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Bridging the gap between low back pain and sciatica

By Jerry Moczerniuk P.T., DPT

In my practice, I have noticed over the years a bit of confusion in patient understanding about the term sciatica. My goal for writing this article is to broaden the understanding of sciatica, lumbar spine disease, and to describe how physical therapy can help in such conditions.

The term sciatica broadly refers to symptoms of numbness, tingling, weakness, and/or pain occurring in the pathway of the sciatic nerve. The sciatic nerve (the widest and longest nerve in the human body), originates from nerve roots of the lumbar spine, it then thickens in the region of the buttocks, and branches down the back of the leg to supply the muscles of most of the lower leg.

The causes of sciatica vary, but in a majority of instances, it is a symptom of some form of low back disease. Recent studies indicate that up to 90 percent of sciatica symptoms are caused by a bulging or herniated disc in the lumbar spine. Other causes include bone spurs, degenerative disc disease, lumbar stenosis, spondylolisthesis and piriformis syndrome. In the most common case of a bulging or herniated disc, the disc matter may compress against the nerve exiting a particular level of the lumbar spine, causing irritation and inflammation of that nerve. Such irritation and inflammation may cause worsening symptoms in the leg (numbness, tingling, weakness, pain). Duration of symptoms has been shown to affect outcomes. Prolonged nerve compression may result in long-term deficits, and may respond less favorably to conservative and surgical intervention. It is important to understand that low back disease does not always present with actual pain in the low back.

Research has shown effectiveness of

physical therapy interventions in treatment of all of the above mentioned conditions. Physical therapy should not, however, simply treat sciatica, as treatment will differ greatly based on the cause of the symptoms. In fact, symptoms may worsen if the exact cause is not properly established. Therefore it is imperative to accurately evaluate the cause of sciatica, in

order to establish an appropriate plan of care for the patient.

A skilled physical therapist is capable of accurately assessing the cause of sciatica through history taking and physical examination. Once an accurate cause has been established, conservative physical therapy treatment may be initiated to decrease symptoms, facilitate return to normal function, and improve quality of life. Early intervention is important to de-

crease the potential for long-term deficits.

Physical therapy treatment may consist of modalities to control pain and swelling, specific exercises in directional preference, stabilization exercises, hands-on techniques to improve joint mobility and decrease spasm, activity modification strategies, and postural re-education to decrease symptoms and facilitate healing.

Lastly, not all physical therapy is alike. Physical therapists are licensed medical professionals that work in a variety of clinical settings. Ask about experience and success rate in treating your particular condition and if the physical therapist has ownership/control of the practice.

Dr. Moczerniuk is a doctor of physical therapy, member of American Physical Therapy Association, and the clinical director at db Orthopedic Physical Therapy of Manalapan, located at 120 Craig Road, Suite 2. He can be reached at 732-462-2162 or via e-mail at Jerry@dborthopt.com. For more information, visit www.dborthopt.com.



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