

**Lumbar Radiculopathy** – any type of condition that irritates a nerve root in the lumbar spine (low back).

**Synonyms:** sciatica, pinched nerve (back), herniated disc (back), “slipped disc” (back).

**Symptoms:** symptoms may include pain, tingling, numbness, and/or weakness that can radiate from the back into the gluteal region, leg, and/or foot. Symptoms can be occasional or constant, and range from mild to severe. Certain movements and/or body positions may make the pain worse, while others are relieving. Coughing, sneezing, and straining may increase pain as well.

**How is it diagnosed?**

A thorough patient history and physical exam can lead towards a diagnosis of lumbar radiculopathy. Typically there are two types of lumbar radiculopathy: an irritated nerve due to a degenerative process in the back, or an irritated nerve caused by a herniated disc. X-rays and/or MRI can confirm the specific cause.

**How is it treated?**

A pinched nerve in the back due to a herniated disc can be treated successfully with one or more of the following: ice, massage, lumbar traction, specific stretches and exercises. Chiropractic manipulation is not contraindicated and can be beneficial. Anti-inflammatory supplements aid in reducing inflammation surrounding the nerve root. Lumbar corsets may be beneficial for symptomatic relief.

A pinched nerve due to a degenerative process can sometimes be managed with exercise, stretching, and anti-inflammatory measures. If the degenerative process advanced, surgery may be necessary.

**Alternative treatments.**

Medications such as NSAID's, muscle relaxants, narcotics, and corticosteroid injections. Surgery may necessary if: nerve compression is severe, motor weakness persists, and/or there is severe intractable pain. Relative indications for surgery include: duration of symptoms greater than 3 months, stenosis of IVF or central canal, type and size of herniation, quality (leg pain worse) and severity of symptoms.

**Prognosis** is good. Research indicates that 90-95% of lumbar radiculopathies resolve with conservative care.

**Duration of care:** Duration of care varies greatly with lumbar radiculopathy. A 50% improvement by 6 weeks and complete resolution in 12 weeks is a typical course for the condition. In reality, complete resolution of symptoms can occur in as little as 1 month, or take up to 6 months (or longer).

*Approximate* frequency of care: 3 times a week for 4 weeks (12 visits), 2 times a week for 4 weeks (8 visits), 1 time a week for 4 weeks (4 visits). Total: 24 visits over 3-4 months.