



Alexandra Paraskos, M.D.

PAIN RADIATING FROM MY NECK/BACK INTO MY ARM/LEG

(Sciatica, Radiculopathy, or Radiculitis)

THE HIGHLIGHTS

Most people get better without surgery.

Most people only need:

- Time: Allow 6-12 weeks with conservative treatment
- Activity Modification: Avoid lifting, bending, twisting or movements that hurt.
- Physical Therapy: PT treatments can reduce irritation and help relieve pain.
- Medication: Can be used to provide short-term relief. Not long term.
- Steroid Injection: Not the first line of treatment. Try other treatments first.

Surgery can be an option for patients who fail conservative treatment.

FREQUENTLY ASKED QUESTIONS

WHY DOES MY BACK/NECK HURT?

This type of pain is typically caused by nerves that get pinched in the spaces between vertebra in the neck or back. The tissue around the nerves can become inflamed (or swollen), which causes irritation of the nerves and blood vessels. When this happens, patients often feel pain, numbness, tingling, weakness or burning in their neck and arms, OR their back and legs.

HOW LONG WILL IT TAKE TO GET BETTER?

Most patients typically get better in 6-12 weeks. Our goals are to:

- Get you better as quickly as we can.
- Keep you somewhat comfortable and functional until you're better.
- Teach you exercises or treatments to minimize the chance of symptoms returning.

WHAT CAN I DO TO FEEL BETTER — WHAT ARE CONSERVATIVE TREATMENTS?

Time: Give it time. In many cases, patients often feel better with rest and conservative treatment after 6-12 weeks.

Activity Modification: Avoid lifting, bending, twisting or other provoking motions.

Physical therapy: The first option for treatment should be physical therapy (PT). The goal for physical therapy is to eliminate the pain you feel in your arms/legs and minimize the pain in your neck/back. This process typically takes 6-8 weeks.

Medications: These are a short-term solutions to relieve pain while your body is dealing with the irritated nerve. These are not good long term solutions. Medications options include Anti-inflammatory medications or NSAIDS, Tylenol®/acetaminophen, Muscle relaxants, Oral steroids pills/medications.

Steroid Injections (Epidural Steroids Injections):

This is generally not a first line treatment. This is typically reserved for patients who have tried the above options for at least 6 weeks and are still having unacceptable levels of pain.

WHAT SHOULD I BE WORRIED ABOUT AND WATCH FOR?

If you have any of the following symptoms **notify Dr. Paraskos' office.**

- Weakness in your legs
- Worsening numbness in your legs
- New or worsening trouble using your hands, hand clumsiness and worsening numbness
- Difficulty walking or issues with balance and falls
- Loss of control of bowel or bladder function
- Feeling sick throughout your body and/or having fevers and chills
- Pain that is mostly occurring or most severe at night

WHAT HAPPENS DURING A PHYSICAL THERAPY APPOINTMENT?

- During your first appointment, you'll receive an evaluation to identify a treatment plan that's designed for you.
- Many appointments will include exercises to help improve your movement and reduce your pain.
- Appointments may also involve your therapist doing "hands-on" treatments to reduce muscle spasms or improve joint movement. These also help reduce pain.
- You'll be given exercises to do on your own at home. Doing these regularly is an important part of your treatment.
- In some cases, PT can also use heat, ice, electrical stimulation or others to provide some immediate relief.

DO I NEED SURGERY?

Most patients get better with conservative treatment and do not need a surgery. Surgery can be an option for some patients who are not getting better with conservative treatment or who are having worsening symptoms despite conservative treatment.

If surgery is required, there are often minimally invasive options that have the advantage of small incisions, minimal postoperative pain, quick return home, and quick recovery/return to work.