

Orthopaedic Connection

Leg Pain Coming From The Back

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Transforming patient information into patient understanding.

My Patients often find it hard to believe me when I tell them that the pain in their leg even passing to the foot is coming from their back. They exclaim, “My back feels a little stuff, but I have no pain there. It must be coming from the leg.”

Sometimes I need to carefully explain why I am taking x-rays of the lower back and not the leg.

This is not an unusual presentation of pain and can be really disabling. Medication doesn't control it and the person can't find a comfortable position.

What Exactly Is Sciatica?

You unfortunately have sciatica. Sciatica is intense pain that goes from the buttocks on one side and passes down the back of the thigh and calf even into the foot. The pain is sharp, often described as burning and in severe cases can cause weakness in the leg and foot.

Identifying The Cause

As with any condition I see, I have to pinpoint if at all possible what is causing the problem.

Listening carefully to the patient, thorough exam and plain x-rays are the beginning. After these are done I might order an MRI of the lumbar spine. MRIs in this situation have mostly replaced CT scans and myelograms. If the patient cannot have an MRI for some reason, CT and myelogram are still valuable tests.

Cause Pin Pointed

The classic cause of sciatica is a protrusion or bulging outward of the spinal disc usually to one side or the other, i.e. right or left causing pressure on the nerve root passing over it. This pressure on the nerve (“pinched nerve” patients say) causing the intense hip and leg pain is termed sciatica.

Confusing Terms

I'll attempt to demystify them.

- Protruding disc
- Bulging disc
- Slipped disc
- Herniated disc

They all mean the same thing.

Extruded disc is somewhat different. It means the gristle like disc material has come out of its normal tissue envelope and is in the spinal canal. This happens infrequently.

Now What?

A long time ago patients used to be hospitalized for 7 – 10 days for bedrest, traction in bed, PT, and medication. The economics of health care changed all that.

Presently patients are advised for the acute onset of sciatica to rest for about 2 days. Pain medication, muscle relaxants and anti-inflammatories are prescribed.

Then when slightly improved the person is advised to try to be up and walk as able. Maybe even use a walker if holding on to something helps. Heat and/or ice to the lower back may help.

Some patients may require physical therapy, but if you are really painful it may be hard getting to and from PT.

Over many years it has been learned that this conservative treatment results in up to 80% of patients greatly improving over 2 – 4 weeks.

Questions I Often Hear

“If the disc is bulging out pinching a nerve, how can I get better without surgery?”

The body’s healing powers are mysterious, but effective in so many situations this being one. The swelling and irritation of the nerve from the bulging disc can gradually begin to subside. It does this gradually about 80% of the time.

“OK, What if I don’t improve?”

I don’t like to keep you wondering, but there is a lot more to cover that space does not permit this week. Please come back next week for the finale.

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Dr. Haverbush