



CORDIMA CHIROPRACTIC CENTER

Personal care. Clear next steps.

FREE PATIENT GUIDE

Understanding Neck & Back Pain

Stiffness. Recurring pain. Sciatica.
Find a clearer starting point for care.



Helping People Get Back to the Life They Miss

Dr. Christopher T. Cordima, DC, BCN

Board Certified in Chronic Intractable Pain & Neuropathy

Cordima Chiropractic Center | 707 Broadway, Somerville, MA 02144

Schedule an appointment: 617-629-2600

LIVING WITH NECK & BACK PAIN

More than an aching back.

Before we talk about joints and discs, I want to talk about you. Pain can interrupt your sleep, make a drive uncomfortable, or turn getting out of a chair into something you brace yourself for. You may be tired of planning your day around what your neck or back will allow.

NECK STIFFNESS

Turning or looking up feels limited

BACK PAIN

Sitting, standing, or bending hurts

RADIATING PAIN

Pain travels into an arm or leg

CHANGING FUNCTION

Sleep or daily activity is affected

Maybe the pain is new. Maybe it keeps coming back. You may worry about work, surgery, or losing the freedom to do things you love. I want to hear those concerns and help you understand your options.

What would you like to get back to?

A walk with family. Gardening. Lifting a grandchild. Sleeping more comfortably. Bring one goal that matters to you.

UNDERSTAND THE SYMPTOMS

Understanding your symptoms

Your spine contains bones, joints, and discs, with nerves branching toward your limbs. Irritation of a nerve in the neck can cause pain, tingling, numbness, or weakness in an arm. This is called cervical radiculopathy. [3]

NECK → SHOULDER / ARM

A nerve irritated in the neck can produce symptoms farther down the arm. [3]

LOW BACK → BUTTOCK / LEG

Sciatica involves irritation or compression of the sciatic nerve or its roots, often producing leg symptoms. [4]

PAIN STAYS IN THE NECK / BACK

Muscles, joints, and other tissues may contribute. The location of pain is one clue; your history and examination help us understand the picture. [1,2]

A scan finding is considered alongside your symptoms and examination. Not every painful back has a herniated disc, and not every leg ache is sciatica. [1,3,4]

Imaging when it can help

For low back pain, scans are generally reserved for situations where the findings are likely to change care. We discuss testing when your history or examination calls for it. [5]

MECHANICAL JOINT DYSFUNCTION

Joint movement and comfort

Mechanical joint dysfunction describes a joint that is not moving or functioning comfortably. We assess stiffness, tenderness, and movement to understand how your joints, muscles, and nerves may contribute to symptoms. [1-3]

Daily demands can add up

Long periods in one position, repetitive work, or an injury can strain the tissues around your neck and back. We ask about your daily routine so recommendations fit the way you live and work. [1,2]

Why it can feel like more than stiffness

- Muscles may tighten or spasm around a painful area.
- Irritated joints and nearby tissues can be tender; inflammation can be part of arthritis or injury.
- When a nerve is irritated, pain, tingling, or numbness may travel into an arm or leg. [1,3,4,7]

Treatment and relief

Chiropractic adjustments and joint mobilization use controlled movements with the goals of easing pain and improving appropriate joint motion. We may combine them with soft tissue work and exercises that support strength and movement control. Clinical research supports these approaches for selected neck and back conditions. [5,6,10]

A more comfortable way to move

We discuss positions, work habits, and exercises that suit you, then review how you feel and function.

JOINT MOVEMENT & SPINAL STABILITY

Movement and support

A door hinge can be stiff when movement is restricted, or loose when it moves too much. Your spine is more complex, but this helps explain why we assess movement and support.

JOINT RESTRICTION

A joint moves less freely. Care may focus on easing discomfort and improving appropriate movement.

SPINAL INSTABILITY

A spinal segment has excessive movement. Care may focus on support, movement control, and further assessment. [11,12]

What is spinal instability?

Spinal stability depends on the bones, discs, ligaments, muscles, and nervous system working together. Instability can occur when a segment moves excessively; some cases involve a vertebra slipping relative to its neighbor, called spondylolisthesis. [11,12]

The examination guides the next step

Pain or posture alone does not establish instability. We discuss imaging or referral when needed. Treatment must fit the findings; forceful adjustments at an unstable segment may be inappropriate. [6,12]

KEEP LIFE MOVING

A practical plan.

When your back has flared up more than once, it is easy to become cautious about every bend or turn. Many episodes improve over time. A useful plan helps you understand what you can do and how to build activity at a pace that fits.

[1,2]

Support can matter as much as flexibility

Your muscles help support and control the spine. We may work on strength and movement habits alongside stiff or uncomfortable joints. [5,11]

KEEP SOME MOVEMENT

Ask which daily activities are appropriate. For many common back problems, staying active is preferable to prolonged bed rest. [1]

CHANGE POSITIONS

Break up long periods in one position. Discuss practical changes to your desk, driving, or daily tasks. [2]

TRACK YOUR PROGRESS

Notice changes in sleep, walking, sitting, and arm or leg symptoms. Tell us what is getting easier and what still feels difficult.

A plan that fits your life

We can discuss pacing, exercise, and ways to make everyday tasks more manageable. If turning your neck is too limited to drive safely, wait until it is safe to drive. [2]

MAKE INFORMED CHOICES

Your goals matter.

Relief matters when pain has worn you down. We discuss what you have tried, what helped, and what you want to do more comfortably.

COMFORT

What helps you manage pain and sleep more comfortably?

MOVEMENT & SUPPORT

What helps you move, build strength, and manage daily tasks?

PROGRESS

Which changes will we review, and when should the plan change?

What does the research support?

The American Chiropractic Association highlights research on chiropractic care for back and neck pain. A randomized trial found that adding chiropractic care to usual medical care improved short-term pain and disability in active-duty service members with low back pain. [9,10]

How that applies to you

Chiropractic adjustments, joint mobilization, and exercise can have roles in selected neck and back conditions. For low back pain, guidelines advise combining manual therapy with exercise. Your diagnosis, health history, and goals guide your options. [5,6]

Ask what each recommendation is intended to help.

OUR OFFICE APPROACH

Care with a purpose.

Your evaluation comes first. We consider movement, tenderness, strength, nerve-related signs, and whether the spine needs more mobility, more support, or further assessment.

Chiropractic adjustments / joint mobilization

Selected joint techniques aim to ease symptoms and improve appropriate movement. We choose the technique around your findings, preferences, and comfort. We discuss benefits, risks, and alternatives before care. [6]

Soft tissue care

Hands-on muscle and soft tissue work may help manage tenderness and tension alongside your movement and exercise plan. [5]

Therapeutic exercise and rehabilitation

We choose exercises around your tolerance and goals. These may focus on strength, endurance, and movement control. When stability is a concern, the emphasis may be on supporting the spine rather than increasing movement at that segment. [5,11]

Selected adjunct therapies

Additional therapies may be considered with specific comfort or function goals. We explain their purpose and how they fit with your active care.

Home guidance and progress reviews

We discuss practical changes and exercises you can carry into daily life. Reviews consider what is getting easier, what remains difficult, and whether recommendations need to change.

COMMON QUESTIONS

Answers before you begin

Can you help with recurring pain or sciatica?

An evaluation helps us understand the cause and whether our approach fits. Tell us about pain, numbness, weakness, and the activities that are difficult. [1,3,4]

Will my insurance cover this?

Most plans cover chiropractic care. Coverage for other therapies, the number of treatments, and allowable services varies by insurance company and plan. We can help you figure out your coverage.

Is this guaranteed to work?

Nothing in healthcare is guaranteed. For a suitable candidate, an individualized plan offers an opportunity for meaningful relief and better daily function. We set goals and review progress.

How many visits will I need, and what does it cost?

We discuss your proposed schedule, fees, and progress reviews after your evaluation.

What can I do between visits?

Follow your activity and exercise guidance. Ask how to pace demanding tasks and which movements fit your needs. Tell us about changes in arm or leg symptoms. [1,3,5]

What if I have already tried other treatments?

Tell us what helped and what did not. That history helps us discuss your next step, including further testing or another type of care when appropriate.

YOUR EVALUATION & SAFETY

Know when to seek help.

Seek emergency care now [1,8]

Back pain with new bladder or bowel problems, numbness around the groin or anus, or weakness or numbness in both legs needs emergency assessment. Serious trauma or pain with chest symptoms also needs urgent attention.

Get prompt medical advice [1,7]

Seek urgent assessment for rapidly worsening pain, fever or feeling unwell, new or increasing limb weakness, trouble walking, or new hand clumsiness. Tell your clinician about a cancer history or unexplained weight loss.

For persistent pain without urgent warning signs

We review your history, movement, strength, and nerve-related findings, then discuss whether care here is appropriate. Bring your medication list and relevant imaging or test reports.

Dr. Christopher T. Cordima, DC, BCN

Practicing since 1988.

Board Certified in Chronic Intractable Pain & Neuropathy.

Schedule a Neck or Back Evaluation

Call 617-629-2600

KEY THINGS TO KEEP IN MIND

Let's find your next step.

A plan, not a magic bullet

Neck and back pain can involve several tissues and movement patterns. We begin by understanding your symptoms and findings, then choose care around your needs.

Can you be helped?

That is the question I want to help you answer. A recurring flare-up or a scan finding is only part of the story. Tell me what you want back: a comfortable drive, time in the garden, or the freedom to play with your grandchildren.

You deserve an honest conversation

If care here looks appropriate, I will explain what we recommend, why, and how we will review progress. If further testing or another type of care makes more sense, I will tell you.

Small wins can make a real difference

Sitting through dinner. Getting out of bed more easily. Turning your head with greater comfort. We connect progress to your daily life and adjust the plan around your response.

Schedule a Neck or Back Evaluation

Call 617-629-2600

MEET YOUR DOCTOR

About Dr. Cordima



**Dr. Christopher T. Cordima,
DC, BCN**

Practicing since 1988.

Board Certified in Chronic Intractable Pain &
Neuropathy.

Dr. Cordima graduated from Palmer Chiropractic College in 1987 and received his chiropractic license in November 1988. He comes from a family with a legacy in chiropractic care and is proud to carry that tradition forward.

His approach starts with listening: what hurts, what you have tried, and what you want to get back to doing. He is dedicated to compassionate, honest care and helping you understand whether a natural, nonsurgical approach fits your needs.

Outside the office, he enjoys time with his loving partner, Linda, and their family, hiking New England trails with Benny, exploring local coffee shops and restaurants, and cooking together.

Let's talk about getting you back to the life you miss.

Cordima Chiropractic Center

707 Broadway, Somerville, MA 02144

Call 617-629-2600 to schedule an appointment.

Visit somervillechiropractor.com

SOURCES AND FURTHER READING

References

1. NHS. Back pain. [Read source](#)
2. NHS. Neck pain. [Read source](#)
3. AAOS. Cervical radiculopathy (pinched nerve). [Read source](#)
4. NHS. Sciatica. [Read source](#)
5. NICE. Low back pain and sciatica in over 16s: assessment and management. NG59. [Read source](#)
6. NCCIH. Spinal manipulation: what you need to know. [Read source](#)
7. NHS. Cervical spondylosis. [Read source](#)
8. Cambridge University Hospitals. Back pain: emergency warning signs and assessment. [Read source](#)
9. American Chiropractic Association. What research shows. Research overview. [Read source](#)
10. Goertz CM, et al. Usual medical care plus chiropractic care vs usual medical care alone for low back pain: randomized clinical trial. JAMA Netw Open. 2018;1(1):e180105. [Read source](#)
11. Panjabi MM. The stabilizing system of the spine. Part I: function, dysfunction, adaptation, and enhancement. J Spinal Disord. 1992;5(4):383-389. Biomechanical framework. [Read source](#)
12. AAOS. Adult spondylolisthesis in the low back. [Read source](#)
13. Centers for Medicare & Medicaid Services. Chiropractic services: Medicare coverage. [Read source](#)

Understanding the evidence

Research supports pain and function benefits from spinal manipulation for selected neck and back conditions. Joint restriction and excessive movement require different assessment and care. The biomechanical framework in source 11 explains spinal support; it is not a clinical trial of our program. Treatment is guided by your findings, rather than an assumption of one cause for every painful spine.

Benefits, risks, and choices

Temporary soreness may follow manipulation. Rare serious neurological or vascular complications have been reported, particularly with neck manipulation. We discuss benefits, risks, and alternatives. [6] This guide is educational; no outcome is guaranteed. Do not change prescribed medicine without your prescriber. Office descriptions reflect information supplied by Dr. Cordima.