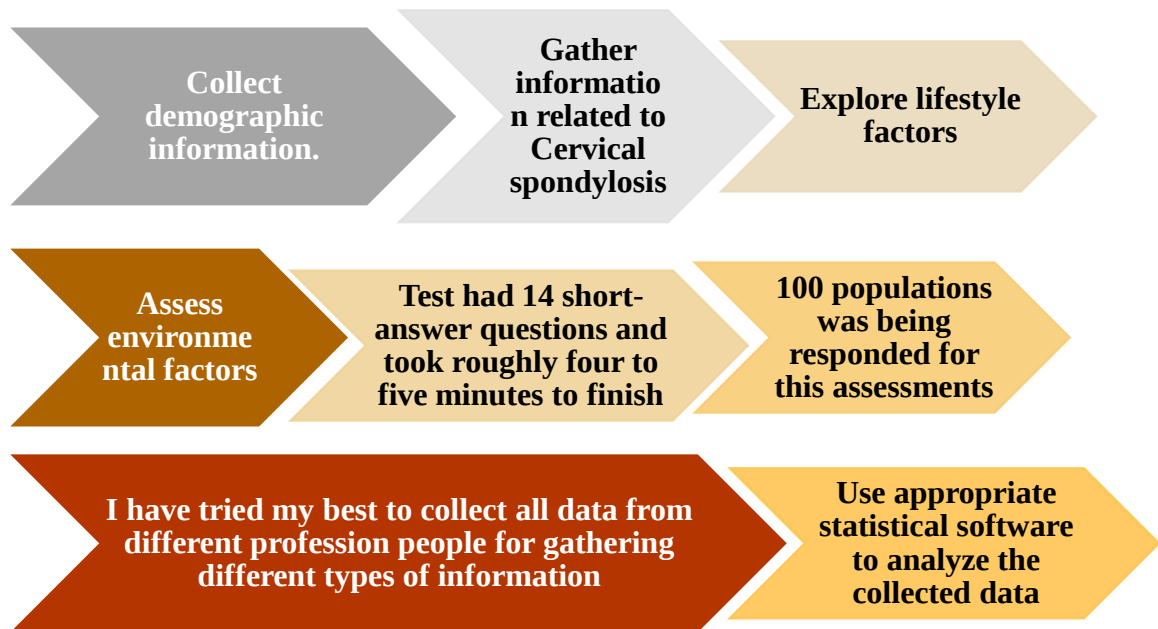
➡ I have started work for this survey in April 2024.



4.1 Data Collection



4.2 Data Variables & Analysis process



Chapter 5

Result & Discussion

5.1 Age of responders

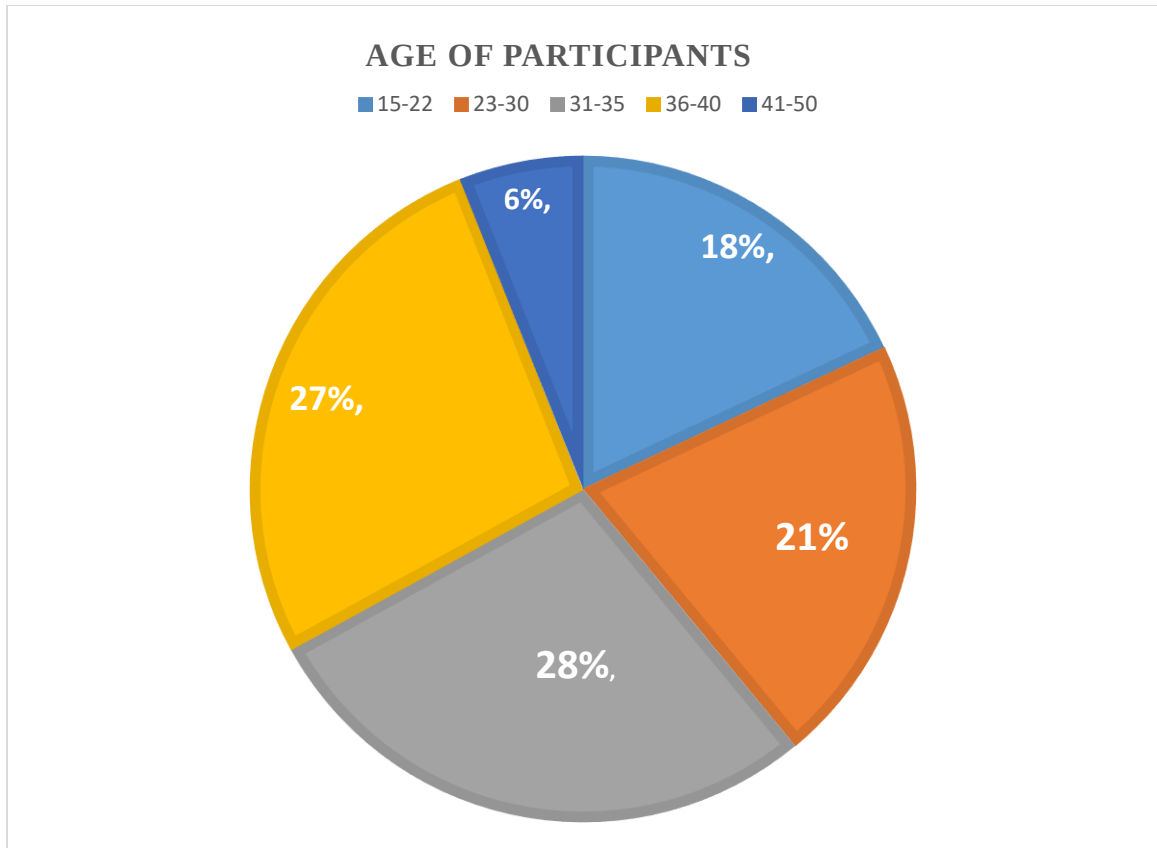


Figure 2: Age of responders

Discussion: Here many age ranges people have been responded in survey assessment. 18% of the participants were between the ages of 15-22, 21% were between the ages of 23-30, maximum 28% participants were between the ages of 31 and 35 and 27% responders were between 36-40 age ranges.

5.2 Gender of participants

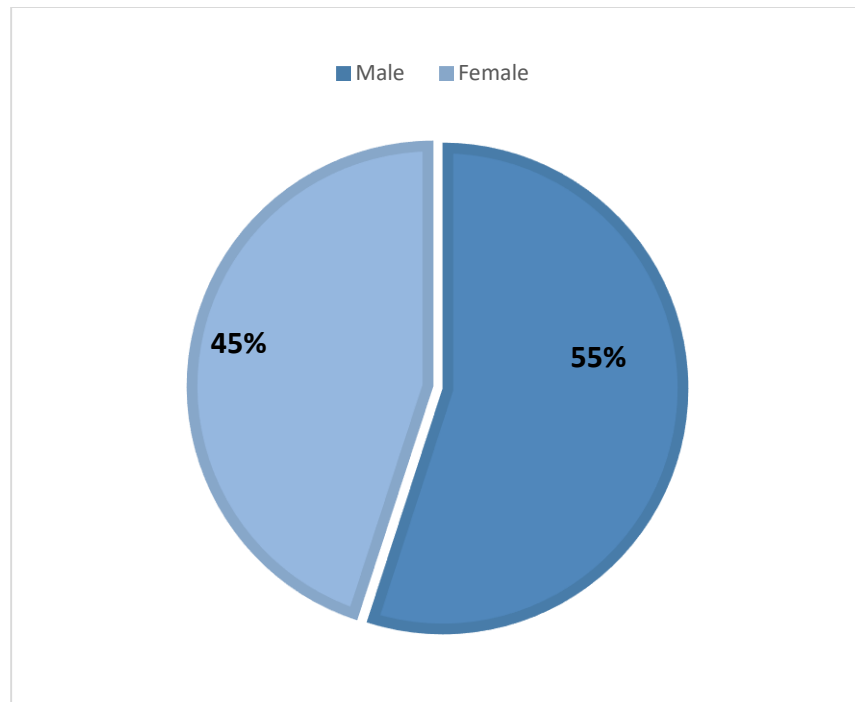


Figure 3: Gender of participants

Discussion: The diverse gender representation in this survey, with 55% male and 45% female participants.

5.3 Professional status of responders

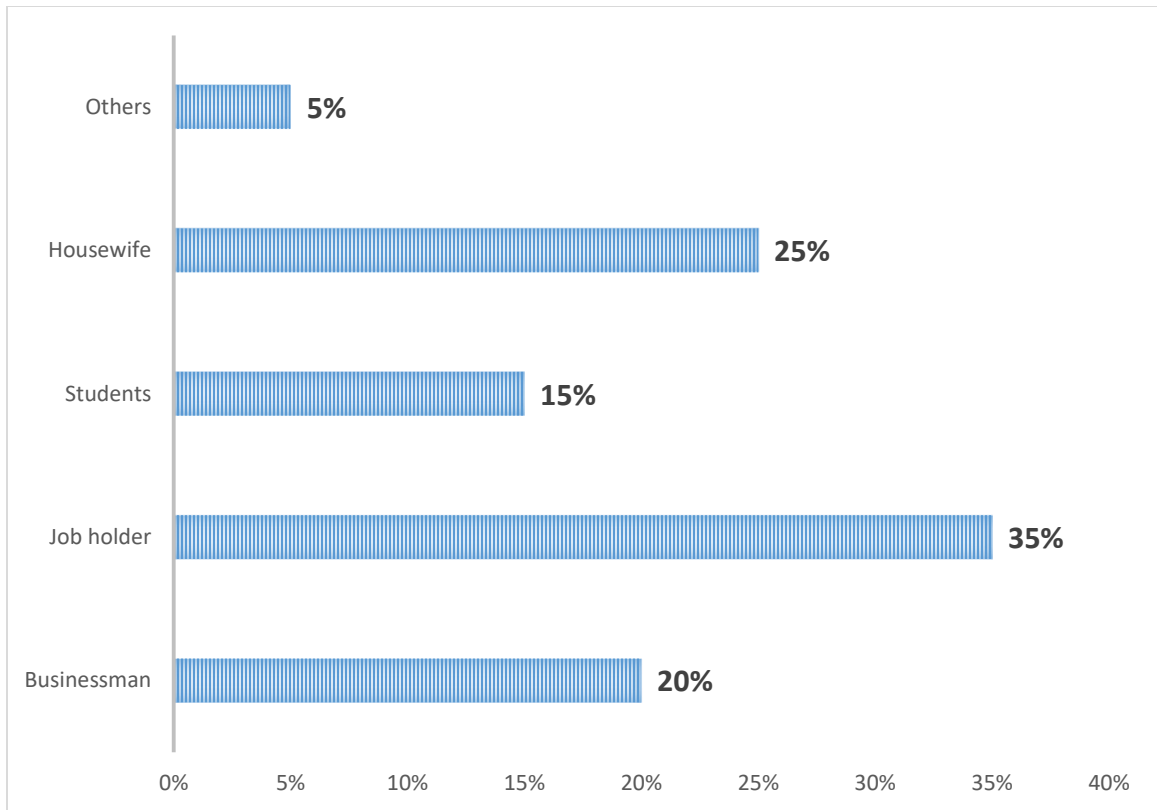


Figure 4: Professional status

Discussion: In the survey, various professionals were selected to participate. According to Figure 4, the majority of participants, 35%, are employed in jobs, while 20% are businesspeople.

5.4 History of neck pain or discomfort

Q: Do you have a history of neck pain or discomfort?

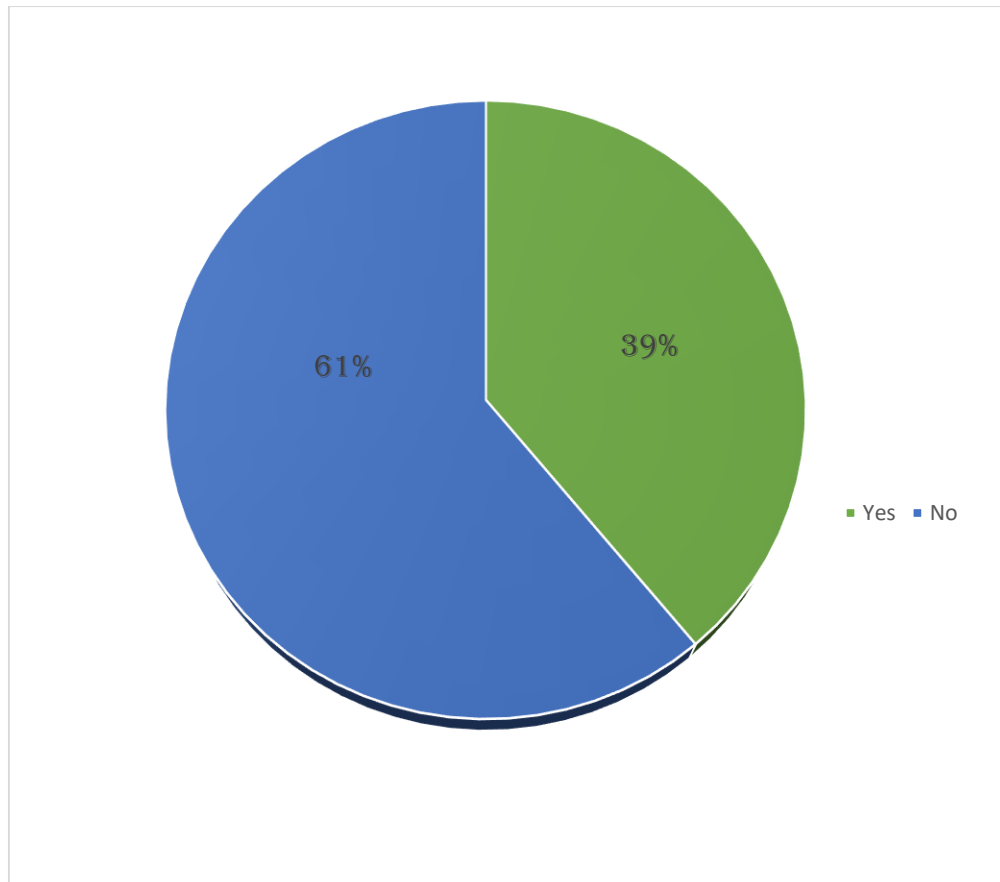


Figure 5: History of neck pain or discomfort

Interpretation: Neck pain or discomfort can arise from various causes and may be experienced in different ways, such as stiffness, sharp pain, or a dull ache. In this pie chart represent 39% participants have been history of neck pain or discomfort.

5.5 Duration of neck pain

Q: If yes, how long have you been experiencing neck pain?

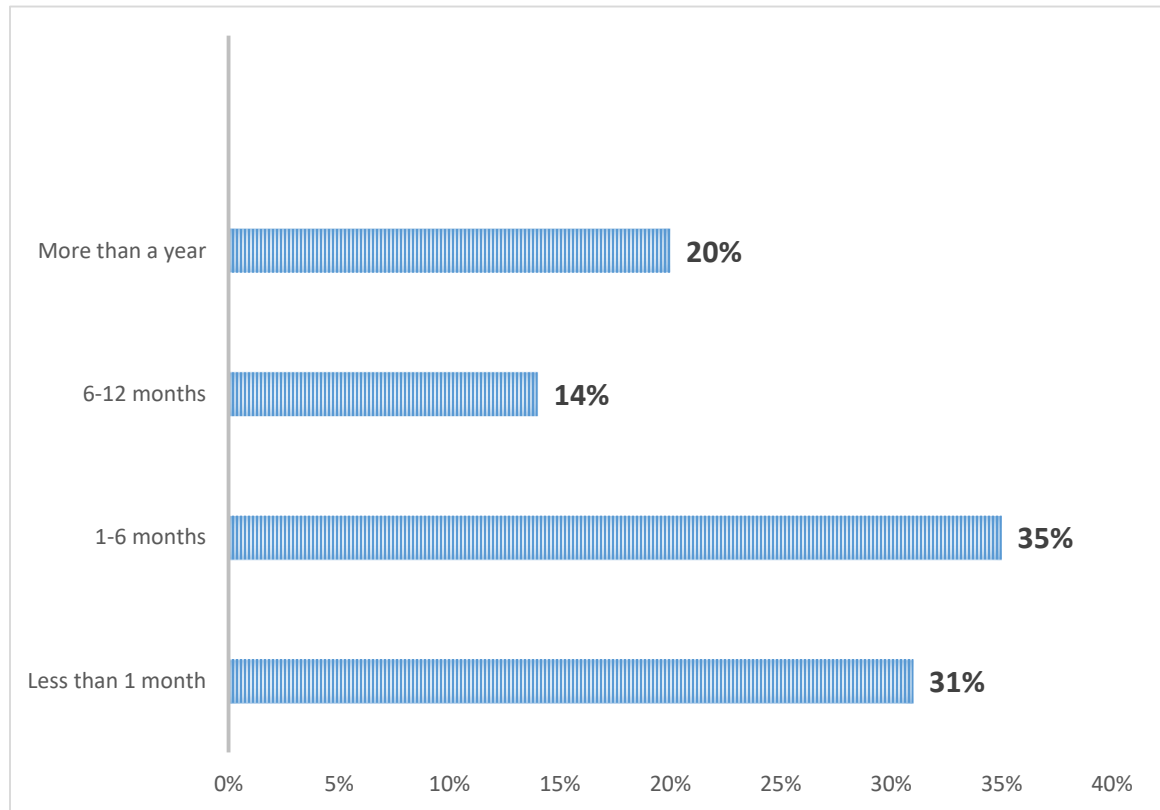


Figure 6: Duration of neck pain

Interpretation: As per this chart, 35% responders replied that they have been experienced neck pain from 1-6 months, 31% responders experienced from less than 1 month, 20% responders experienced more than a year & 14% responders also replied that they have been experienced neck pain from 6-12 months.

5.6 Diagnosed with cervical spondylosis by a healthcare professional

Q: Have you been diagnosed with cervical spondylosis by a healthcare professional?

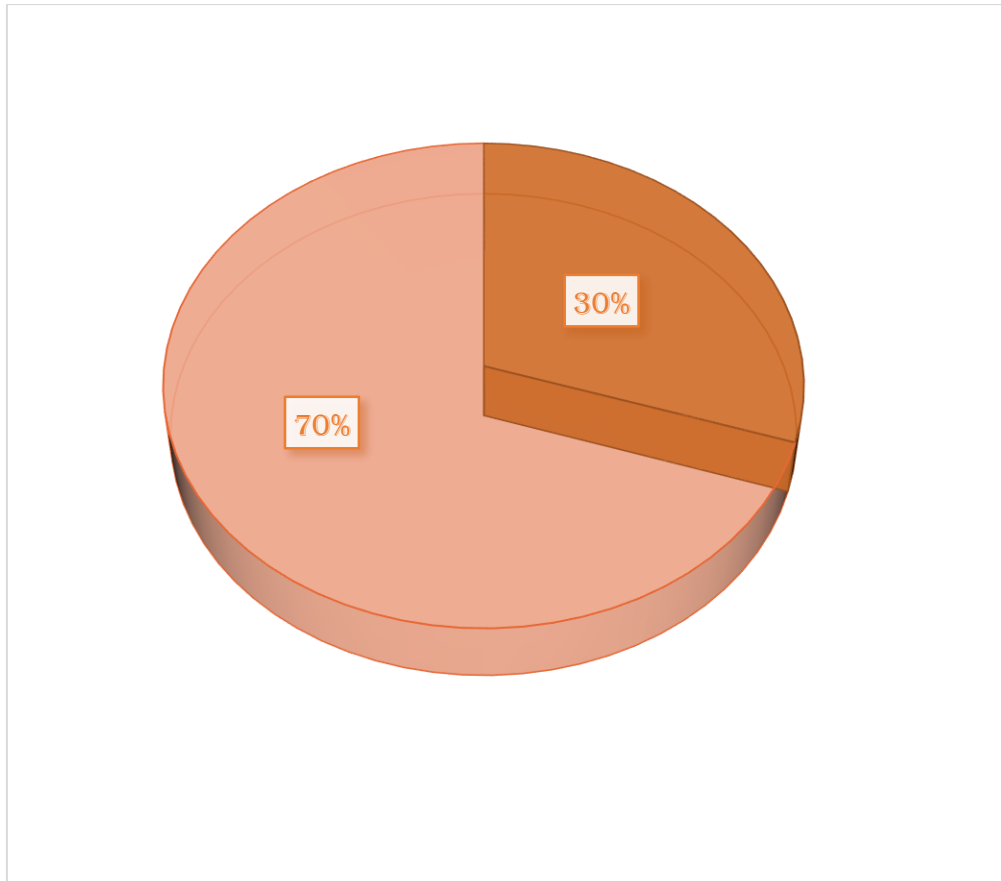


Figure 7: Diagnosed with cervical spondylosis by a healthcare professional

Interpretation: Cervical spondylosis, also known as neck arthritis or cervical osteoarthritis, is a condition involving the wear and tear of the cervical spine (the bones in the neck). In this survey 30% participants replied that they have been diagnosed with cervical spondylosis by a healthcare professional.

5.7 Symptoms

Q: What symptoms are you experiencing?

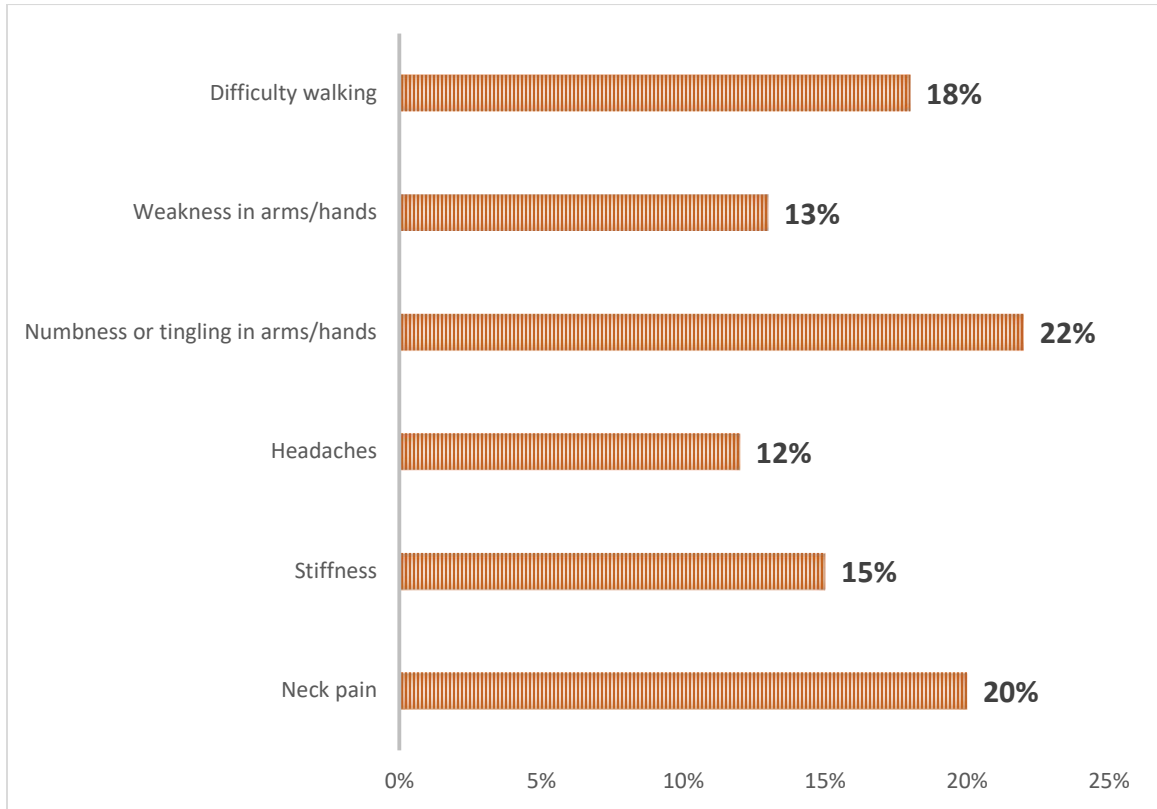


Figure 8: Symptoms

Interpretation: Different person experienced different kind of symptoms. In this chart, 22% responders replied that they have been felt Numbness or tingling in arms/hands, 20% responders felt neck pain, 15% responders felt stiffness, 18% responders felt difficulty walking & 13% responders have been felt weakness in arms/hands.

5.8 Frequency of experienced symptoms

Q: How often do you experience these symptoms?

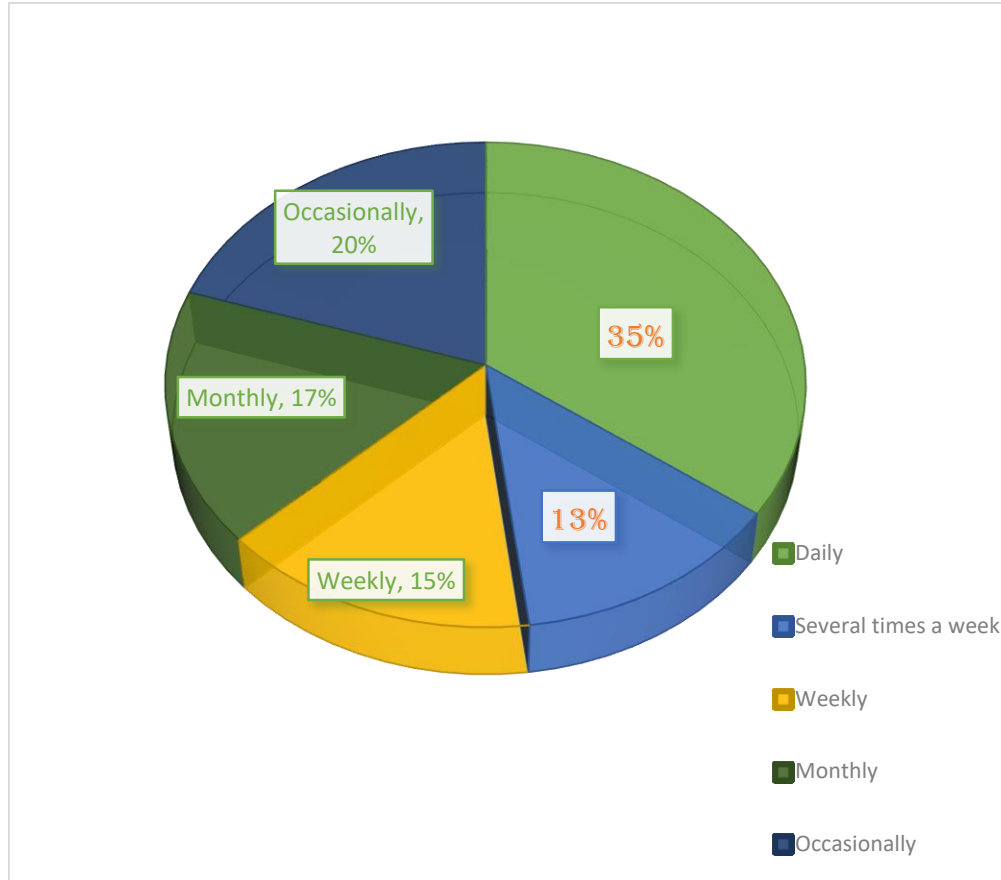


Figure 9: Frequency of experienced symptoms

Interpretation: As per this survey, 35% responders replied that they have been experienced their symptoms daily, 20% responders experienced occasionally, 17% responders experienced monthly & 15% responders experienced their symptoms weekly.

5.9 Maintain dietary chart with rich of calcium

Q: How often do you maintain dietary chart with rich of calcium?

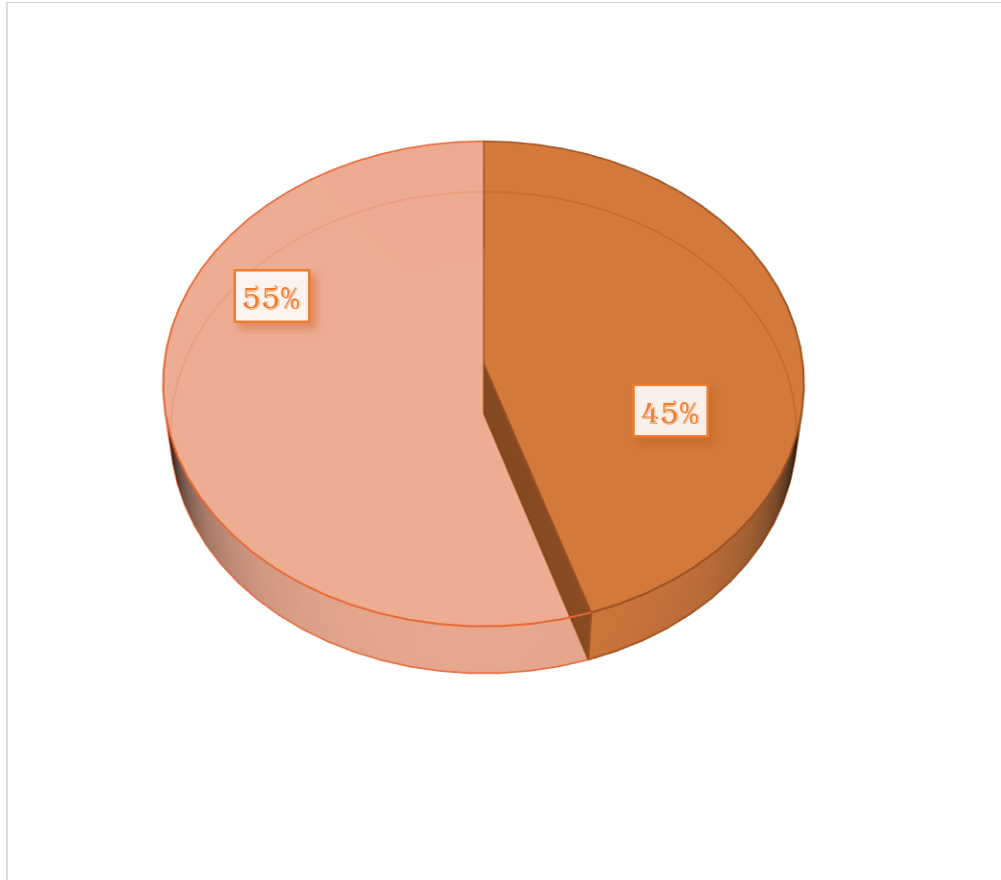


Figure 10: Maintain dietary chart with rich of calcium

Interpretation: Calcium-rich foods play an essential role in maintaining bone health and can be beneficial in managing or preventing conditions like cervical spondylosis, which is a type of degenerative arthritis that affects the cervical spine (neck). In this investigation 45% responders replied that they have been maintained in their diet chart of full of calcium to prevent cervical spondylosis.

5.10 Duration of sitting time

Q: How many consecutive hours do you sit in the office/any workstation?

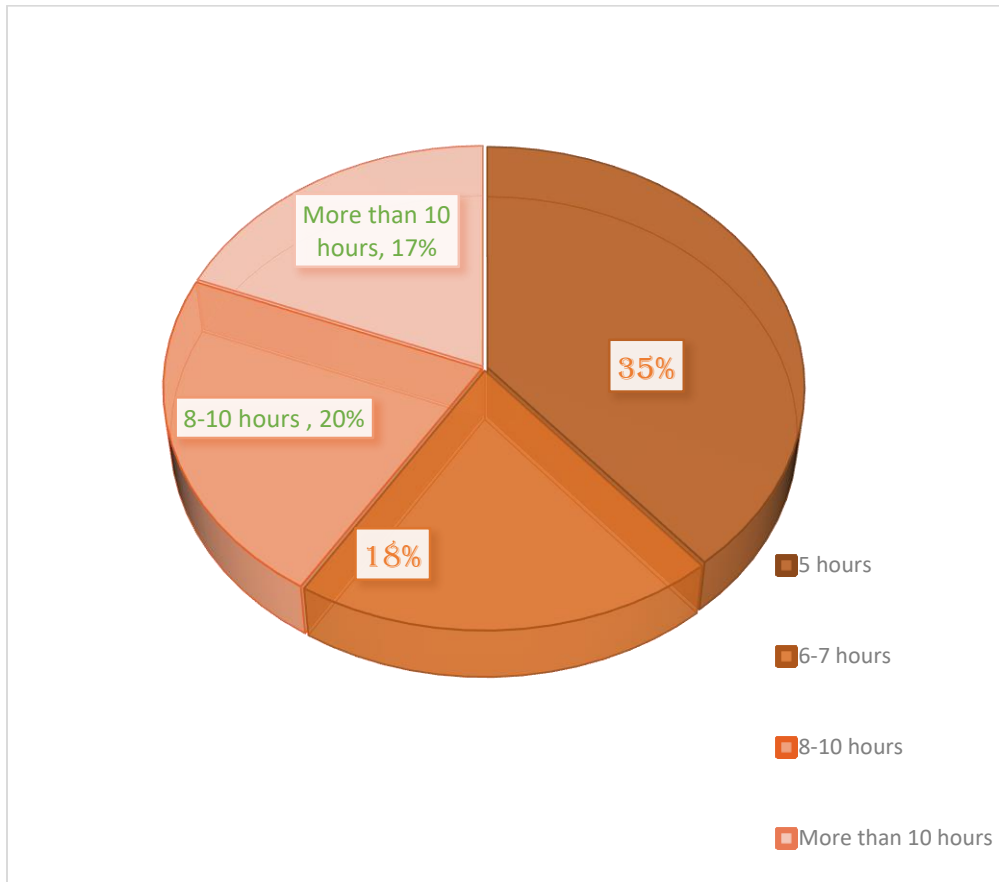


Figure 11: Duration of sitting time

Interpretation: Prolonged sitting can exacerbate the symptoms of cervical spondylosis for several reasons. As per this chart 35% participants retorted that they have been seated 6-7 hours in their work station. Additionally, 20% retorted that 8-10 hours, 18% replied 5 hours & 17% also replied that their sitting time more than 10 hours. Everybody should be seated maintained proper posture.

5.11 Type of taken treatment

Q: What types of treatment have you received for cervical spondylosis?

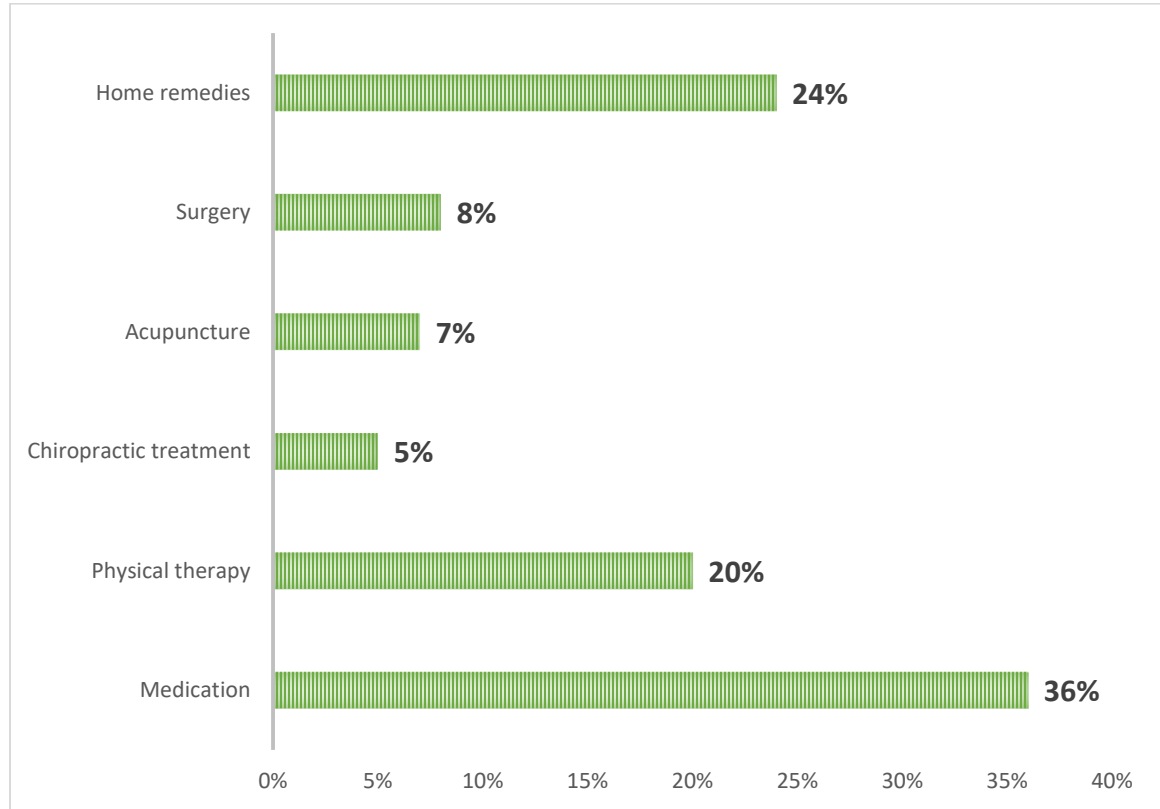


Figure 12: Type of taken treatment

Interpretation: Different responders taken different kind of treatment for relieving from this illness. In this investigation 36% responders retorted that they have been taken medication for relieving their symptoms. Additionally, 20% replied that they have been taken physical therapy & 24% replied they taken home remedies for relieving their cervical spondylosis symptoms.

5.12 Medicine suggested by doctor for cervical spondylosis

Q: What types of medicine has been suggested by doctor for cervical spondylosis?

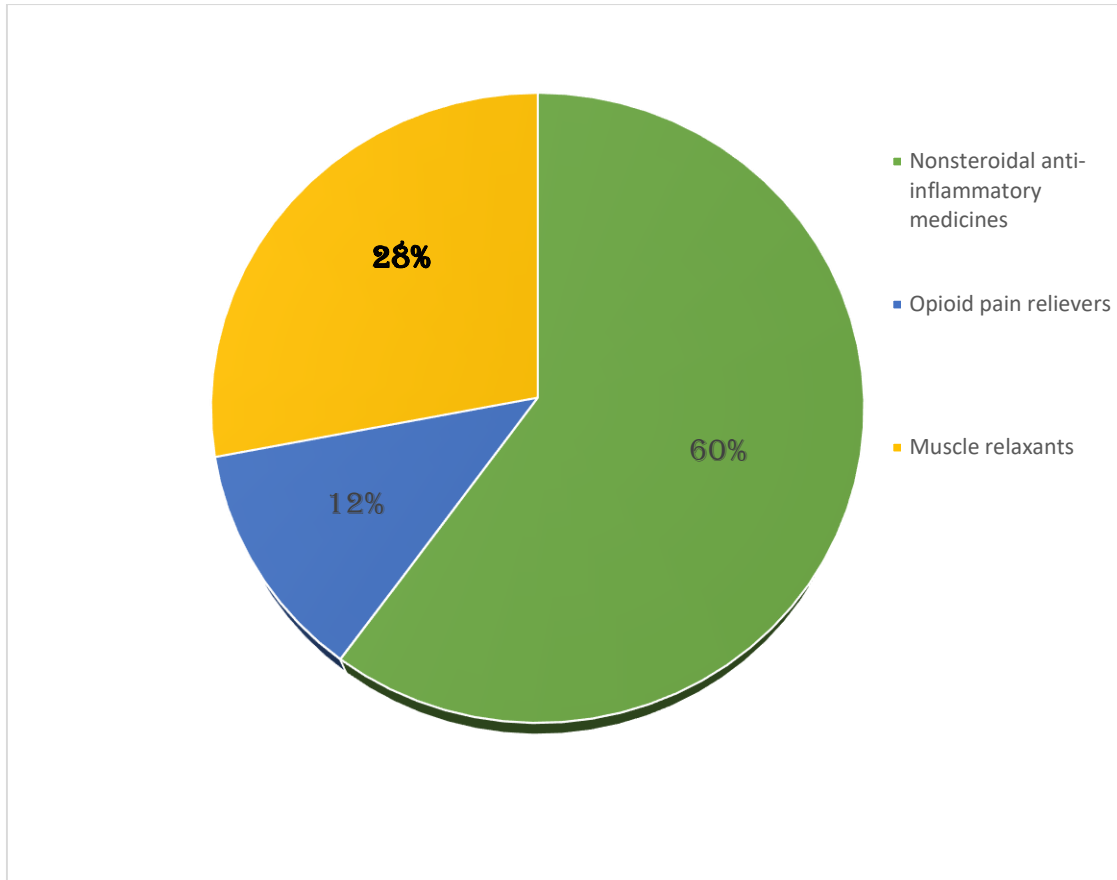


Figure 13: Medicine suggested by doctor for cervical spondylosis

Interpretation: As per this survey, majority of the participants 60% retorted that NSAID medication have been suggested by doctor for cervical spondylosis. Additionally, 28% responders retorted that Muscle relaxants & 12% responders replied that Opioid pain reliever's medication have been suggested by doctor for cervical spondylosis.

5.13 Follow up with a healthcare professional

Q: How often do you follow up with a healthcare professional for your condition?

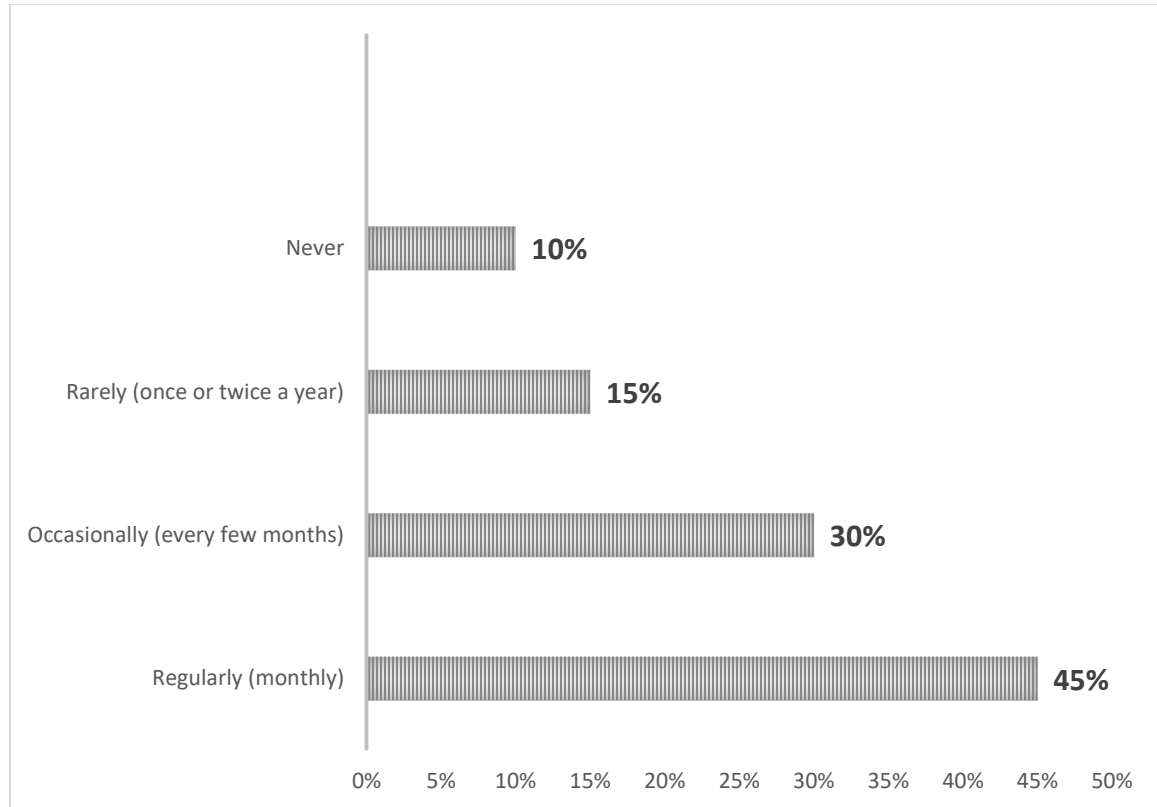


Figure 14: Follow up with a healthcare professional

Interpretation: As per this investigation most of the participants 45% retorted that they have been given follow up with a healthcare professional in regularly (monthly) for their illness. 30% responders retorted that they have been given follow up with a healthcare professional in occasionally (every few months) & 15% replied rarely (once or twice a year) given follow up with a healthcare professional for their illness.

5.14 Satisfaction rate of treatment from CRP Savar

Q: How satisfied are you with the care and support you have received at CRP Savar?

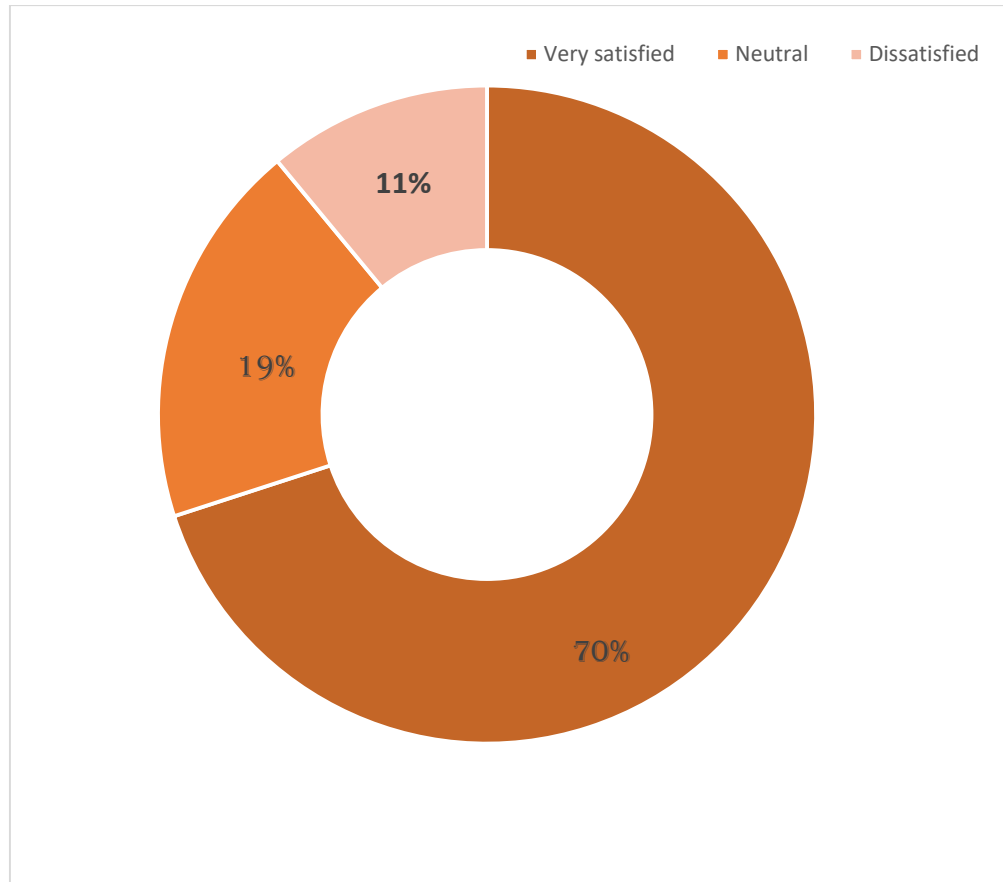


Figure 15: Satisfaction rate of treatment from CRP Savar

Interpretation: Majority of the responders 70% retorted that they have been very satisfied with the care and support received at CRP Savar.

Chapter 6

Conclusion

6. Conclusion

The survey on cervical spondylosis conducted at CRP Savar, Dhaka, provides valuable insights into the prevalence, risk factors, and impact of this condition on patients. The findings indicate a significant number of individuals are affected by cervical spondylosis, emphasizing the need for increased awareness and targeted interventions. 39% of participants in this pie chart reported having neck pain or discomfort in the past. According to this figure, 31% of respondents said they had had neck pain for less than a month, while 35% of respondents said they had it for one to six months. Thirty percent of interviewees said that a medical expert had diagnosed them with cervical spondylosis. Of the respondents, 22% reported having experienced numbness or tingling in their hands or arms, 20% reported neck pain, and 15% reported stiffness. Twenty percent of respondents said they occasionally experienced their symptoms, whilst thirty-five percent said they experienced them regularly. In this study, forty-five percent of participants indicated that they have kept their calcium-rich eating regimen up to date in order to avoid cervical spondylosis. According to this data, 35% of participants responded that they had been sat at their workstation for six to seven hours. Furthermore, 20% responded that they had sat for 8–10 hours, 18% that they had sat for 5 hours, and 17% that they had sat for longer than 10 hours. In response to the inquiry, 36% of respondents said they had taken medicine to treat their symptoms. 60% of participants, in the majority, answered that their doctor had recommended NSAIDs for cervical spondylosis. According to this study, the majority of participants 45% retorted that they had received regular (monthly) follow-up care from a medical expert for their sickness. Thirty percent of respondents countered that they have occasionally (every few months) received follow-up care from a healthcare provider. Future research should focus on longitudinal studies to better understand the progression of the disease and the long-term effectiveness of various treatment modalities.

Chapter 7

Reference

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