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Insights in Neurosurgery

ISSN 2471-9633

2023

Vol.7 No.1:001

Cervical Spine Symptoms Due to Smartphones Use at University

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Received date: September 19, 2022, Manuscript No. IPJNCS-22-14588; **Editor assigned date:** September 22, 2022, PreQC No. IPJNCS-22-14588 (PQ); **Reviewed date:** October 06, 2022, QC No. IPJNCS-22-14588; **Revised date:** January 17, 2023, Manuscript No. IPJNCS-22-14588 (R); **Published date** January 24, 2023, DOI: 10.36648/2471-9633.7.1.001

Citation: Kpelao E, Moumouni K, Ahanogbe MH, Egu K, Doleagbenou AK, et al. (2023) Cervical Spine Symptoms Due to Smartphones Use at University. Neurosurg Vol:7 No:1

Abstract

Objective: The use of smartphones has increased dramatically in the world. In Togo, users are estimated at nearly 7 million (89%) of the population in 2019. Globally, users are spending at least 4 hours per day on smartphones. Smartphones usage forces neck bending postures, causing musculoskeletal disorders. The objective of this study was to evaluate knowledge and also adverse effects of bad postures on the cervical spine of smartphones users in young people.

Methods: This is a prospective analytic study realized on students (18-45 years old) from Lome and Kara universities over a period of 3 months (May 1 to July 30, 2021). They filled out a form directly or electronically through the social networks (WhatsApp) of the targeted universities. The main parameters assessed were: Age, duration of smartphone use, daily time of use, occurrence of cervical spinal symptoms.

Results: A total of 431 participants with average age 23.6 years were enrolled. Almost all (98.8%) had a smartphone since 3.6 years in average. Most of participants (55%) reported that their cervical postures were bad during smartphone using (66.8%). The main symptoms reported were neck pain (48,7%) and ervical radiculopathy (27,8%). The frequency of neck pain was correlated with the daily use time of smartphones. These disorders motived medical consultation in 18% (7% specialized). All the patients who consulted for neck pain were using smartphones more than 8 hours per day. Imaging found degenerative lesions in 23.7%.

Conclusion: The smartphones, although essential, are responsible of spinal degenerative pathologies caused by bad postures. The daily usage time is the main factor on which action should be taken to minimize the harmful effects on the spine; as adoption of correct positions seems difficult to be applied.

Keywords: Smartphones; Postures; Musculoskeletal disorders; Togo; Cervical spinal symptoms

Introduction

The technology has significantly changed humanity life. The advent of smartphones is the perfect illustration and has become almost essential for all daily tasks. Over the past decade, the use of smartphones has increased dramatically. According to a survey carried out in January 2020, there were approximately 5.19 billion mobile phone users, representing 67% of the world's population [1]. In Togo, users are estimated at nearly 7 million (89%) of the population in 2019 [2]. Globally, users are spending at least 4 hours per day on smartphones [3]. Smartphones usage forces neck bending postures, which causes stress to neck structures [4,5]. This chronic anti-physiological posture has adverse effects as musculoskeletal disorders [6]. While the adverse effects of smartphone on the mental health of users are well known, data are missing in Africa. The objective of this study was to evaluate knowledge and also adverse effects of bad postures on the cervical spine of smartphones users in young people.

Materials and Methods

This is a prospective analytic study realized on students (18-45 years old) from Lome and Kara universities over a period of 3 months (May 1 to July 30, 2021). They filled out a form directly or electronically through the social networks (WhatsApp) of the targeted universities. The main parameters assessed were: Age, duration of smartphone use, daily time of use, occurrence of cervical spinal symptoms.

Five hundred one university students, from two institutions in two different regions, were included in this cross-sectional study, on a voluntary basis. Students from these different cities with different socio-cultural characteristics, habits and lifestyles were included in order to reflect the wider community. The research protocol was approved by the local ethics committee. After all participants were informed about the study, written, informed consent was obtained and all stages of the study were sustained in accordance with the Declaration of Helsinki. Three inclusion criteria applied were that the participants be enrolled in university, that they be smartphone users and that they did not have any history of systemic, neurological or psychiatric diseases. The age and gender of all participants were recorded. All participants were evaluated with Visual Analogue Scale (VAS) in terms of the severity of neck pain, Neck Disability Index (NDI) in terms of the effect of neck pain on daily living activities and Smartphone Addiction Scale (SAS) in terms of smartphone use dependence. Participants were divided into three groups defined as "non-disability", "mild disability" and "moderate to complete disability".

Smartphone Addiction Scale (SAS): The Smartphone Addiction Scale (SAS) is a self-rating scale consisting of 33 items and developed by Kwon, et al. Each item is evaluated with a Likert-type scale ranging from 1 (definitely not) to 6 (absolutely yes). The distribution of points to be obtained from this scale is between 33 and 198 points, whereas the scale consists of 6 subscales: Daily life disorders (5 items), positive anticipation (8

items), withdrawal (6 items), cyberspace-oriented relationship (7 items), overuse (4 items) and tolerance (3 items). Higher scores indicate a more serious smartphone addiction and a cut-off value is not given in its original form. The developers of the scale found that the internal consistency of the scale was Cronbach α =0.9678; the Turkish validity and reliability was performed by Demirci, et al.

Insights in Neurosurgery

ISSN 2471-9633

Results

A total of 431 peoples agreed to participate in the study. The rate of forms reception was respectively 31% for physical and 22.4% for electronic. The average age of the participants was 23.6 years. There was a male predominance (70.1%). Students represented 80.7% of respondents. Almost all (98.8%) had a smartphone and 28.3% of them also a laptop. The complementary using of a computer at least one hour per day was 90.7%. They were using smartphones since 3.6 years in average. The number of participants was increasing gradually as increase of daily use time (Table 1).

Time	Numbers	Percentages (%)
1-2 h	32	7,4
3-4 h	107	24,8
5-8 h	118	27,4
More than 8 h	174	40,4
Total	431	100

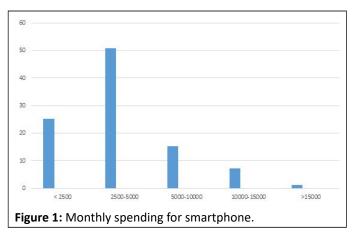
This use of smartphone had increased during COVID-19 pandemic as remote teaching was mandatory (85.8%). Learning online (50%) and personal researches (68.6%) were secondary reasons for using smartphones compared to communication and social networks (100%). Most of respondents (63.8%) declared incapable to live now without the telephone. The financial cost of smartphones using was exorbitant (Figure 1). Most of

participants (55%) reported that their cervical postures were bad during smartphone using and can generate musculoskeletal symptoms (66.8%). The main symptoms reported are summarized in Table 2.

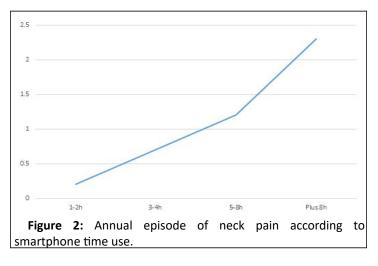
Table 2: Sy	ymptoms r	eported b	y respondents.
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Symptoms	Numbers	Percentages (%)
Neck pain	210	48,7
Cervical radiculopathy	120	27,8
Neuralgia	76	17,6
No complains	25	5,8
Back pain	83	19,2
Lombosciatica	13	3

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The frequency of neck pain was correlated with the daily use time of smartphones (Figure 2). These disorders motived medical consultation in 18% (7% specialized). All the patients who consulted for neck pain were using smartphones more than 8 hours per day. Imaging had been prescribed in 5.3% of cases: X-ray (82.7%), CT (4.6%), MRI (0.7%). The main results were: Cervical kyphosis (14.2%), degenerative lesions (23.7%), disc herniation (0.9%). No patient was operated [7]. Regarding the prevention of these disorders, only 9.7% declared be able to reduce the time of daily use of the telephone.



Discussion

The importance of postures in the genesis of spinal [8,9]. pathologies is widely documented According biomechanics, the load in cervical spine is rising from 5 kg in the neutral position to 27 kg at 60° flexion [10]. When using a smartphone, the posture often adopted is head down, chin pointing towards the chest and the neck in flexion increases the constraints on the cervical spine with the consequence of musculoskeletal disorders such neck pain, headaches and stress [11-13]. The smartphone has become an inseparable tool for social life and also educational technology, allowing access to all kinds of information. Its use is surging among all social categories. Togo is not exempted as almost all students have phones with a significant daily use time. This increased use like an addiction had adverse effects on health. If the telephones are not incriminated in the occurrence of pathologies such as brain tumours, it's proven with a high level of evidence their roles in spinal pathologies. The incrimination of smartphones is

reinforced, in our view, by the fact that despite a high percentage of cervical symptoms reported in our study, very few of the respondents complained of low back pain, whereas generally the frequency of low back pain is higher [14,15]. In addition, the frequency and intensity of spinal symptoms are correlated to the daily use time of smartphones. This correlation is largely found by several authors [16].

Smartphones have become an inseparable part of daily life with the increase in the conveniences it provides to individuals. However, in addition to these, smartphone addiction, which may develop due to excessive use, is an issue that needs to be addressed in a significant way, such as has been done for alcohol, cigarette and drug addictions. In studies published in recent years, it was reported that musculoskeletal symptoms increased with the addiction of smartphones. The most frequent musculoskeletal pain region being accounted in these studies was neck.

The imaging of symptoms noted early degenerative lesions regarding their youngness (23.7%). This testifies objectively that poor postures using telephones have adverse repercussions on the spine. In addition, the use of smartphones had high cost compared to student income. But according to the respondents, it is a necessary evil. Indeed, because of online teaching, digitization of documents many knowledge is online and the smartphone remains the easiest way to access knowledge compared to computers which are more expensive especially for student in Africa. This need increased during COVID pandemic with mandatory online teaching, even communication and social networks remain the main reasons of phones use. It is possible therefore, regarding the reasons, to reduce daily time of phones by handily them usefully. Indeed, to prevent these musculoskeletal disorders, it is important to use phone properly and allow the spinal structures to rest. The users must find the right balance between necessity and harmfulness. For example, do not "cradle" a telephone between the shoulder and ear when using it.

Conclusion

Although previous studies have found a correlation between computer use and neck pain, recent studies have found that the frequency and severity of neck problems is higher in smartphone use, compared to computer use. The smartphones, although essential, are responsible of spinal degenerative pathologies caused by bad postures. The daily usage time is the main factor on which action should be taken to minimize the harmful effects on the spine; as adoption of correct positions seems difficult to be applied.

References

- Madge C, Meek J, Wellens J, Hooley T (2009) Facebook, social integration and informal learning at university: It is more for socialising and talking to friends about work than for actually doing work. Learn Media Technol 34:141-155
- Gold JE, Driban JB, Yingling VR, Komaroff E (2012) Characterization of posture and comfort in laptop users in non-desk settings. Appl Ergon 43:392-399

ISSN 2471-9633

- Bababekova Y, Rosenfield M, Hue JE, Huang RR (2011) Font size and viewing distance of handheld smart phones. Optom Vis Sci 88:795-797
- Berolo S, Wells RP, Amick BC (2011) Musculoskeletal symptoms among mobile hand-held device users and their relationship to device use: A preliminary study in a Canadian university population. Appl Ergon 42:371-378
- Kim HJ, Kim JS (2015) The relationship between smartphone use and subjective musculoskeletal symptoms and university students. J Phys Ther Sci 27:575-579
- Kang JH, Park RY, Lee SJ, Kim JY, Yoon SR, et al. (2012) The effect of the forward head posture on postural balance in long time computer based worker. Ann Rehabil Med 36:98-104
- Gerr F, Marcus M, Monteilh C, Hannan L, Ortiz D, et al. (2005) A randomised control trial of postural interventions for prevention of musculoskeletal symptoms among computer users. J Occup Environ Med 62:478-487
- Choi JH, Jung MH, Yoo KT (2016) An analysis of the activity and muscle fatigue of the muscles around the neck under the three most frequent postures while using a smartphone. J Phys Ther Sci 28:1660-1664
- Lee JH, Seo KC (2014) The comparaison of cervical repositioning errors according to smartphone addiction grades. J Phys Ther Sci 26:595-598

- Janwantanakul P, Sitthipornvorakul E, Paksaichol A (2012) Risk factors for the onset of nonspecific low back pain in office workers: A systematic review of prospective cohort studies. J Manipulative Physiol Ther 35:568-577
- 11. Szeto GP, Lee R (2002) An ergonomic evaluation comparing desktop, notebook and subnotebook computers. Arch Phys Med Rehabil 83:527-532
- Gourmelen J, Chastang JF, Ozguler A, Lanoe JL, Ravaud JF, et al. (2007) Frequency of low back pain in the French population aged 30 to 64. Results from two national surveys. Ann Phys Rehabil Med 50:633-639
- 13. Popescu A, Lee H (2020) Neck pain and lower back pain. Med Clin North Am 104:279-292
- 14. Devereaux MW (2003) Neck and low back pain. Med Clin North Am 87:643-662
- 15. Cheng CH, Wang JL, Lin JJ, Wang SF, Lin KH (2010) Position accuracy and electromyographic responses during head reposition in young adults with chronic neck pain. J Electromyogr Kinesiol 20:1014-1020
- Kim YG, Kang MY, Kim WJ, Jang JH (2013) Influence of the duration of smartphone usage on flexion angles of the cervical and lumbar spine and on reposition error in the cervical spine. Phys Ther Korea 20:10-17