

Physician Update

PRO Therapy

A Courtesy Publication for the

Lake Havasu Medical Community

Sciatica and LE Radiculopathy

Utilizing Peer Reviewed and Evidence-Based Practice to Maximize Outcomes for Patients Suffering with Sciatica and LE Radiculopathy

Differentiating Sciatica and LE Radiculopathy

Sciatica or Lumbar Radiculopathy

- Unilateral leg pain greater than back pain
- Numbness or paresthesia in same distribution
- Straight Leg Raise reproduces or exacerbates pain

Lumbar Spinal Stenosis (LSS)

- Generally occurs in 50+ age category
- Referred pain may occur in bilateral or unilateral lower extremity
- Symptoms exacerbated with lumbar extension (compression), eased with lumbar flexion of spine
- Patient will report symptoms increase with standing or walking, relieved with sitting

Lumbar Instability

- Patient reports recurring “catching” or “locking” during trunk motions
- Patient reports back “gives out”, feeling of instability
- Positive Gower sign (thigh climbing—patient supports or uses hands on thighs to aid in spinal flexion/extension motion). Patient may experience increased pain with return to upright position from forward flexed position

Case Study



Patient is a 67 year old male with a one month history of right sided low back pain (LPB), with referred pain into the right thigh. Patient initially required the use of a wheelchair for mobility due to the severity of his pain. He has progressed to FWW. Patient reports pain is aggravated with walking, standing and ADL's.

Initial Examination on 1/25/16 showed an Oswestry score of 80%, positive Right SLR test, and reproduction of patient symptoms with active lumbar extension and right side bend of lumbar spine. Patient ambulated with FWW, demonstrating decreased stance phase right LE due to pain. Patient received 17 treatments of Physical Therapy, including therapeutic exercise, manual therapy of the spine, traction, and modalities for pain control.

At the time of discharge on 3/4/16, patient reported 95% improvement in symptoms, Oswestry improved to 50%, Right SLR was negative, ROM of lumbar spine was pain free and within normal limits. Patient is no longer using FWW or cane and has resumed kayaking.



Physical Examination

Fig 1 Passive Straight Leg Raise (SLR)



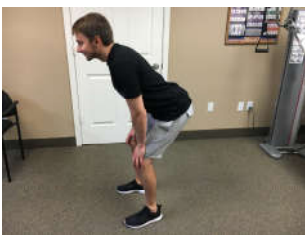
Patient lies supine, examiner places one hand under the heel, the other hand stabilizes the anterior thigh. Passively lift the extended leg up, reproduction of pain is a positive sign.

Fig 2 Spinal Flexion/Extension



Ask patient to put hands on pelvis to stabilize, ask patient to bend back. Increase in pain indicative of compression pattern.

Fig 3 Gower Sign



If patient has to put hands on thigh to support motion into forward flexion or return to upright position, indicative of poor core or spinal stability.

Prognosis

- The general clinical course of acute sciatica is favorable.
- Initiating early, conservative care, including physical therapy within 14 days of onset reduced case cost by \$1200 per patient, eliminated 23% of MRI's for low back pain, and increased patient satisfaction score.

Virginia Mason Medical Center Study, 2005

- 50% of patients with acute sciatica in randomized trials of non-surgical intervention reported improvement within 10 days and about 75% reported improvement after 4 weeks.

Knottnerus JA. Conservative Treatment of Sciatica: A Systematic Review. J Spinal Disorders 2000; 13:463-9

Correct treatment classification by the physical therapist leads to better outcomes for your

- ✓ Proven Patient Satisfaction and Pain Relief
- ✓ Flexible Scheduling, Prompt Care with no waiting
- ✓ All Patients Offered an Appointment within 48 hours of Referral
- ✓ Early Morning and Evening Hours
- ✓ Participating with All Major Insurances including Medicare and AHCCCS
- ✓ We Handle Authorization and Benefits Calls
- ✓ We Take Care of Scheduling so You Don't Have To



PRO Therapy

1948 Mesquite Ave. Suite 101
Lake Havasu City, AZ 86403

Call 928-854-4776 to schedule a referral

To: