Dr Paul Annett
“Sciatica”

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29-31 Dora Street, Hurstville
Sciatica

- Why this talk???
- Why is sciatica important?
- Common – Incidence 1-5% annually and 15-40% lifetime
- Debilitating – pain/neurological
- May have consequences
Sciatica

• Distinguishing ‘The Sciatic’ from leg pain

• Sciatic nerve L4-S3 nerve roots

• It has a lumbar, pelvic and gluteal course before entering the posterior thigh

Dr Paul Annett
Sport & Exercise Medicine Physician
Case History #2

- 15 F.
- Radicular sounding L leg pain. Nil precipitant
- CT L5/S1 only. Normal
- 12 months physio – 2 practitioners
- Diagnosed / referred for ‘piriformis syndrome’
Case History #2

- Clinical Exam
- Lumbar restriction 30 degrees
- Strongly positive NTT with cross-over signs
- SLR 30 degrees
- Normal neurology
Sciatica - Causes

- By definition sciatic nerve irritation
- Anywhere along the course of the nerve
- Lumbar easily the most common
- Consider other sites
  - Pelvis
  - Buttock
  - Posterior thigh
  - Infection (viral)
Sciatica - Mimics

- Gluteal tendinopathy/bursitis
- Hamstring Origin tendinopathy
- Lumbar referred (non-radicular)
- SIJ
- Hip joint
- Soft tissue
True Sciatica - History

- May or may not be a history of back injury
- Leg pain, not always back pain
- Generally unremitting pain
- Buttock, posterior thigh, calf lateral leg, foot. ‘Refers past the knee’
- Neuralgic symptoms – weakness, numbness, para/dysaesthesia
True Sciatica - History

• Don’t forget cauda equina syndrome
• Bowel or bladder symptoms
• Always consider in unusual presentations
  (Eg. Lateral knee pain)
True Sciatica - Examination

- Restricted flexion/quadrant pain
- Hard neurological signs
- Weakness – EHL, calf raise, Trendelenburg
- Numbness – dermatomal
- Reflexes – AJ/KJ/plantar
- Neural tension signs. Cross-over!
- Positive SLR less than 30 degrees
Sciatica - Examination
Sciatica - Investigation

- MRI gold standard
- CT a reasonable alternative
- Plain Xray
- Timing
Sciatica - Treatment

- Expectant – favourable outcomes
- Medications
- Physiotherapy + Rehabilitation
- Nerve root blocks
- Surgery - Indications
Case #2 Outcome

- True sciatica
- MRI – ‘moderately large R/central disc prolapse compressing L5 nerve root’
- Nerve root block unhelpful
- Surgery – ‘R L5 discectomy’
- Good surgical outcome with resolution of right leg pain
Sciatica - Take home Message

• Consider in all causes of leg pain
• ‘True’ sciatica vs ‘leg pain’
• Always look for hard signs
• Improvement is generally expected
• Consider surgery with severe pain, worsening neurologic function, prolonged symptoms
Thank You