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আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ'এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 2584382 নাম্বারে যোগাযোগ করুন।

यदि आप को इस लीफ़्लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैव बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 2584382 पर सम्पर्क कीजिए।

ਜੇ ਤੁਸੀਂ ਆ ਪਤਰਿਕਾਨੂੰ ਲਿਖਤ ਅਥਵਾ ਟੇਪ ਉੱਪਰ ਅਨੁਵਾਦ ਚਾਹੀਦੇ ਹੋ ਤਾਂ ਮਨੁੱਖਾਂ-ਨੀ ਕਰੀ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਈਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 2584382 ਉੱਪਰ ਸੰਪਰਕ ਕਰੋ।

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeegga Sinaanta 0116 258 4382.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫ਼ਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 2584382 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 4382 telefonundan ulaşabilirsiniz.

Nerve root pain from prolapsed intervertebral disc. Giving leg pain or arm pain.

Information & Advice

The aim of this leaflet is to help you understand your nerve root pain and manage it.

Listed below are some dos and don'ts to help you understand and manage your back pain.

DO'S

- Stay as active as possible.
- Walking, cycling or swimming will all help to exercise and make you feel better, but should be performed carefully and if a certain exercise induces significant limb pain should either be reduced or on rare occasions discontinued.
- Stay at work or return back as soon as possible.
- Always lift and carry close to your body. Bend your knees and make your legs do the work. Try to avoid twisting your back.

DON'TS

- Don't be frightened of all pain.
- Don't give in, doing less leads to weakness and stiffness.
- Don't panic if you have an increase in your pain, mini set backs during the healing period are quite common.



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Introduction

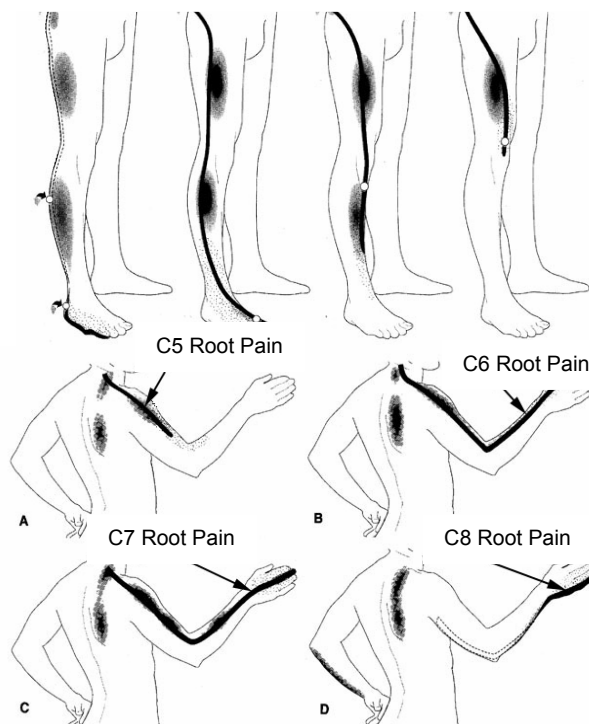
Nerve root pains are a group of conditions e.g.

- Sciatica- leg pain referring from an irritated nerve root within the lumbar spine or back
- Brachial neuralgia- arm pain referring from a nerve root irritation in the neck
- Other more rare areas include referred pain into the front of the thigh.

You have been diagnosed as suffering with such a problem. This leaflet gives you the best and most up to date advice on what to expect and how to manage it.

Some common patterns of nerve root pain in the leg, and arm:

S1 Root Pain L5 Root Pain L4 Root Pain L3 Root Pain



Facts

Nerve root pains arise from within the spine and are almost always due to a prolapsed intervertebral disc sometimes with some wear and tear changes. It is not usually due to any serious damage.

Generalized 'wear and tear' is very common as we get older. It is likened to getting grey hair, it happens to all of us. Some people get pain and stiffness, others don't, nerve root problems are seen as part of this process.

In most cases the pain is felt predominantly in the arm or leg and at least initially is dominant in this area. Pins and needles sensations often accompany the pain in the limb.

Not all arm or leg pain is nerve root pain and therefore it is important that assessment of the problem is done by the appropriate health care professional (e.g. GP, Consultant Team, Physiotherapist)

Some people suffer referred pain from other structures around the spine, which give vague aches and pains, which can be misunderstood by patients as nerve root pain but are not.

This booklet is for those who have been diagnosed as suffering nerve root pain only.

Key features

- Pain into the leg or arm. Often with pins and needles.
- Persistent pains in the limb for long periods.
- Coughing and sneezing can make the limb pain worse.
- Limb pain is dominant.

Posture

Bad posture in sitting or standing can cause over-stretching of the ligaments and surrounding tissues.

By learning to keep a good posture it is possible to prevent or relieve your pain.

What is good posture?

It is important to keep the natural curves of the spine. The inward curve of your back is called **The Lumbar Lordosis**, this will enable you to keep your neck in a good posture with your chin in and shoulders not rounded.



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During sitting it is important to maintain the lumbar lordosis. If there isn't sufficient lumbar support in your chair then try a lumbar roll or a small cushion to support your back.



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General advice

- Sit correctly - use a lumbar back support, such as a rolled up towel, if necessary.
- Interrupt prolonged sitting with regular intervals of walking around.
- Bed rest for more than two days will not be beneficial.
- Avoid prolonged positions with either you neck or back under stress e.g. forwards or leaning back or twisted.
- Avoid heavy lifting.
- Regular gentle exercise and staying fit helps keep your spine in good condition and is thought to promote healing and general health.

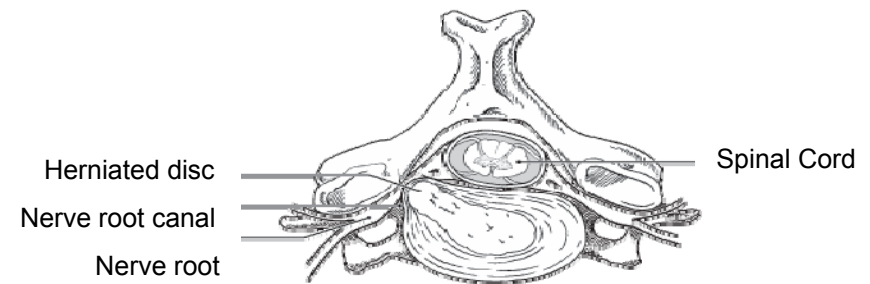
A good way to lift an object and reduce stress on the back.



Reasons for the pain

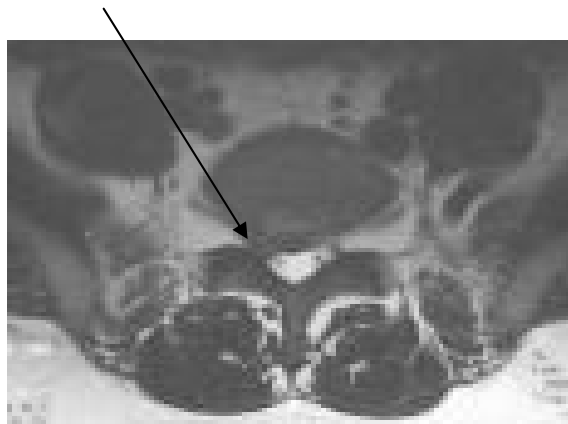
The intervertebral disc has a stiff jelly centre, which can, via a fissure, which develops usually over a long time – ooze its way out to the surface where it ruptures into the nerve canal behind. The jelly then both compresses the nerve and also inflames it, giving the pain in the area of the limb, which the nerve supplies.

Cross-sections of the cervical spine at the level of a herniated disc



A disc bulge which is squeezing the nerve on the left.

This is a picture of an MRI scan of a prolapsed disc. The arrow points to where a large bulge can be seen coming out on the left hand side.



Surgery

An operation to remove the protruding disc fragment can be performed if the problem is more difficult to help. Usually patients have tried the injections and drugs first. It is therefore uncommon for patients to require surgery,

Physiotherapy and manual therapies

Assessment and good advice regarding correct posture and lifestyle are usually given early in the episode. Unfortunately, in most cases manual therapy can increase the symptoms or not help greatly. However if most of the limb pain has settled then such treatment can be considered for any remaining stiffness, and to with time reactivate and rehabilitate back to full function.

Medical treatments

SHOULD BE DISCUSSED WITH THE DOCTOR SUGGESTING THE TREATMENT, BUT INCLUDES: -

Medications

Medications are used to help with the pain and can promote repair and improve quality of life whilst healing takes place. These include non steroidal anti-inflammatory drugs, pain relieving drugs, nerve pain reducing drugs, and if spasm is present muscle relaxation drugs.

(For additional advice please see our booklet “routine medications for musculo-skeletal problems”).

Not all of these medications are always needed, and exact decisions of what you need is the responsibility of your GP or Hospital Doctor.

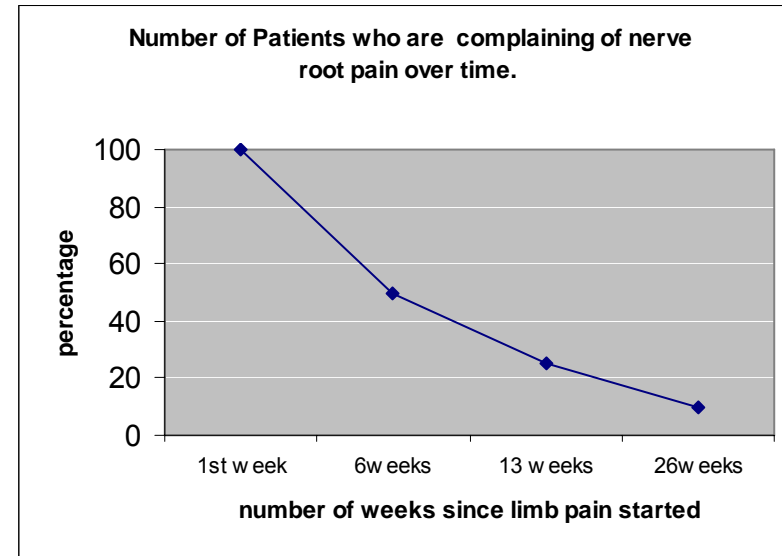
Injection therapy

Injection therapy is usually given in hospital and is generally only required if the problem is not settling satisfactorily after an appropriate period of time.

These treatments can be delivered by a number of hospital Consultant specialities, including Rheumatologists, Pain Management Anaesthetists, Radiologists and Orthopaedic surgeons.

The two techniques most often employed are epidural injections into the space around the nerves in the spine and nerve root canal injections for where the irritated nerve exits the spine. Both have the same aim to relieve the pain and inflammation in the nerve root by using a mixture of steroid (a strong anti-inflammatory drug) and local anaesthetic.

Prognosis



Unfortunately most cases last for several weeks and whilst medications and therapies can help there isn't usually a “quick fix” and there is a need to wait for natural recovery to take place. Most patients are improving well by 6 weeks from the start of the symptoms into the limb.

By 13 weeks 75% of patients are much improved and virtually back to normal.

Low grade symptoms such as a minor limb ache can persist for several months.

If the pain centralizes (that is goes out of the limb and more towards the spine this is seen as a good sign).

Healing

Over time most disc protrusions heal again. This process is usually underway at 3 months and after 18 months there is little sign of the initial problem.

Sensible exercise, staying active, not being overprotective, and trying to lead as normal a life as possible have been shown to be the best ways of managing the problem.

Diagnosis

In the initial stages most patients need to see their GP only. The diagnosis is made largely by the presentation of the symptoms and any initial tests that are performed.

Here are some of the common findings:

- Spinal movements produce limb pain. E.g. in sciatica, bending down to touch your toes causes the pain to go to the leg.
- In brachial neuralgia rotating the neck towards the painful arm can give arm pain.
- Gentle nerve pulling tests give limb pain.
- In sciatica the straight leg raise test of the painful leg gives a restriction of movement often to only 30 degrees and pain is felt in the leg.
- Nerve function tests are reduced e.g. power, reflex and sensory ability, especially in the area which the nerve root supplies.

- Of course nerve root pain can be very varied in its degree and the severity of such changes can range from small to large findings.

M.R.I. Scanning

The use of scans to picture the problem is not normally required initially, and is used when the pain is not settling in the usual manner, after an appropriate number of weeks.

The scan confirms that there is nerve root compression, defines what is causing it, excludes other potential but very rare problems, and provides the Consultant with information regards targeting for therapies (see later).

X-Rays

Spinal X-rays only provide limited information in cases of nerve root lesions and are therefore not done routinely.

Conclusions

- Nerve root pains usually settle over time.
- Medications and adjustments in lifestyle can help in quality of life whilst healing occurs.
- Only a small number of patients who are not settling in the appropriate time scales need to go to hospital for tests and interventions.
- Disc disease and nerve root irritation is almost always a result of a number of changes rather than one event, and are often complex in cause.
- Most disc problems heal over time and recurrence is rare.

If you have any concerns or queries regarding the information in this booklet then please contact your physiotherapist or doctor.

Compiled by UHL Physiotherapy Department February 2005

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