**Low back pain with SCIATICA**

**What is it?**

Sciatica is the common term given to pain which is referred from the lumbar spine.

Depending on the level of spine which is affected, the pain can be present in the back, buttock, or down the leg. Pain often runs down the back of the leg, but may also affect the groin, front or side of the leg.

Compression of a lumbar nerve can result in this referral. Nerves can become compressed due to a disc bulge, aggravating by chemicals released from an injured disc or osteophytes which can impinge on the nerve.

**Common signs and symptoms**

* Acute low back pain
* Muscle spasm
* Restricted ability to move
* Referral of pain or symptoms into buttocks or down leg
* Pins and needles
* Numbness
* Altered sensation
* Weakness
* Aggravated with sitting, turning over in bed, driving,
* List or lean to one side
* Possible disturbances to normal gait, bladder or bowel function

**What causes it?**

* Repetitive loading can result in a worn, weakened area of the disc. This degeneration can eventually manifest into a disc protrusion or herniation. Often it may only take a trivial action. The mechanism of injury usually involves flexion and/or rotation, and in some cases compression.
* Osteophytes can impinge on where the nerve exits the spine
* Irritation of a nerve can occur from chemicals released by an injured disc.
* More common between the ages of 20 and 50 years
* Influenced by repetitive, manual jobs or activities
* Sedentary jobs / lifestyles which involve prolonged periods of sitting

**How can I self-manage it?**

Rest in a position of comfort (often lying down)

Resting from aggravating work and/or sports will allow the back time to settle and heal

Normal activities should be resumed as soon as possible to reduce fear of movement

Adequate pain management is extremely important, and allows for treatment and rehabilitation to take place more comfortably

Immediate assessment must be sought if you have any of the following symptoms:

* Disturbance to normal bladder, bowel, or sexual function
* Problems walking normally
* Associated unexplained weight loss
* Severe night pain unrelated to movement
* Worsening peripheral symptoms

**What your physiotherapist can do to help**

* Reduce pain and inflammation by:
* Joint mobilisation
* Massage
* Prescribe exercises to restore mobility and improve core stability
* Electrotherapy
* Acupuncture
* Taping
* Traction
* Pilates education

**Further management**

If symptoms worsen, peripheralise, or affect bladder, bowel or sexual function, then immediate assessment by a GP or A+E is necessary

Improvement should be noted within 4-6 weeks. Long term management should entail ongoing Pilates and mobility exercises

Maintenance manual treatment can be useful to prevent recurrences

Assessment by a specialist may be required if symptoms do not improve or become worse.