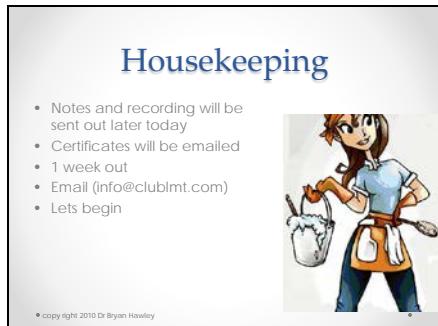


Slide 1



Slide 2



Slide 3



Slide 4

Grand Rounds Case 1

Client: Matt

- Referred from CoWorker to YOU
- Has LBP and Sciatica pain every day but gets worse late afternoon
- Travels Down to R foot/big toe
- Has Xray and MRI from Local Ortho Surgeon whom gave ok to see you
- No recent Trauma or Past Surgery
- Taking OTCs anti inflamms (only temp help)
- NCV taken last week produced Negative results
- At times when sitting R foot will tingle and twitch at night

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Slide 5

MRI Report

- EXAM: OPEN MRI LUMBAR SPINE (WITHOUT INTRAVENOUS CONTRAST)
- IMPRESSION/DISKOGENIC FINDINGS:
- 4. L4-S5: ANNUULAR TEAR WITH SMALL CENTRAL HERNIATION. MILD INDENTATION ON THE THECAL SAC. BACKGROUND BROAD BASED DISK BULGE.
- 5. L5-S1: MILD BROAD BASED BULGING. RIGHTWARD FACET HYPERTROPHY. FLATTENS THE POSTERIOR RIGHT LATERAL RECESS WITH MILD MEDIAL MASS EFFECT ON THE RIGHT S1 NERVE ROOT IN THE LATERAL RECESS. FACET HYPERTROPHY ON THE LEFT WITH NARROWING OF THE LEFT NEURAL FORAMEN AND LIKELY IMPINGEMENT ON THE EXITING LEFT S1 NERVE ROOT.

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Slide 6

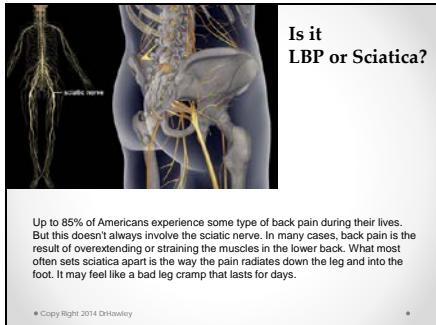
Matt's Film

What would you do if this was presented to you?

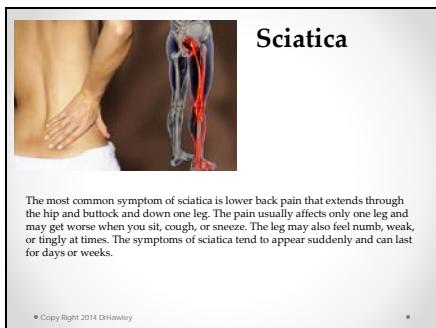


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Slide 7



Slide 8



Slide 9



Slide 10

Types of Sciatica

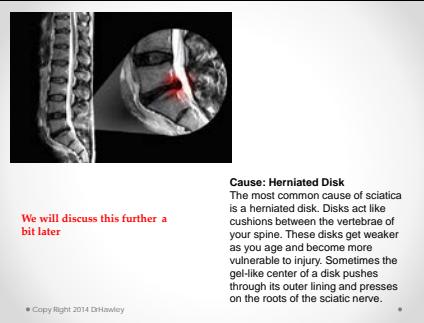
- Discogenic sciatica
- Peripheral entraptments
- Chemical induced
- Gestational

Slide 11

A photograph of a pregnant woman from the waist up. She is wearing a pink and white horizontally striped short-sleeved shirt and blue jeans. Her hands are resting on her pregnant belly. She is standing in front of a window with white frames, and a portion of a wooden floor is visible in the background.

Slide 12

Slide 13

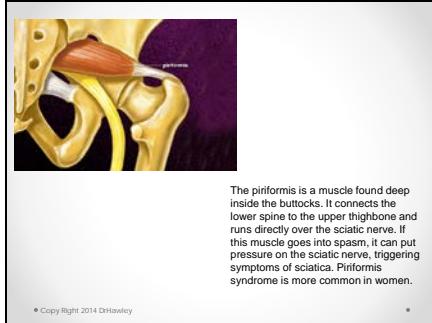


We will discuss this further a bit later

Cause: Herniated Disk
The most common cause of sciatica is a herniated disk. Disks act like cushions between the vertebrae of your spine. These disks get weaker as you age and become more vulnerable to injury. Sometimes the gel-like center of a disk pushes through its outer lining and presses on the roots of the sciatic nerve.

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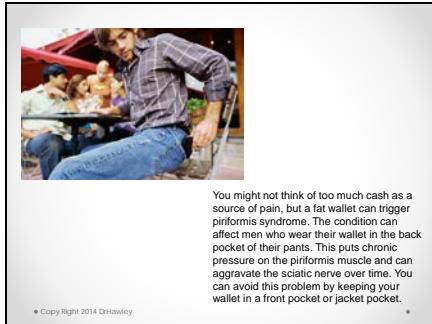
Slide 14



The piriformis is a muscle found deep inside the buttocks. It connects the lower spine to the upper thighbone and runs directly over the sciatic nerve. If this muscle goes into spasm, it can put pressure on the sciatic nerve, triggering symptoms of sciatica. Piriformis syndrome is more common in women.

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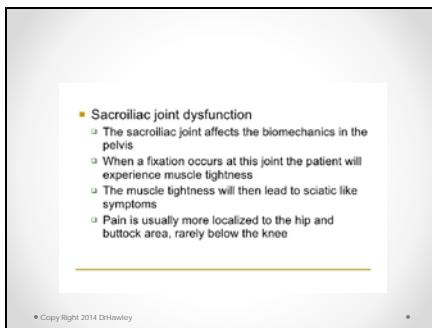
You might not think of too much cash as a source of pain, but a fat wallet can trigger piriformis syndrome. The condition can affect men who wear their wallet in the back pocket of their pants. This puts chronic pressure on the piriformis muscle and can aggravate the sciatic nerve over time. You can avoid this problem by keeping your wallet in a front pocket or jacket pocket.

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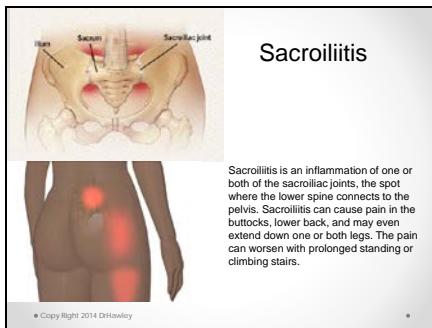
Slide 16



Slide 17



Slide 18



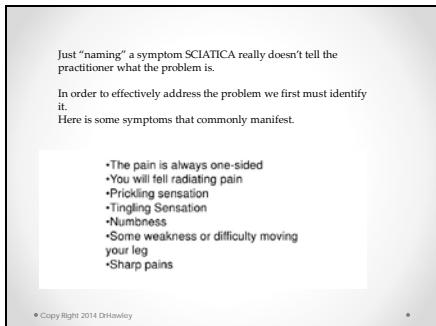
Slide 19



Sciatica Relief: Medication
Over-the-counter pain relievers can provide short-term relief from sciatica. Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen are options. Your doctor may give you a steroid injection to further reduce the inflammation.

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Slide 20



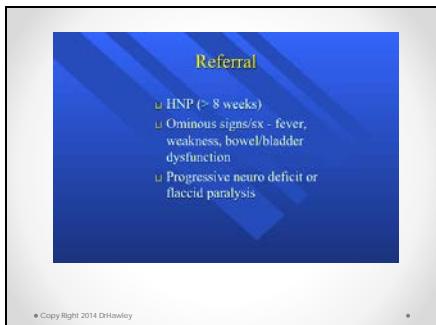
Just "naming" a symptom SCIATICA really doesn't tell the practitioner what the problem is.

In order to effectively address the problem we first must identify it.
Here is some symptoms that commonly manifest.

- The pain is always one-sided
- You will feel radiating pain
- Prickling sensation
- Tingling Sensation
- Numbness
- Some weakness or difficulty moving your leg
- Sharp pains

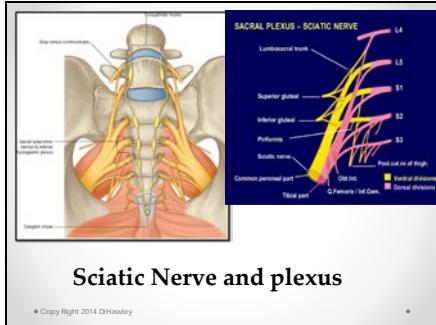
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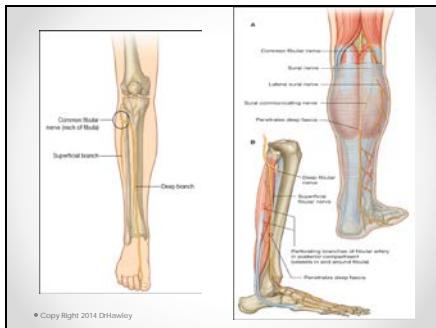


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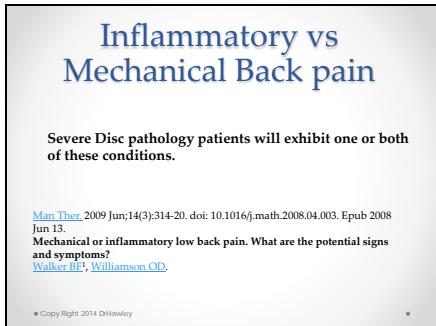
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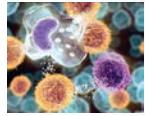
Slide 24



Slide 25

Chemical (Inflammatory)

- Pain that doesn't go away at night, awakens you.
- Improves with exercise, and walking throughout the day.
- Worse in the morning
- Can alternate sides. Esp. in the glutes



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Mechanical

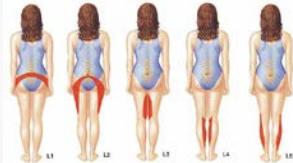


- Back pain that goes away when you go to bed
- As day goes on gets worse
- Exercise increases pain
- Usually associated with a trauma, sneezing, lifting.

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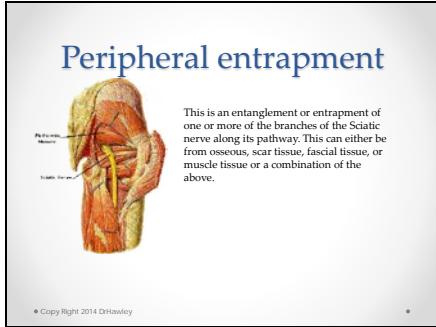
Slide 27

Mechanical pain patterns

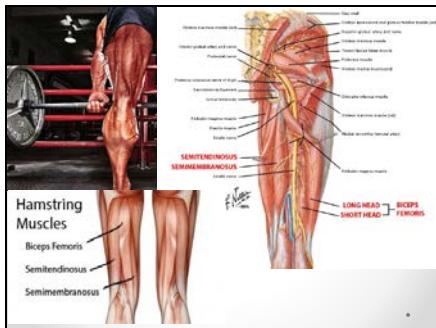


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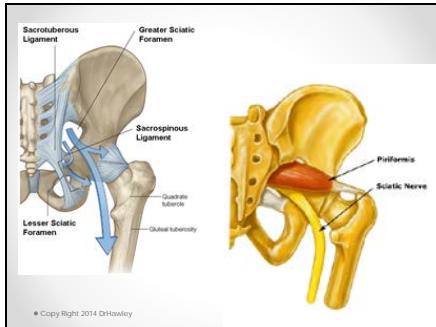
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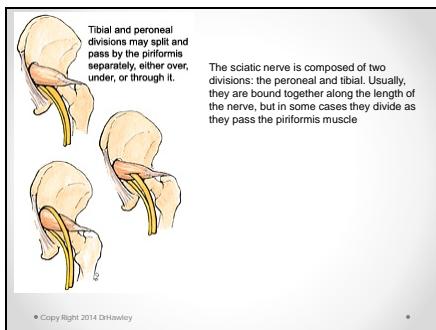
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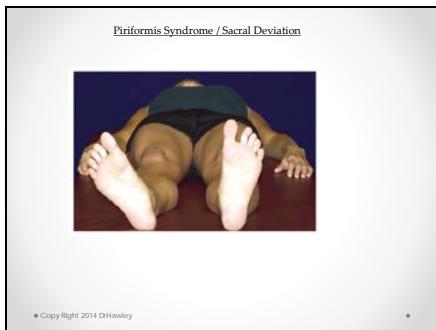
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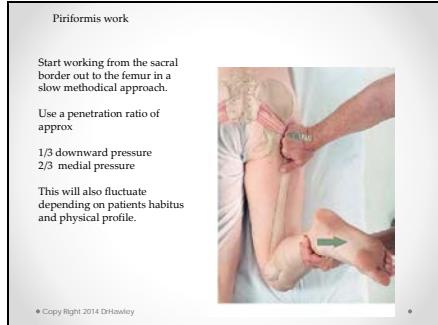
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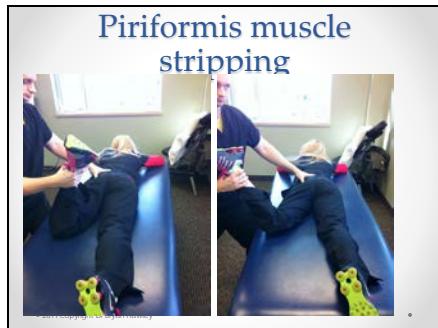
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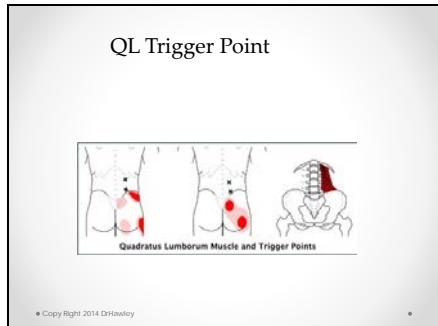
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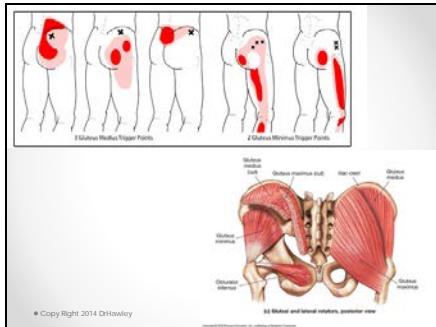
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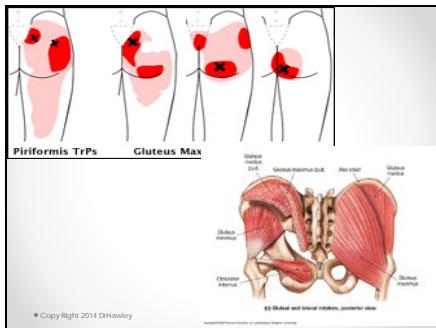
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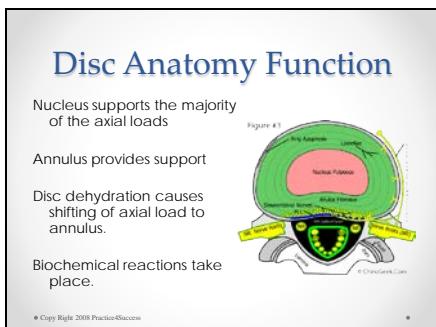
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Degeneration physiology

Increase in axial load causes increase in intradiscal pressure.

Proteoglycan synthesis stops (anhydrosis begins) Disc cells need @ 3atm to function normally.

What water is left is slowly being forced out.

Nucleus deforms, shifts axial load to annulus causes lamellae to fold inward.

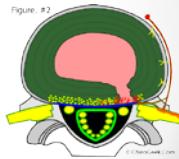
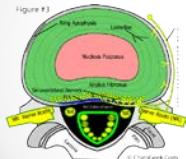
H₂O leaves (H₂O is basic) and the disc becomes acidic, further diminishing cell reproduction.

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Normal Disc Disc Bulge



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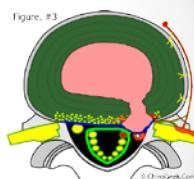
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Disc Protrusion

PLL still intact and disc still contained.

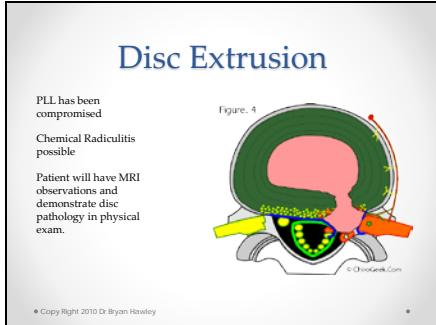
Patient at this point will demonstrate pathology on MRI and will have positive disc findings.



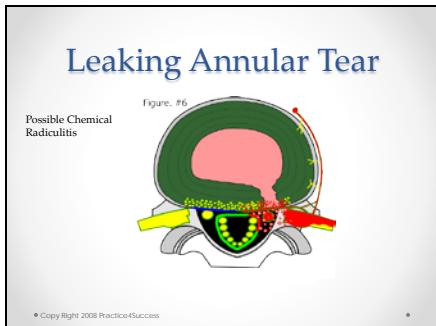
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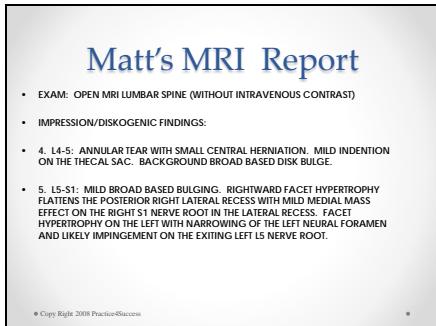
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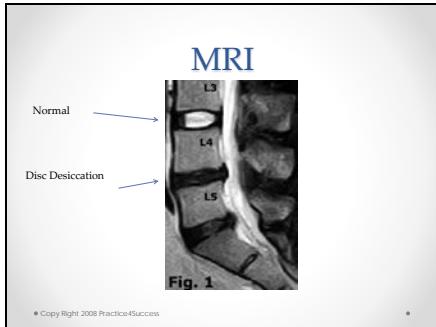
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NEUROSENSORY

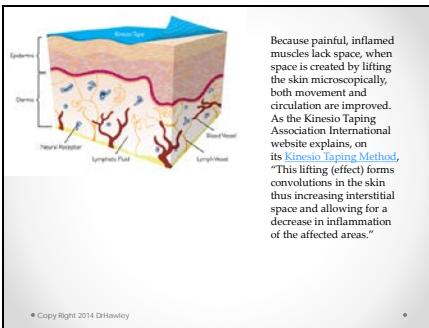
Stretch the Tissue (Structure) and NOT the tape



Used in LATER/CHRONIC stages of care when you want to allow for ROM but still want mind muscle connection and help with fluid exchange.

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Because painful, inflamed muscle back spasms when space is created by lifting the skin microscopically, both movement and circulation are improved. As the Kinesio Taping Association International website explains, on its [Kinesio Taping Method](#), "This lifting (effect) forms convolutions in the skin thus increasing interstitial space and allowing for a decrease in inflammation of the affected areas."

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KT TAPE - Sciatica
<http://www.youtube.com/watch?v=iWnA7cdfX4w>

Great support system for in-between visits
Makes you stand out against others
Also Keeps TOMA (top of mind awareness)

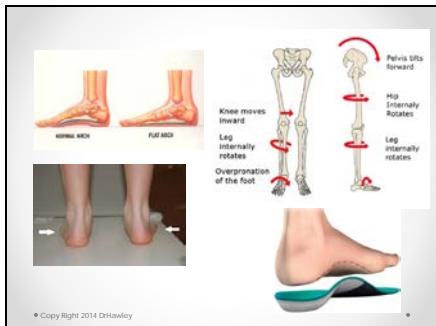
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Look for the Root cause



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Posture and Sciatica



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