


Disclaimer: Content on this website is an advertisement, therefore it may be biased and should not be considered an objective or independent review. Owner of this website may be compensated when you purchase a product by clicking a link on this website. The views and opinions expressed on this website are purely of the author. Any product claim or other representation about a product or service should be verified with the manufacturer, provider or party in question. Any health information on this website is for educational purposes only and is not intended to replace the advice of your health care provider.

Mon November 11, 2019

ADVERTISEMENT

A Guide To Exercises for Sciatica

Why Exercise is Important Many doctors, physical therapists and other health practitioners recommend exercises for sciatica treatment and prevention. While bed rest or inactivity might be advised for the first day or so, extended activity allows the muscles to weaken and the pain can become worse. Sciatica exercises help to strengthen and stretch the muscles that support the back, alleviating the pressure on the sciatic nerve. Exercises for *sciatica* can also be beneficial in increasing circulation, which in turn provides oxygen and other nutrients to the discs in the spine, keeping them supple and healthy.

 A Guide To Exercises for Sciatica

For sciatica sufferers, a good night's sleep may be a thing of the past. Simple things like walking, sitting, or standing up can be difficult or impossible.

Who Can Get Spinal Stenosis? Although some people are born with spinal stenosis, the condition is usually seen in people over the age of 50 who already have some disc degeneration. Often, spinal stenosis results from the wearing down on the spine from normal activities. As we get older, our spinal ligaments can calcify, bone spurs may form, and we can get herniated or ruptured discs. All these conditions can lead to a narrowing of the spinal canal which can compress and pinch the spinal nerves.

The physiotherapist begins with postural observation of the patient which can show an inability to stand up or a thoracic shift to one side. Spinal movements are performed and the pattern of movement limitation noted, with a full neurological examination of the lower limbs. The physio is looking for deficits in muscle power, reflexes or feeling which are related to the specific nerve root involved. The straight leg raise may be performed to check the stretch reaction of the spinal nerve.

Laminotomy. This is a partial removal of the lamina which can be done to widen the spinal canal and relieve compression on the nerve roots. Foraminotomy. Removal of bone, scar tissue, or other obstructions that are compressing the nerve root exiting the spinal canal.

If the pain is acute, then surgery may be needed in order to widen the spinal canal and to correct the conditions that are contributing to the nerve compression. Some of the surgical procedures used to treat spinal stenosis are:

Sciatica usually comes on quickly after an aggravating activity or posture, along with some back pain but this can go off when the leg pain starts. Sciatica is worsened by sneezing, sitting and coughing and is better lying down or standing. The pain is in the buttock and either down the back of the leg or the side and down into the foot. In 5% of cases the affected nerves are the first, second or third lumbar, which give front of thigh pain not beyond the knee. The full picture may sometimes not be present, with individuals describing discrete areas of pain such as the foot only.

Decompressive laminectomy. This is used for treating lumbar spinal stenosis and involves removing the top of the vertebra to create more space for the nerves.

A thorough history performed by the physio will uncover any red flags, an indication of a possibly serious underlying medical condition responsible for the pain. Loss of weight or appetite, severe pain at night, a history of cancer, unwellness or fever, bowel or bladder control difficulties, young or older patients, all these things ring warning bells and the physio will refer the patient on to a medical specialist for evaluation. The location, nature and response to activities and postures of the pain will be noted by the physiotherapist.

About the Author:

Jonathan Blood Smyth is a Superintendent Physiotherapist at an NHS hospital in the South-West of the UK. He specialises in orthopaedic conditions and looking after joint replacements as well as managing chronic pain. Visit the website he edits if you are looking for physiotherapists in Manchester.

Examples of Sciatica Exercises In the most acute phase of sciatica, many practitioners recommend only performing exercises to the point of discomfort. Pushing to the point of pain may only cause more injury and further delay healing. An individual may only be able to do the most basic of exercises for **sciatica**. Three of the most common exercises recommended for this phase are the pelvic tilt, lying prone, and hugging one or both knees to the chest. The pelvic tilt is performed lying on the back with the knees bent and contracting the abdominal muscles. Lying prone can be as simple as lying on the stomach with a pillow supporting the hips. Once there is more improvement, the head and torso can be lifted as well. The last exercise is done while lying on the back and bending the knee to the chest. All of these exercises for **sciatica** should be done carefully and only if there is no pain.

Disc prolapse can result in the internal nuclear material being extruded past the outer disc wall, physically compressing the nerve root which runs nearby. The nuclear material is also chemically irritating to the nerve structure and these irritants make the nerve and nearby structures swell, partly blocking the local circulation and the nerve's message transmission. Disc prolapse is typically the cause of proper sciatica but the size of the prolapse is not closely related to the amount of pain the person suffers.

Physiotherapists use a variety of therapies to treat sciatica, with McKenzie technique being a mainstream technique for discogenic pains. Mobilisation and manipulation techniques, core stability work, myofascial release, specific exercises, manual techniques, soft tissue work and massage, analgesia, patient education, rest, the best position to relieve extreme **sciatica** pain and advice are all used as treatments. Most sufferers settle without investigation or surgery and a long term exercise programme is useful once the problem has settled.

What is Spinal Stenosis? Spinal stenosis is a medical condition where the spinal canal becomes narrow. This narrowing can put additional pressure and compression on the spinal cord and can cause a pinching of the nerve roots. If the narrowing is in the lower part of spinal cord it is referred to as lumbar spinal stenosis and if the narrowing is in the upper part of the spinal cord then it is referred to as cervical spinal stenosis. While stenosis can also occur in the thoracic or upper back region, the lumbar and cervical areas are the most common.

The great forces which we impose on the low back mean the lumbar intervertebral discs suffer structural changes and prolapses. Many activities involve a significant level of leverage, such as flexing over, performing movements in an upright position and lifting with the arms away from the body. This greatly magnifies the forces on the discs and due to their fluid mechanics they suffer 3-5 times the loads on the skeleton. This can cause the disc walls to degenerate, giving weak areas and predisposing to prolapse at some time.

Spinal Stenosis Symptoms Symptoms of spinal stenosis can include back pain radiating to the legs, numbness or pain in the buttocks that worsen when walking or exercising, leg weakness, decreased physical endurance, loss of balance, and leg and neck pain.

The quality of pain may vary. There may be constant throbbing, but then it may let up for hours or even days; it may ache or be knife-like. Sometimes postural changes like lying down or changing positions affect the pain, and sometimes they don't. In severe cases, *sciatica* can cause a loss of reflexes or even a wasting of the calf muscles.

The McKenzie technique works on pain centralisation, the tendency for pain to move towards the back from the legs, suggesting a disc problem, and many physios use this technique. Pain in the front of the thigh and over the knee can be referred from the hip joint, so the physiotherapist will assess the lower limb joints to check the diagnosis. A thorough examination informs the physiotherapist of the likely diagnosis and how they might treat the syndrome, or that the patient needs to be referred to a medical practitioner for a consultation and investigation.

Learn more about SciaticaGuide.com exercises for sciatica and treatment methods at our free resource: SciaticaGuide.com

Physiotherapy Treatment of Sciatica by Jonathan Blood Smyth **Sciatica** results from a structure impinging on a lumbar nerve root, causing compression and/or inflammation enough to cause neurological changes in the skin, reflexes and muscles served by the affected nerve. Not a common syndrome, it is estimated that 3-5% of the population suffer this kind of problem at some time. It affects men and women equally with men most susceptible in their forties and women in their fifties.?? Up to a quarter have symptoms which last more than six weeks and referral to physiotherapists for acute management is routine.

As a Board Certified Chiropractic Neurologist, I take a different approach to the treatment and prevention of sciatica. After a thorough neurological exam, I determine which part of the nervous system is not functioning properly. In many **sciatica** patients, I find a high mesencephalic output.

Target specific areas Targeting exercises to the root cause of the sciatic episode will help the condition more quickly. Multiple diagnosed conditions can cause sciatica. For instance, the two most common causes affect two different areas of the body. A herniated disc will compress the sciatic nerve in the lower part of the spine, while in piriformis syndrome the nerve becomes irritated by the tightness of a muscle in the hip flexor region. A trained health practitioner can help the sufferer to develop exercises for sciatica which will most effectively treat the condition.

Treating Spinal Stenosis In general doctors tend to take a conservative approach when initially treating spinal stenosis. Drug therapy such as pain relievers and anti-inflammatory medications to reduce swelling are usually prescribed first, along with bed rest and reduced physical activity. Steroid injections can also be use to help reduce swelling although the pain relief is normally temporary. Traction and spinal decompression may be prescribed, along with physical therapy which can be used to help increase flexibility as well as build endurance.

No matter what the condition, it is imperative that the chiropractic neurologist performs a thorough and comprehensive exam to determine the exact nature of the patient's condition.

If your sciatic nerve becomes inflamed, the condition is called **sciatica** (pronounced si-ad'-i-ka). The pain can be intense! It often follows the path of your nerve - down the back of your leg, ankle, foot, and toes - but it can also radiate to your back! Along with burning, sharp pains, you may also feel nerve sensations such as pins-and-needles, tingling, prickling, crawling sensations, or tenderness. Ironically, your leg may also feel numb!

To complicate matters, although sciatica pain is usually in the back of the legs or thighs, some people may feel pain in the front or side of the legs or even in the hips. For some, the pain is in both legs: bilateral sciatica!

Exercises for sciatica fall under three main categories: strengthening and stabilizing, stretching, and general conditioning. Including **sciatica** exercises from all three categories works synergistically to decrease the pressure on the sciatic nerve and can reduce the pain significantly. Many of the suggested exercises for **sciatica** target the muscles supporting the abdomen, back and torso, commonly referred to as the "core" muscles.

Due to the risks involved, many doctors will resort to surgical treatments only after non-surgical treatments have been tried first. This article is not meant to replace the sound advice of a personal physician. Patients should discuss with their doctor all their treatment options before taking any medical course of action.

Prevent Future Episodes Once the pain has significantly subsided, many different types of sciatica exercises can help to further treat and prevent future episodes. Pilates, a program designed by Joseph H. Pilates, targets the core muscles through specific body and breathing exercises. Yoga is another discipline which helps to strengthen and stretch the muscles and spine. Physical therapists often have their patients perform exercises on a big balance ball. Keeping the ball stable works the core muscles that support the spine. Other exercises for sciatica can include swimming, walking and other low impact aerobic movements. Minimizing recurrences of sciatica can be as simple as doing exercises for sciatica on daily basis.

There are three parts to the brain stem: top, middle and lower. The mesencephalon is the top part of the brain stem. A high output of the mesencephalon will cause an increased pulse and heart rate, the inability to sleep, or a waking, fitful sleep. Other symptoms might include urinary tract infections, increased warmth and sweating, and sensitivity to light. Along with a high mesencephalic output, the migraine patient may present with a decreased output of the cerebellum. The cerebellum controls balance, coordinated movement, and the involuntary muscles of the spinal column.

About the Author:

For more information on spinal stenosis treatments and alternatives to back pain surgery see DRX9000 spinal stenosis treatment at <http://www.drx9000-spinal-decompression.com>, a popular site with free information on DRX9000 spinal decompression and other back pain treatments.

Sean Rodriquez

Disclaimer: Content in this document is an advertisement, therefore it may be biased and should not be considered an objective or independent review. Owner of this document may be compensated when you purchase a product by clicking a link in this document. The views and opinions expressed in this document are purely of the author. Any product claim or other representation about a product or service should be verified with the manufacturer, provider or party in question. Any health information in this document is for educational purposes only and is not intended to replace the advice of your health care provider.

Disclaimer: Content on this website is an advertisement, therefore it may be biased and should not be considered an objective or independent review. Owner of this website may be compensated when you purchase a product by clicking a link on this website. The views and opinions expressed on this website are purely of the author. Any product claim or other representation about a product or service should be verified with the manufacturer, provider or party in question. Any health information on this website is for educational purposes only and is not intended to replace the advice of your health care provider.