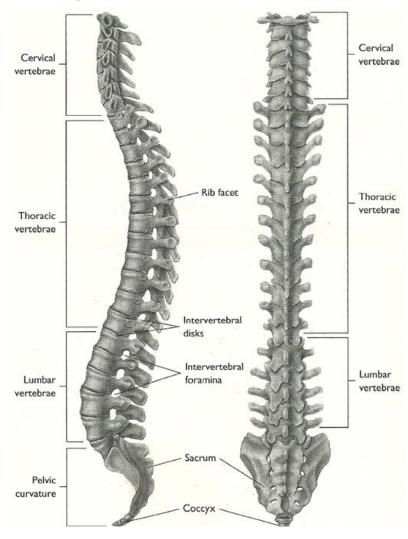
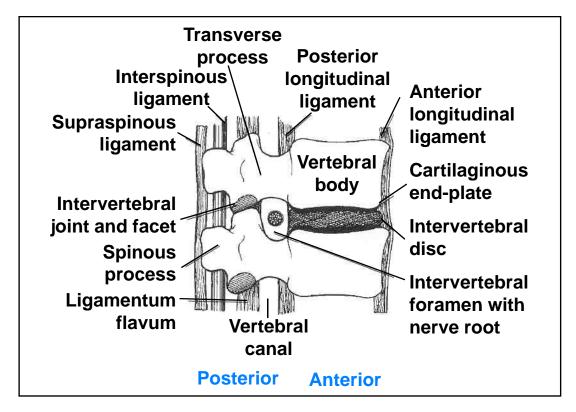
## Chapter 9

# The Biomechanics of the Human Spine

The spine is a curved stack of 33 vertebrae structurally divided into five regions: cervical region - 7 vertebrae thoracic region - 12 vertebrae lumbar region - 5 vertebrae sacrum - 5 fused vertebrae coccyx - 4 fused vertebrae





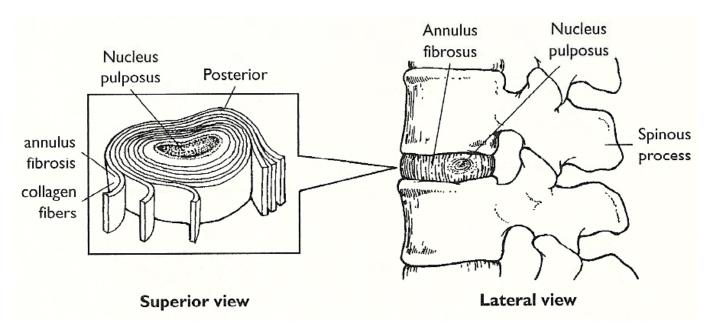
The motion segment, consisting of two adjacent vertebrae and the associated tissues, is considered to be the functional unit of the spine.

What types of joints connect adjacent vertebrae?

- intervertebral symphysis joints on the anterior side
- two gliding diarthrodial facet joints on the posterior side

#### What is the function of the facet joints?

- to channel and limit the range of motion in the different regions of the spine
- to assist in load bearing, sustaining up to 30% of the compressive load on the spine, particularly when the spine is in hyperextension



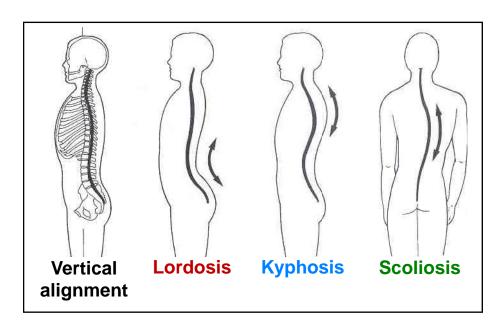
The intervertebral discs are fibrocartilaginous structures that cushion the anterior spinal symphysis joints. The center region is the nucleus pulposus, a colloidal gel with a high fluid content. This is surrounded by the annulus fibrosus, a thick, fibrocartilaginous ring that forms the disk exterior.

#### What are the primary spinal curves?

- the thoracic and sacral curves
- (concave anteriorly)
- are present at birth

What are the secondary spinal curves?

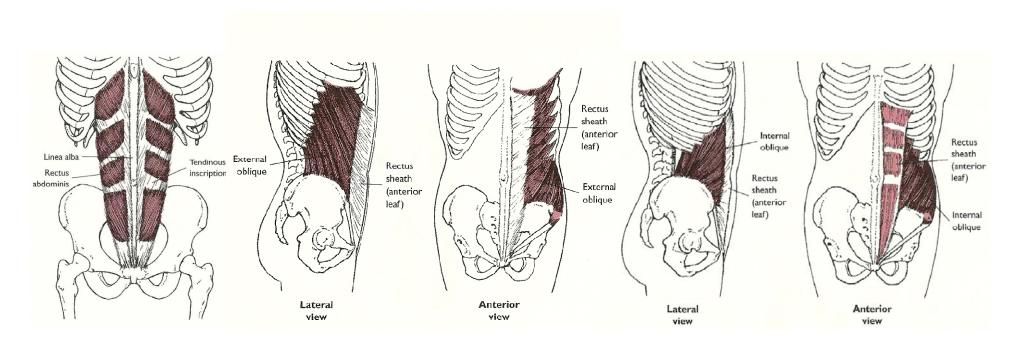
- the lumbar and cervical curves
- (concave posteriorly)
- develop from supporting the body in an upright position after young children begin to sit and stand



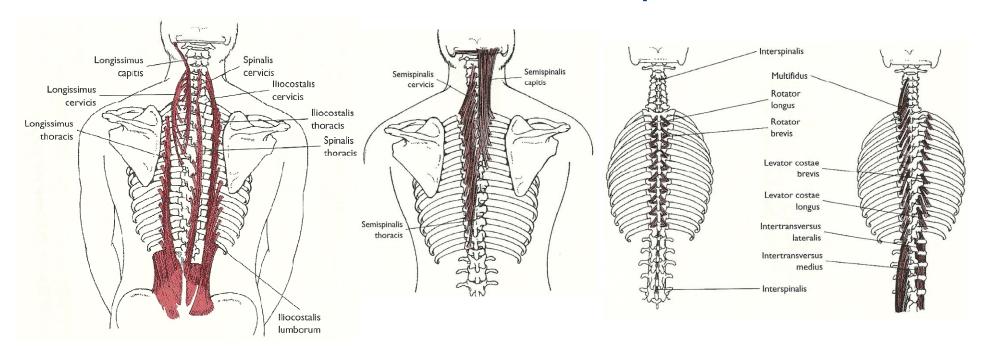
Lordosis - exaggerated lumbar curve Kyphosis - exaggerated thoracic curve Scoliosis - lateral spinal curvature

What movements of the spine are allowed?

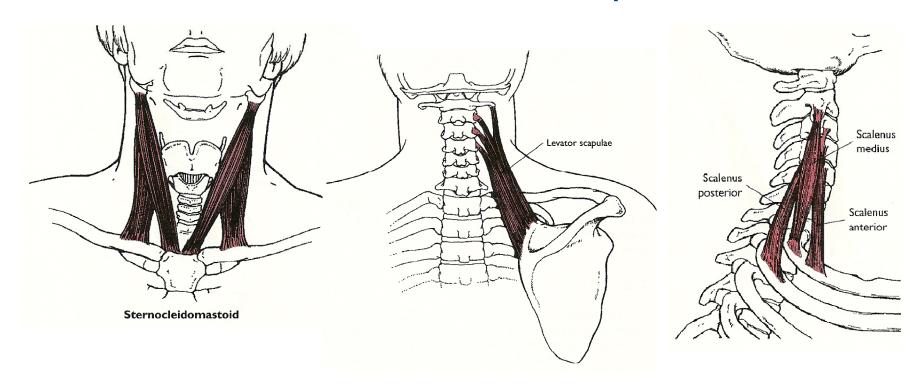
The movement capabilities of the spine are those of a ball and socket joint, including movement in all three planes, and circumduction.



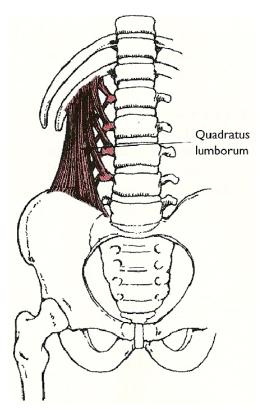
The abdominal spinal flexor muscles include rectus abdominis, the internal obliques, and the external obliques.

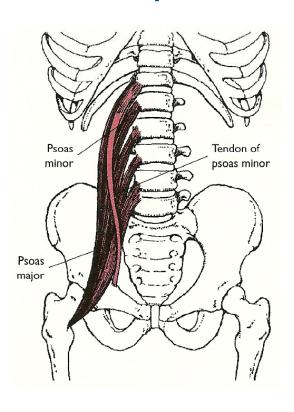


The thoracic and lumbar spinal extensors are erector spinae - (spinalis, longissimus, and iliocostalis), semispinalis - (capitis, cervicis, and thoracis), and the deep spinal muscles - (mulitifidi, rotatores, interspinales, intertransversarii, and levatores costarum).



The cervical lateral flexor muscles include sternocleidomastoid, levator scapulae, and scalenus anterior, posterior, & medius. When developing tension unilaterally, the cervical flexors and extensors also contribute.





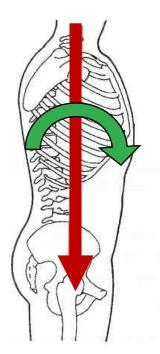
The lumbar lateral flexor muscles are the quadratus lumborum and psoas major. The lumbar flexors and extensors also contribute when developing tension unilaterally.

Basic Biomechanics, 6th edition

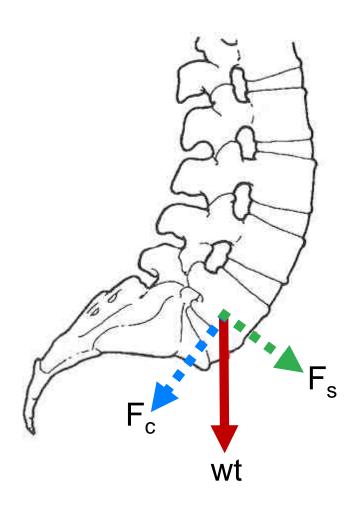
Sic Biomechanics, 6" edition By Susan J. Hall, Ph.D.

#### What forces commonly act on the spine?

- body weight
- tension in the spinal ligaments
- tension in the spinal muscles
- any external loads carried in the hands

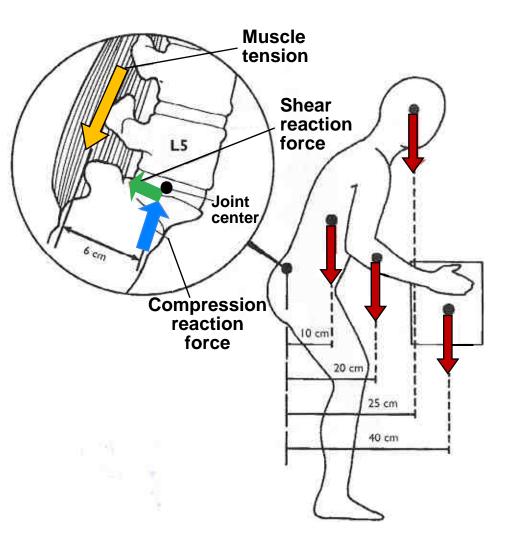


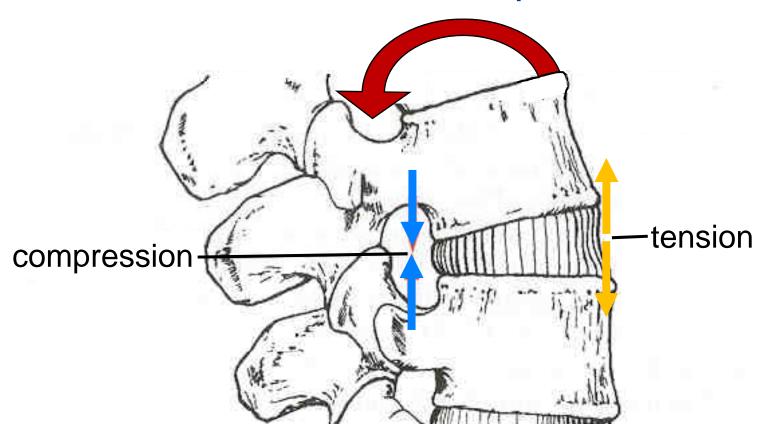
In normal standing position, body weight acts anterior to the spine, creating a forward bending load (moment) on the spine.



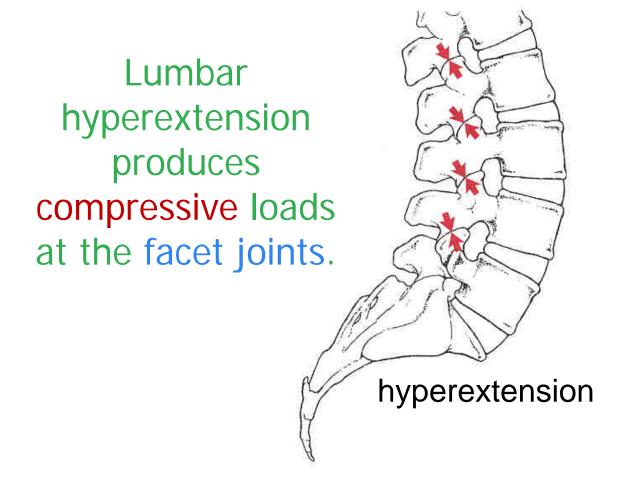
Because the spine is curved, body weight, acting vertically, has components of both compression (F<sub>c</sub>) and shear (F<sub>s</sub>) at most motion segments.

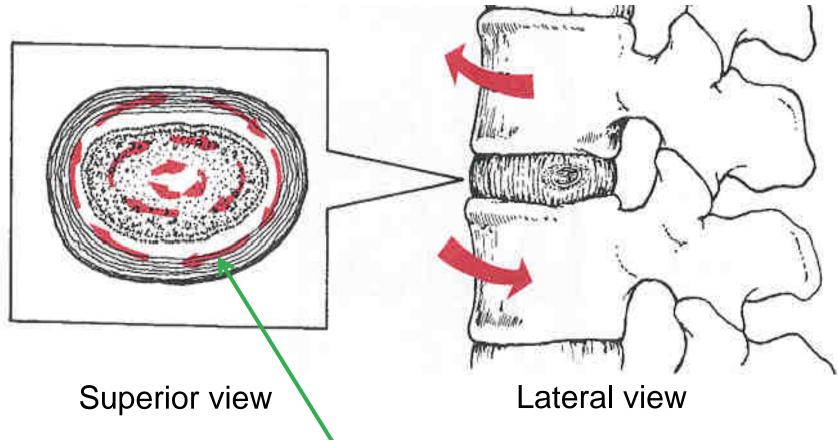
During lifting, both compression and anterior shear act on the spine. Tension in the spinal ligaments and muscles contributes to compression.





Lumbar hyperextension can create a bending load (moment) in the posterior direction.





Spinal rotation generates shear stress in the intervertebral discs.