

Radicular Pain

What is Radicular Pain?

Radicular pain is pain that arises from an irritation of spinal nerves or roots. This results in symptoms that “radiate” from one site to another. Pain often originates at or near the vertebral column and travels down one or both extremities. It may transverse through the entire extremity or just part way down the extremity. Symptoms in the leg have commonly been termed “sciatica”. Radiculopathy is a condition where there is a true blockage of the spinal nerves causing compression or ischemia. This results in complete loss of sensation and or muscle contraction. Radicular pain is differentiated from referred pain in that referred pain is pain perceived elsewhere in the body than the primary source. An example of referred pain is low back pain coming from the kidney or neck and arm pain from a heart attack.

What are the causes of Radicular Pain?

It is generally agreed upon that the cause of radicular pain is an irritation to the nerves that supply the leg and arms due to inflammation or compression. There are multiple conditions which irritate these nerves. Disc herniation and bulge is often thought of as a primary cause. As the disc gets compressed it can press against the nerve as it exits the spinal cord. Other conditions which can cause radicular pain include spinal and foraminal stenosis, spondylolisthesis, facet joint arthropathy, piriformis syndrome, meningeal disorders, and certain cases of diabetes.

Are there predisposing factors to have Radicular Pain?

Radicular pain can occur to anyone at anytime. However, those of us who have significant degenerative changes in the spine, motion abnormalities, poor posture, or are involved in repetitive or strenuous bending and twisting are significantly more likely to have radicular pain. Unfortunately, few of us are aware of degenerative changes within our disc and spine and even fewer are aware of segmental hypermobility or hypomobility within our spine.

What are the symptoms of Radicular Pain?

Radicular pain can take on multiple forms. Some individuals describe sharp shooting pains that travel down one or both arms or legs. Other individuals describe a burning sensation. Always these symptoms are well localized and follow a particular stripe-like pattern spanning less than two inches wide. These symptoms can often be aggravated in certain positions and alleviated in others, especially lying down. As the severity of this condition progresses, symptoms may include numbness, coldness, or an inability to appropriately use the affected limb/body part.

It is important to note that pain need not be present to have this condition as studies support that compression of a nerve does not evoke pain but rather numbness, tingling, and/or weakness. The pain response is suggested to be a bi-product of the specific condition that caused nerve irritation.

How is Radicular Pain treated?

There are several methods of treatment for radicular pain. To best treat this condition it is important to identify the actual cause. Often your physician will recommend an EMG (commonly called the nerve test) or an MRI to identify the extent of trauma. After the diagnostic testing the physician may recommend you to a specialist or neurosurgeon for a consult or possibly surgery. Some physicians also recommend high doses of anti-inflammatories or steroids to reduce the compression on the nerves. Often, your physician will put you on work restrictions to avoid further injury and many will refer you to physical therapy. Together your Physician and Physical Therapist can provide you with a holistic intervention to reduce your symptoms and improve the health and function of your neck and back.

A thorough physical therapist will also perform testing to confirm the diagnosis. This is important because the treatment should be specific to you as an individual. Once the cause is identified, your physical therapist can perform multiple interventions. One of the earliest and most important things your therapist will instruct is decompression techniques. These techniques may include manual traction, self-traction, unweighting, and positional distraction. These procedures are designed to reduce the pressure on the nerve to reduce the long-term consequences of radiculopathy. One form of decompression is aquatic or pool therapy. Equally important, your therapist will instruct you in posture and body mechanics. Some conditions respond best in a flexed position, while others in an extended or neutral posturing. . Clinically, we may utilize modalities such as cold, heat, anti-inflammatory cream, electric stimulation, and ultrasound to decrease associated symptoms like muscle spasms. As tolerated your physical therapist will begin you on an aerobic activity to promote healing. Lastly, your therapist will guide you in a strengthening or stabilization program to reduce the possibility of re-occurrences.

What are the benefits of Physical Therapy?

Some people are surgical candidates and physical therapy is not appropriate. It has been shown that less than 3% of candidates with radicular pain require surgery. Literature supports physical therapy in the treatment of radicular pain. Surgery is not only expensive but it is invasive and imposes risks.

Therapists trained in the treatment of radicular pain gear treatment in a pain-free, risk-free fashion. They can identify susceptible areas for further involvement and help stabilize those segments against potential damage. Therapists can also inform the individual of safer techniques to perform the same activities.

What can I do at home for a Radicular Pain?

Without identifying the exact cause, one cannot correct the primary problem. However, despite the cause there are a few things that anyone can do to minimize the pain and reduce the effects of longstanding weakness and sensation loss.

The first thing is “Restless Bed-Rest”: This involves resting or applying self traction in bed for 5-6 minutes every hour. Although most people can not afford to lie down once every hour they can at least try to change positions to reduce the symptoms as often as possible. The longer the symptoms are present the longer the recovery process.

The second technique is assuming a pain-free posture: This posture will be different for everyone. The concept is to identify your own “resting position” or the position at which your nerve is not irritated. Assume this posture as often as you can.

**Xcel Physical therapy
3412 S Straits Hwy
Indian River MI 49777
(231) 333-3120**