Lumbar Radiculopathy
(Pinched Nerve)

Degeneration of the lumbar spine can cause pain in the back, buttock and leg by a few mechanisms. These can be divided between mechanical problems in the lower back and problems from nerves being irritated or pinched. A lumbosacral radiculopathy (pinched nerve) is a problem that results when a nerve in the back is irritated as it leaves the spinal canal. This condition usually occurs when a herniated disc is pinching a nerve root.

**Symptoms:** Pain, weakness and tingling sensations in the back and leg, and numbness, may all occur. These symptoms may worsen or improve when the back and/or leg are in different positions. Patients may also have pain in the back from a muscle spasm or other causes that may or may not be related to the pinched nerve and herniated disc. Pain may increase with increased intra-abdominal pressure such as coughing, sneezing, laughing or going to the bathroom.

**Diagnosis:** Diagnosis involves a thorough patient history and physical exam. Other tests such as X-rays and MRIs are often valuable. Nerve testing may also be performed to examine the “electrical system” of the body and determine the severity and location of nerve compression. Epidural steroid injections may help significantly with the diagnosis, as well as for therapy.

**Treatment:** Treatment focuses on optimizing function, achieving pain relief and preventing future pain. Formal physical therapy will help the patient learn exercises that can be continued at home, such as neck and arm stretching and strengthening or home traction. Medications are often helpful for pain relief and help with improved sleep (which helps reduce pain).

Epidural steroid injections are offered as a pain relieving strategy to enable the patient to return to optimal functioning as part of a comprehensive program.

Surgery is usually reserved for the few patients who do not respond to more conservative measures.