



SELF-HELP: PATIENT'S ADVICE

McKenzie self-treatments for sciatica[☆]

Craig Liebenson, DC*

10474 Santa Monica Blvd., #202, Los Angeles, CA 90025, USA

One of the most painful and disabling back problems is sciatica. This is a pinched nerve in your lower back that causes buttock, thigh, lower leg and even foot numbness, pain, and sometimes even weakness. Usually, the leg pain is worse than the back pain. Your spine may feel locked so you cannot straighten up fully and simple activities like bending, getting up from a chair or out of bed, or even walking can be impaired.

Fortunately, even if the pain is severe it usually improves significantly within a few weeks. While this kind of disabling pain can certainly be frightening it is actually a very common condition that responds to simple treatments in most cases.

After you have seen a licensed medical doctor, osteopath, physical therapist or chiropractor to confirm the diagnosis of sciatica from a bulging disc or narrow spinal canal (spinal stenosis) you may be told to rest for a day or 2, take anti-inflammatory medicine and use cold packs (see Fig. 1). Try icing your back for 20 min intervals a few times a day. Generally, you will also be recommended to perform light activities to nourish the tissues to speed recovery.

If your problem is worse with bending forward, after sitting, or in the morning, a few exercises originally developed, by a physical therapist Robin McKenzie from New Zealand, may also be

helpful. The sphinx, cobra, and standing back extension (see Figs. 2–4). The sphinx and cobra can be performed a few times a day. Carry out 10–12 repetitions slowly. If it hurts in your low back, but not in your leg that is fine. If however, leg pain increases then stop the exercise. The standing back extension manuevere can be performed a few times every 20 min when you have been sitting.

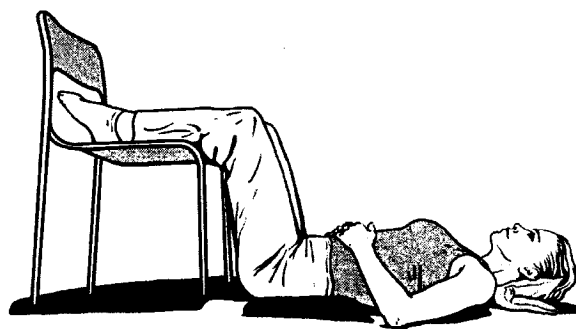


Figure 1 Rest position for cold pack.

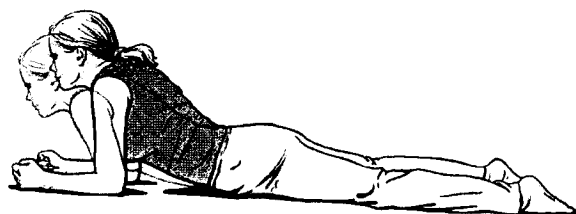


Figure 2 Sphinx.

[☆]This paper may be photocopied for educational use.

*Corresponding author. Tel.: +1 310 470 2909;

fax: +1 310 470 3286.

E-mail address: cldc@flash.net (C. Liebenson).

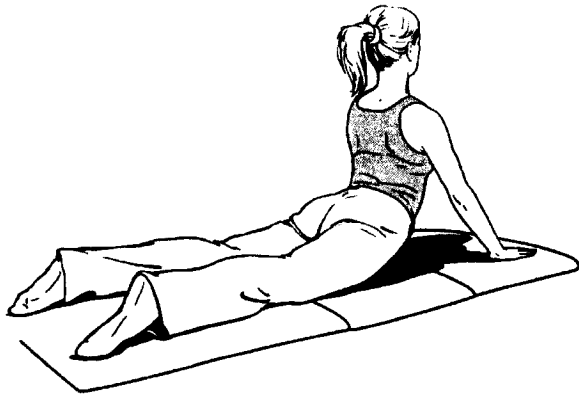


Figure 3 Cobra.



Figure 4 Standing back extension.

Since your nerves are behind your disc bending forward usually squeezes the bulging disc into the spinal nerve roots. Therefore, it is important to avoid slouching or slumping forward when sitting, standing or bending for things. McKenzie realized that it is also helpful to "milk" the disc forward of the nerve roots by performing a variety of back bending or extension exercises. These may be uncomfortable in your back, BUT after a few repetitions you should feel that your leg symptoms are lessening. Scientific studies have proven that

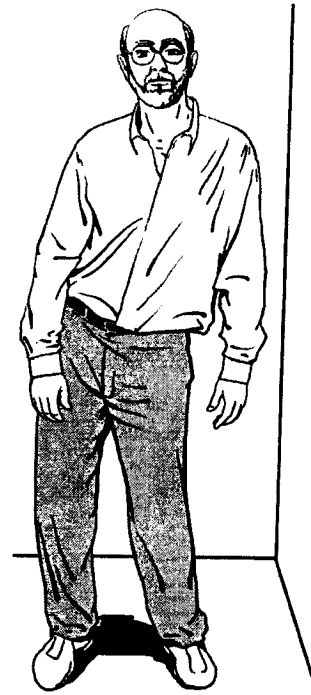


Figure 5 "Locked" back.

this is a good sign and means the exercises are right for you. If however, you feel your leg symptoms worsening then you are not ready for these movements yet.

If your back is locked so that you are leaning to one side then your health care provider may prescribe for you a "mirror image" exercise to straighten your back (see Fig. 5). This is called a pelvic side shift (see Fig. 6). To perform it lean with your upper body against a wall with your hip that is sticking out away from the wall. Walk your feet out about 2 ft from the wall and place your feet together. Then glide your waist into the wall. Perform this 8-10 times slowly. This should be done a few times a day.

This can be uncomfortable at first, but so long as your leg symptoms are lessening then it is a therapeutic exercise for you, even if it hurts somewhat in your lower back. You can experiment with slouching slightly during this exercise, which may feel a little more comfortable (see Fig. 7).

It is important to realize that bulging discs and narrow spinal canals occur in most people regardless whether they have a back problem or not. Most people adapt perfectly well to these findings by staying fit and avoiding poor postural habits such as prolonged sitting. Pinched nerves in the back almost always get better without requiring surgery. But, sometimes if simple treatments are unsuccessful, additional tests, for example an M.R.I., and

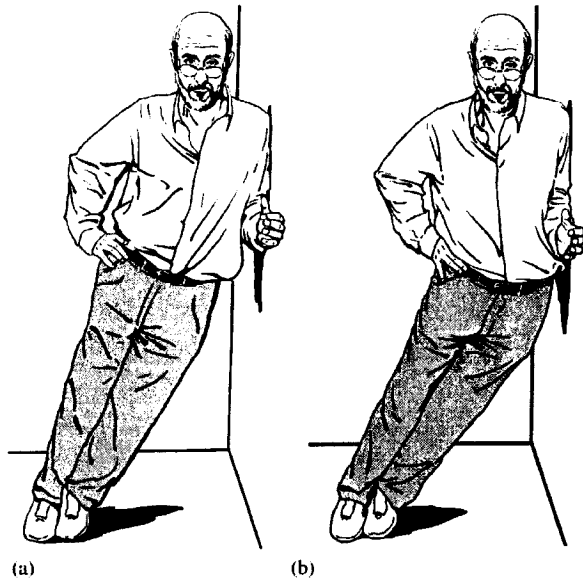


Figure 6 Pelvic side shift: (a) start position (b) end position.

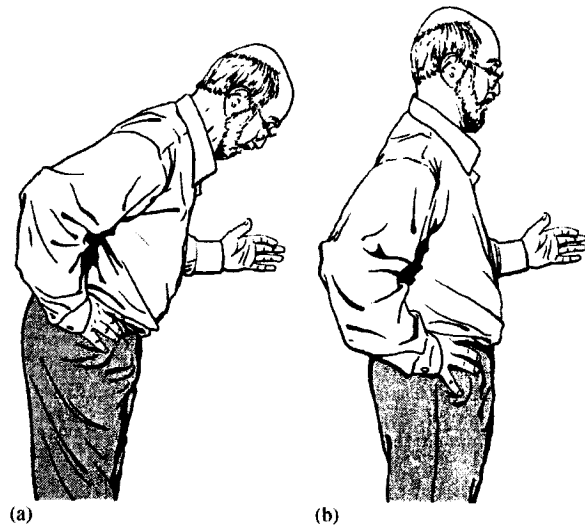


Figure 7 Pelvic side shift variation: (a) flexed variation, (b) neutral.

more aggressive treatments like epidural injections or even microsurgery are performed. Fortunately, over 95% of people with sciatica improve without

needing surgery and under the supervision of your health care provider these exercises can be your best way of ensuring that.

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®