

An anatomical and evidence enhanced review of C2/3 intervertebral joint dysfunction

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There is considerable evidence (e.g., Gray's Anatomy; Bogduk) that the predominant sensory supply to the upper three joints of the cervical spine is of trigeminal origin. This infers that damage or dysfunction within this region can produce trigeminal symptoms. This anatomical fact seems largely unknown, especially within the medical community.

It would appear (to the writer) that traumatic damage to the atlanto-occipital and atlanto-axial joints are uncommon. However, especially in post-traumatic cases, dysfunction of C2/3 joints is far more common. Logically, this would mean that the vast majority of patients suffering from trigeminal symptoms (and others such as dizziness and nausea) require treatment to the C2/3 segment (having differentially diagnosed it from TMJ dysfunction).

This paper will present the neuro-anatomical and clinical evidence supporting this claim. Further, understanding that the lower 3 segments of the cervical spine are often degenerative, or mechanically unsound following trauma, the writer will propose an effective and safe high acceleration thrust technique to correct C2/3 dysfunction.