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SPINE & SPORTS: Do you really have sciatica?

People often mistake pain along the lower back, hip or thigh to be sciatica. However, sciatic pain is felt below the knee, into the calf and/or foot, and sometimes with numbness or tingling. It is caused by an impingement or irritation of one or more nerves that exit the lower lumbar spine. Pain above the knee is typically referred pain caused from various lower back or hip structures.

The difference between true sciatic nerve pain and referred back pain can be understood with a little anatomy lesson. Information travels from the leg to the brain via nerves that enter and exit the lower lumbar spine. These nerves bundle together into the cable-like sciatic nerve, located in the buttock and thigh, which attach to specific muscles and zones of skin along the thigh, leg and foot. As long as these nerves are not irritated or impinged, symptoms in the lower leg will not be felt. Conversely, irritated muscles, joints and connective tissues along the lumbar spine or hip often refer pain into the buttock and thigh, and will rarely cause symptoms below the knee. This is similar to the pain felt in the left arm and shoulder when someone is having a symptoms from angina, which is caused by a clogged heart vessel; the pain does not come from the arm, but the brain perceives it as such. In essence, when there is no problem below the knee, it's not sciatica.



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Sciatica often responds well to conservative treatment methods which should be utilized before surgery or steroid injections. Immediate need for MRI scans is rarely required, and in nearly all cases there is no need for X-rays. When leg or foot symptoms, muscle function and reflexes improve within the first few weeks of treatment, it is a clear sign that sciatica is improving. If symptoms worsen, an MRI should be considered to better diagnose the cause and to redirect treatment to providers such as pain management specialists or spine surgeons, or to change the conservative care plan. Unlike X-rays, MRIs produce no ionizing radiation, and they show discs, nerves and other soft tissue structures.

Medications such as muscle relaxants may help reduce symptoms of sciatica, but current guidelines caution against their use. NSAIDs sometimes quell pain but come with significant risks, and opiates should be avoided due to their highly addictive nature. Medicines buy time, but they don't fix the problem.

Improving posture, strength, joint function and torso-core stability can diminish the symptoms of sciatica. Thus, treatment should consist of skilled, hands-on chiropractic spinal joint manipulation, core stability and "nerve flossing" exercises, changes in ergonomics and lumbar decompression methods (stay away from those \$5,000 decompression scams and outdated back traction harnesses). Preventative care should include avoiding prolonged sitting, forward-slumped postures, and problematic exercises such as leg presses, abdominal crunches, hamstring stretches or toe touching. Conversely, proper spinal self-care can include backward bending range exercises that extend the trunk and take pressure off the lumbar nerves.

Sciatica, as with any painful back condition, should be evaluated and treated by well-skilled providers. Doctors of chiropractic are best trained to address sciatica and other musculoskeletal pain conditions, provide diagnosis and treatment, determine the need for MRI, and assist in the referral to other providers when necessary.

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