Lumbar Radiculopathy (Sciatica / Pinched Nerve)

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What Is Lumbar Radiculopathy?

Lumbar radiculopathy happens when a nerve in the lower back becomes irritated or compressed. This can cause pain, numbness, tingling, or weakness that travels from the low back into the leg. It is commonly referred to as:

- Sciatica
- "Pinched nerve" in the back
- Nerve pain related to a bulging or herniated disc

Common Symptoms

- Pain starting in the low back and traveling into the buttock, thigh, leg, or foot
- Tingling, "pins and needles," or numbness in the leg or foot
- Weakness in the leg or foot in more severe cases
- Pain that may come and go or remain constant
- Pain worse with sitting, bending, coughing, or sneezing
- Relief when changing positions or lying down in certain ways

What Causes It?

Common causes include:

- Bulging or herniated discs in the spine
- Age-related wear and tear (degenerative changes)
- Narrowing around the nerves in the spine

How Is It Diagnosed?

Diagnosis is based on your symptoms and a physical examination. Your healthcare provider may:

- Check strength, reflexes, and sensation in the legs
- Perform specific tests that reproduce nerve symptoms

Imaging may be used if needed:

- **MRI**: best test to see disc or nerve compression
- **X-rays**: show bone changes but not nerves or discs

Treatment Options

Conservative Care

- Activity modification and avoiding movements that worsen symptoms
- Spinal adjustments or mobilization (when appropriate)
- Targeted exercises to reduce nerve irritation
- Nerve gliding exercises
- Lumbar support or bracing in some cases
- Traction in selected patients
- Staying gently active is usually better than prolonged rest.

Medical Treatment

When needed, treatment may include:

- Anti-inflammatory medications (NSAIDs)
- Muscle relaxants (short-term use)
- Epidural steroid injections for persistent nerve pain
- Surgery in severe cases

When Surgery May Be Needed

Surgery is rare but may be considered if there is:

- Worsening or significant muscle weakness
- Loss of bowel or bladder control (medical emergency)
- Severe pain that does not improve with conservative care

What Is the Outlook?

- Most people improve with conservative care
- About 80–95% of cases improve without surgery
- Many patients feel better within 6–12 weeks
- Full recovery can take a few weeks to several months depending on severity

Typical Treatment Schedule

Many patients are seen:

- **3 visits per week for 4 weeks**, Then **2 visits per week for 4 weeks**, Then **1 visit per week for 4 weeks**. Total care is typically adjusted based on progress and symptoms.

Key Takeaway - Lumbar radiculopathy is nerve irritation from the lower back. While symptoms can be painful and limiting, most cases improve significantly with time, movement-based care, and conservative treatment.