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Sciatica Treatment by Physiotherapists

Physiotherapy Treatment of Sciatica by Jonathan Blood Smyth Sciatica results from a structure impinging on a lumbar nerve root, causing compression and/or inflammation enough to cause neurological changes in the skin, reflexes and muscles served by the affected nerve. Not a common syndrome, it is estimated that 3 -5% of the population suffer this kind of problem at some time. It affects men and women equally with men most susceptible in their forties and women in their fifties.?? Up to a quarter have symptoms which last more than six weeks and referral to physiotherapists for acute management is routine.

Sciatica refers to irritation of the sciatic (often mis-spelled as syatic or psyatic) nerve, that arises from nerve roots in the lumbar spine. The most common cause of sciatic nerve irritation, or "true" sciatica is compression of one or more of its component nerve roots due to disc herniation or spinal degeneration in the lower lumbar region. Sciatica usually begins in the buttock area and, depending on the severity of the underlying nerve compression and inflammation, may extend down the entire leg to the ankle and foot.

The second maneuver is done in two parts. First, from the sitting position one bends the leg and pulls the knee on the painful side towards the same-side shoulder. In all but the most severe cases, there is usually no major increase in pain in this position. The second part of the maneuver is to pull the knee toward the opposite side shoulder. An increase in the sciatica-like symptoms is a strong indication of piriformis syndrome.

Piriformis syndrome, also known as "pseudo-sciatica" (meaning "false sciatica"), is actually referral pain and other symptoms (tingling, numbness, etc.) caused by tightness and knots of contraction in the piriformis muscle, which runs from the upper femur bone to the edge of the sacrum, the triangular pelvic bone that is below the lumbar spine. The symptoms of piriformis syndrome are very similar and may be indistinguishable from true sciatica.

Bill Morrison has his own website <http://www.help4urback.com> where he describes his own personal experiences coping with lower back pain and sciatica. He also includes personal recommendations for people who suffer from sciatica or lower back pain including what books to buy, TENs machines, and what web sites to check out.

This information in this article should not be used to diagnose, treat, or prevent any disease. You should always consult with your health care professional especially relating to the suitability of supplements or drugs and on all health matters that may require diagnosis or medical attention. If you suffer from progressive weakness in the leg or bladder or bowel incontinence this constitutes a medical emergency and you should seek immediate medical attention - you may have cauda equina syndrome a serious condition due to compression of the nerve roots in the lower end of the spinal canal.

In extreme cases spinal injections of corticosteroid into the epidural space (the area around the spinal nerves) or facet joint (between vertebrae) may be given. This is usually carried out by a specialist with follow up injections at a later date.

In addition to pain - which sometimes can be severe - sciatica includes other symptoms as well.?? The additional symptoms of sciatica are muscular weakness, difficulty in controlling or moving the leg and numbness.?? As with pain, typically these symptoms only will occur on one side of a person's body.

As mentioned earlier, the symptoms of true sciatica are very similar to piriformis syndrome. Both cause pain, tingling, burning, "electrical shock" sensations, and/or numbness down the leg, often all the way to the foot. In addition, both sciatica and piriformis syndrome tend to be at least partially related to biomechanical functional problems in the joints of the back and pelvis and they may even be present simultaneously in the same person, so it can be difficult to tell them apart.

The Cure Some cases of sciatica which result from inflammation get better with time and heal themselves perhaps within six weeks to three months.

If you feel that you might be afflicted with sciatica, it is important for you to obtain medical assistance sooner rather than later.?? By obtaining medical assistance promptly you will be in the best possible position in order to obtain a relief from the symptoms of sciatica, including pain.

Stretching and exercising are a must if you really want to progress along the road to rehabilitation and if you are in extreme pain this is probably the last thing you will contemplate doing.

About the Author:

Sciatica Jacksonville physician providing personal responses to your pain related needs. Chronic pain affects tens of millions of people in the US, greatly destroying their quality of life. Treat Sciatic Pain Orange Park FL

Recent studies have shown that bed rest is not necessarily the best way to treat sciatica. It is better to remain active, starting off with some gentle stretching and exercise. Swimming is particularly useful, as it is not a weight bearing exercise. The good news is that herniated spinal discs usually do heal on their own, given time.

Since getting mobile and becoming flexible is extremely important you might require some pain management to help you get going. For mild cases of sciatica your doctor may start off by recommending non prescription medications like aspirin, ibuprofen, or naproxen, known as non steroidal anti-inflammatory drugs, or NSAIDs. A downside of these drugs is that they may cause stomach upsets or bleeding.

The spine is made up of a series of connected bones called "vertebrae." Spondylolisthesis or isthmic spondylolisthesis occurs when a cracked vertebra slips over the vertebra below it. Poor posture and curvature of the back or weak abdominal muscles can contribute to this slippage, which can press on the nerve. The presence of this spondylolysis usually does not represent a dangerous condition in the adult and most treatments concentrate on pain relief and increasing the patient's ability to function.

First of all, you need to understand that sciatica is not a medical condition in and of itself.?? Many people wrongly conclude that sciatica itself is a diagnosis, a specific ailment.?? The fact is that sciatica is a set of symptoms that includes lower back pain and pain that radiates down the leg.?? For most people, the symptoms that make up sciatica are only experienced on one side of a person's body.

As a last resort you may consider surgery to remove fragments of the prolapsed disc are then removed. As I mentioned earlier it is important to stay active and continue with an exercise and stretching program. Especially do exercises to develop your back and stomach muscles. This will help stabilize your spine and support your body.

Spinal stenosis is the name given to the narrowing of the nerve channel (vertebral canal) of the spine. This narrowing causes compression of either the spinal cord within the vertebral canal, or the nerve roots that exit the spinal cord. People with spinal stenosis experience sciatic pain symptoms in the legs and feet. It usually results from degenerative arthritis causing a narrowing of the spaces in the vertebral canal. Manual workers are more prone to developing symptoms of spinal stenosis but it seldom affects people under 30 years of age - unless it is due to traumatic injury to the vertebrae.

Piriformis syndrome is a condition in which the piriformis muscle irritates the sciatic nerve. The piriformis muscle is a small muscle behind the gluteus maximus. Piriformis syndrome is most common among women, runners and walkers.

Sciatica usually comes on quickly after an aggravating activity or posture, along with some back pain but this can go off when the leg pain starts. Sciatica is worsened by sneezing, sitting and coughing and is better lying down or standing. The pain is in the buttock and either down the back of the leg or the side and down into the foot. In 5% of cases the affected nerves are the first, second or third lumbar, which give front of thigh pain not beyond the knee. The full picture may sometimes not be present, with individuals describing discrete areas of pain such as the foot only.

Disc prolapse can result in the internal nuclear material being extruded past the outer disc wall, physically compressing the nerve root which runs nearby. The nuclear material is also chemically irritating to the nerve structure and these irritants make the nerve and nearby structures swell, partly blocking the local circulation and the nerve's message transmission. Disc prolapse is typically the cause of proper sciatica but the size of the prolapse is not closely related to the amount of pain the person suffers.

If your pain is not relieved by analgesics or NSAIDs, your doctor might prescribe narcotic analgesics (such as codeine) for a short time. Side effects of these include nausea, constipation, dizziness and drowsiness, and continued use may result in dependency.

Low back and leg pain are conditions that people from all walks of life and from all over the world oftentimes complain of ... regularly. The fact is that lower back pain can be debilitating for many individuals.?? Commonly, sciatica is the source of lower back pain in an individual.?? Through this article you are provided an overview of the basics of sciatica.?? By understanding sciatica you will be in a better position to resolve the condition of sciatica should it impact your life.

Sciatica is usually caused by a prolapsed or 'slipped' disc bulging and pressing on to a nerve. It doesn't usually cause permanent nerve damage since the spinal cord is not present in the lower part of the spine and a prolapsed or herniated disc in this area does not pose a risk of paralysis.

A thorough history performed by the physio will uncover any red flags, an indication of a possibly serious underlying medical condition responsible for the pain. Loss of weight or appetite, severe pain at night, a history of cancer, unwellness or fever, bowel or bladder control difficulties, young or older patients, all these things ring warning bells and the physio will refer the patient on to a medical specialist for evaluation. The location, nature and response to activities and postures of the pain will be noted by the physiotherapist.

But since the most effective treatment for the two conditions varies significantly, it is important to determine the correct diagnosis if at all possible. In most cases there is an easy way to distinguish between sciatica and piriformis syndrome.

It is also important to maintain a reasonable body weight, ensure you have a good posture, sleep on a mattress that is neither too soft nor too hard, be careful when bending or lifting heavy weights.

There is a fairly new procedure called IDET which stands for Intro Discal Electrothermy). When a disc is herniated the water content of the inflamed disc causes it to bulge and press against the nerve. IDET dries up the disc very quickly, in less than 20 minutes, a process which might take weeks or months if left to dry up naturally

Two simple maneuvers will distinguish sciatica from piriformis syndrome in the majority of cases (when the problem is one versus the other and not both conditions at the same time). First, in a seated position, if one straightens the leg on the painful side (so that the leg is parallel to the floor), and the sciatica symptoms increase, this is usually a sign of true sciatic nerve irritation.

Physiotherapists use a variety of therapies to treat sciatica, with McKenzie technique being a mainstream technique for discogenic pains. Mobilisation and manipulation techniques, core stability work, myofascial release, specific exercises, manual techniques, soft tissue work and massage, analgesia, patient education, rest, the best position to relieve extreme sciatica pain and advice are all used as treatments. Most sufferers settle without investigation or surgery and a long term exercise programme is useful once the problem has settled.

Other treatments to manage sciatica include traction; manipulation by a skilled osteopath, physio therapist or chiropractor; Chemonucleolysis (injection of a special enzyme into the disk).

A large amount of confusion and misunderstanding exists concerning the conditions sciatica and piriformis syndrome. There are some who insist that the two conditions are actually the same thing, but even though they can have symptoms that are very much alike, the underlying causes differ.

The cause The most common cause of sciatica is a prolapsed (slipped) disc, pinched nerves or some form of arthritis. It usually starts with back pain which sometimes improves only to be followed by hamstring or calf pain. It may also include numbness in the toes depending on which branch of the sciatic nerve is irritated.

Other medications like Corticosteroids taken orally or by injection are sometimes prescribed for more severe back and leg pain because of their very powerful anti-inflammatory effect. Corticosteroids also have side effects and the pros and cons of taking them should be fully discussed with your doctor.

The great forces which we impose on the low back mean the lumbar intervertebral discs suffer structural changes and prolapses. Many activities involve a significant level of leverage, such as flexing over, performing movements in an upright position and lifting with the arms away from the body. This greatly magnifies the forces on the discs and due to their fluid mechanics they suffer 3-5 times the loads on the skeleton. This can cause the disc walls to degenerate, giving weak areas and predisposing to prolapse at some time.

There are many different treatments for sciatica and it is important to discuss these with your health practitioner. Accurate diagnosis to determine the exact cause of sciatic pain is also equally important. The most conclusive diagnosis is usually gained by a having an MRI scan. However having said that skilled medical practitioners, and I include Osteopaths and Chiropractors, are often able to determine the suspected cause by carrying out a physical examination

Because there are different causes for sciatica, different courses of treatment will be recommended depending on the circumstances.?? The fact is a great deal of research has been undertaken to develop effective ways in which yo deal with and resolve sciatica. Sadly, although sciatica is a very common set of problems for people, extensive study has yet to reveal a truly effective course of treatment for sciatica.?? Research in regard to the causes and treatment of sciatica continues apace with the hope of coming to more reliable courses of treatment for people with this condition.

What it is *Sciatica* is the name people give to a pain in the buttock, leg or foot brought on as a direct result of some form of irritation to the sciatic nerve. The sciatic nerve is the longest nerve in the body. It runs all the way from the lower back splitting at the base of the spine and terminating in the foot.

It is important to distinguish between sciatica and piriformis syndrome, because the treatment for the conditions varies, and getting the diagnosis right typically leads to more effective treatment.

About the Author:

Jonathan Blood Smyth is a Superintendent Physiotherapist at an NHS hospital in the South-West of the UK. He specialises in orthopaedic conditions and looking after joint replacements as well as managing chronic pain. Visit the website he edits if you are looking for physiotherapists in Manchester.

The discs which cushion the vertebrae in the lower back become progressively thinner and harder as we get older. This stresses the lower back and often causes a variety of lower back pain disorders, including sciatica.

The pain associated with sciatica is caused by the general compression or irritation of one of another of the five nerve roots that give rise to what is known as the sciatica nerve.?? The condition also be the result of the compression or irritation of the sciatica itself.

Sciatic pain is usually nerve related and responds well to treatment with low doses of tricyclic anti-depressant drugs like amitriptyline, dothiepin, nortriptyline, lofepramine, desipramine, clomipramine or imipramine combined with acupuncture or the use of TENs machines. The low dosage of the tricyclic drug acts by closing "a pain gate" blocking the message to the brain.

In some cases, piriformis syndrome may cause true sciatic nerve irritation, as the sciatic nerve may run underneath or even through the middle of the piriformis, so contraction of the piriformis may produce sufficient compression of the sciatic nerve to produce actual nerve symptoms. This is one of the main sources of confusion when it comes to distinguishing true sciatica from piriformis syndrome.

The McKenzie technique works on pain centralisation, the tendency for pain to move towards the back from the legs, suggesting a disc problem, and many physios use this technique. Pain in the front of the thigh and over the knee can be referred from the hip joint, so the physiotherapist will assess the lower limb joints to check the diagnosis. A thorough examination informs the physiotherapist of the likely diagnosis and how they might treat the syndrome, or that the patient needs to be referred to a medical practitioner for a consultation and investigation.

The physiotherapist begins with postural observation of the patient which can show an inability to stand up or a thoracic shift to one side. Spinal movements are performed and the pattern of movement limitation noted, with a full neurological examination of the lower limbs. The physio is looking for deficits in muscle power, reflexes or feeling which are related to the specific nerve root involved. The straight leg raise may be performed to check the stretch reaction of the spinal nerve.

About the Author:

Dr. George Best is in private practice in San Antonio, Texas. For more information, check out Dr. Best's free e-book and online video course to assist in understanding and treating sciatica and piriformis syndrome, including in-depth instruction on sciatica exercises at <http://www.SciaticaSelfCare.com> .

Edward Wiggin

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