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Neck injury after repeated flexions due to parachuting

J P Mäkelä ¹, K Hietaniemi

Affiliations

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Abstract

A 37-yr-old, previously healthy officer developed a severe pain in the right shoulder and paresthesia in the right I-III fingers during a high-altitude low-opening parachute jump. The pain started after a sudden neck flexion while he was checking the developing canopy, well before landing.

Electroneuromyography revealed damage to the right C7 nerve root. Cervical radiography showed severe spondylosis and disc degeneration in the CV-VII region; magnetic resonance image demonstrated posterior disk protrusions in this area. Military aviators flying high-performance aircraft often have similar problems in the cervical spine; they have been attributed to effects of high + Gz forces in association with twisted head positions. Parachutists appear to face similar risks. Selection of the optimal head position during the parachute opening and use of light helmets should be emphasized.

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