

SPINE & SPORTS: Piriformis syndrome - not a pain in the butt!

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Patients with hip, buttock or thigh pain are sometimes told by their doctors or physical therapists that they have piriformis syndrome. Unfortunately, piriformis syndrome is an example of an often-erroneous diagnosis pinned to the unknowing patient and often accepted without question. Let's change that.

The piriformis is a muscle that crosses deep in the buttock and attaches the femur to the pelvis. It also happens to cross over the big cable-like sciatic nerve, which essentially sends and receives information from the entire lower extremity through the vertebra of the lower back. True piriformis syndrome is a sciatic pain felt into the calf and/or foot which is caused by the piriformis muscle compressing the sciatic nerve, and it is indeed a rare event. People with pain in the buttock or posterior thigh who think they have piriformis syndrome most likely have pain originating from elsewhere and not from compression of the sciatic nerve by the piriformis muscle. As a result, they often undergo all sorts of wasteful or useless care in an attempt to alleviate the pain. Buttock or thigh pain is much more likely caused by hip joint arthritis, herniated lumbar discs, adhesions or knots in the buttock muscles, tendinitis of hip or thigh muscles, and rarely from a piriformis muscle.

Treatment attempts for those misdiagnosed with piriformis syndrome include deep goading massage over the piriformis, piriformis stretches, and therapies such as electric stimulation and ultrasound. The odds of actually getting a finger on the piriformis muscle is pretty slim since it sits deep underneath big buttock muscles, and is one of six muscles that rotate the hip. The classic stretch for the

piriformis involves crossing one leg over the thigh in a figure-4 position, and then bringing the leg to the chest in a hug. While this stretch is felt in the buttock, it does not effectively stretch the piriformis or other deep hip muscles. Electric stimulation, in general, is ineffective for nearly any condition, but continues to be routinely used in clinics. When insurance companies stop reimbursing for electric stimulation, then providers will likely stop using it. Until then, the illogical argument from providers is that the electric stimulation helps ease the pain so the patient can better perform the stretches or exercises: bunk! Therapeutic ultrasound, if performed properly, can get deep into muscles and feel good, but it's questionable if can get all the way to the piriformis. Odds are that the therapies targeting the piriformis actually improve some other parameter of their condition, causing the patient to feel better and exclaim, "My piriformis is fixed!". More commonly, however, patients linger with pain because they really do not have piriformis syndrome and they were misdiagnosed from the get-go.

When fruitless attempts at curing the mysterious piriformis fail, patients need to question their doctor about their conclusions. Furthermore, only doctors with expertise in the musculoskeletal arena should be making the diagnosis. With a more accurate assessment, a better and more effective treatment plan can be pursued.

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