



A case in point: Sciatica or 'Pseudosciatica'?

Hi from your Health Care Team!

We apologise that it is so long since we last wrote. As you understand, 2015 was extremely busy. Anyway, we are truly settled in now and thank you to all our loyal patients who continue with their care at our new location at North Parramatta. We welcome the patients who are new neighbours here and decided to 'give us a go'. We are keen and ready to serve each of you.

For podiatry patients, a new reduced fee schedule is being offered for pensioners, children and families. Ask for details or check our website.

We are presenting a different aspect with this newsletter. We realise that each modality that we offer is shrouded in mystery of how we think and make clinical decisions and what we do. Therefore, we have written a fictional sample case study that is typical of our patients and combined a few symptoms and signs that are common to this complaint. We thought you might find this interesting or useful to share with family and friends.

Chiropractic assessment:

Tricia is a 49-year-old woman who works in an administration role that requires her to stand most of the day. Tricia's first experience with lower back and leg pain was 12 years ago with the birth of her second child. Unfortunately her back and legs have troubled her ever since.

Tricia described her problems at length. During the birth she had an epidural injection and the birth itself generated tremendous low back pain. Tricia described pain at the base of her lower back that was intense in her left hip and spread to the outer front of the left thigh and into the calf. While the hip pain is strong and persistent, the symptoms were more of an ache in the lower limb. These days Tricia says that her 'hips annoy' and make her feel more irritable and makes her feel 'down' and always weak on the left side, so much so that she 'hobbles in the morning' with left foot pain. While she is able to 'keep up with' her job, her back and lower limb condition drains her of the energy she wishes she could have to look after her family.

Obviously Tricia has sought help for her problems by consulting her GP, a podiatrist and a naturopath. Her GP arranged for corticosteroid injections, the first one to the base of the lower back and a second one six months later to the iliotibial band (outer upper left thigh). In addition, the GP prescribed Ceramal (an antidepressant). Between the discussions of her GP regarding the results of her x-rays and CT scans, and her own reading, Tricia understands that her problem is a result of a degenerated lumbar disc and degeneration in her left hip. She states her problem is sciatica and a bad hip.

What was clear in the story that Tricia told was that in addition to the length of time and the extent that she has suffered, she is very frustrated and her condition has a significant impact on the quality of life.

A brief analysis of Tricia's gait was not particularly remarkable. A small degree of increased foot pronation occurs and a small amount of pelvis sway was also noted. The most obvious finding was how stiff her upper body is held when she walks.

When examining Tricia's posture some deficits were readily identified. Tricia's pelvis is lower on the left and rotated to that side. She has flat feet and a little knock-kneed which is more pronounced on the left. Tricia's left shoulder is also lower, she has a sway back (increased lumbar lordosis) and is rounded in the mid back (increased thoracic kyphosis). Unfortunately Tricia looks quite unfit; her Body Mass Index (BMI) is 34 so she is obese and looks that way with most of her weight gain in her hips and thighs in a classic pear shape. In fact, the lack of proper muscle tone is visible in her gluteal, feet and thigh muscles.

Looking at Tricia's range of motion, she appears to be quite mobile by background but when she performs a multisegmental rotation (see diagram 1. on next page), a loss of range is observed in the pelvis especially on rotation to the right. A lesser degree of restriction is noted in the thoracic rotation. Tricia's forward bending to touch her toes is nearly full but the extension of her thoracic spine was moderately limited.

A single leg stance test was used to give insight to how well Tricia could balance on her feet: with her eyes open she was within normal range of 25 seconds on each foot but with her eyes closed, she was unable to balance for more than 3 or 4 seconds. At the same time, her pelvis would deviate more to each side than normal and more pronounced on the left. A single leg squat showed