

Disc Injuries & Sciatica

Part 2

In 'Disc Injuries and Sciatica (Part I)' we talked about disc injuries, how they occur and how they can cause sciatica. In Part II, we are going to talk about other conditions that can cause sciatica, which as it happens, are more common.

What is Sciatica?

Sciatica means 'leg pain' and is the name given to a pain in the leg when the cause is an injury in the lower back. The term comes from the name of the largest nerve running down the back of leg, the sciatic nerve.

Some people might argue that the term sciatica should only be used when the leg pain is caused by a disc injury but, confusingly, it is used loosely for any leg pain that is derived from the back. The most common causes of sciatica include referred pain from the muscles, joints and ligaments of the spine.



There are two main classifications of sciatica: referred pain, and neurogenic pain.

Sciatica from referred pain is pain due to a muscle and joint problem in the back. It is usually a dull ache but can also be sharp in nature. It does not usually cause a feeling of 'pins and needles', hot and cold sensations, numbness or muscle weakness and the pain is usually worse in the back than it is in the leg. In addition, there are *no* abnormal neurological findings, such as reflex changes, objective weakness or sensory changes, nor any abnormal nerve tension tests.

Sciatica from neurogenic pain is derived from the nerve. It is usually a sharp, burning, shooting pain with a constant background ache that never goes completely. It is often associated with a feeling of 'pins and needles', hot and cold sensations, numbness and muscle weakness. The leg pain is usually worse than the back pain. In addition, there *are* abnormal neurological findings including reflex changes, objective weakness and sensory changes, and abnormal nerve tension tests.

How does referred pain occur?

Referred pain happens when nerve fibres from different parts of the body happen to meet in the same area of the spinal cord. The brain may misinterpret the nerve signals it receives and so a problem in one area of the body is perceived as pain in another area.

Treatment of sciatica

It often pays to be proactive. If you use a wait-and-see approach, which is sometimes advocated, you may be more likely to have long-term pain. be made. A chiropractic examination, which includes neurological testing, can find out the cause of your leg pain and so determine the most appropriate treatment.

The first step in the treatment is to minimise any further injury by making sure you avoid bending, lifting and sitting. You can walk as an exercise, but be careful with swimming. Restoring function with manual treatments (Santilli et al, 2006) and dealing with the inflammation, usually by using ice-packs and perhaps anti-inflammatory medication from your doctor, are the most important things to do to get you back on your feet. Once you have reached a certain level of improvement, your Chiropractor can help you with an appropriate rehabilitation exercise programme.

Your Chiropractor will discuss with you the frequency of visits required for treatment. The healing process takes time and varies from person to person, often depending on the severity of the condition and the history of the complaint. However, how active and compliant you are in your own treatment will influence your recovery time.

Surgery should be a last resort but is sometimes necessary if symptoms are persistent and severe, but note that ***any changes in your bowel or bladder control, or numbness in the 'saddle' area may be a sign of Cauda Equina syndrome, a serious condition for which you should seek medical attention from your local A&E department without delay.***

Ref: Santilli et al (2006)_Spine J. Mar-Apr; 6(2):131-7

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