

Pseudo Sciatica-It's the Condition we really Treat Better than Medicine

Senthilkumar Thiyagarajan^{1*} and Prabhu C²

¹Department of Orthopedics Physical Therapy, the Oxford College of Physiotherapy, Bangalore, India

²Principal, The Oxford College of Physiotherapy, Bangalore, India

*Corresponding author: Dr. Senthilkumar Thiyagarajan, Department of Orthopedics physical therapy, The oxford college of Physiotherapy, Bangalore, India, Tel: 1-418-525-4444; E-mail: senphysio1981@gmail.com

Received date: December 21, 2016; Accepted date: January 12, 2017; Published date: January 19, 2017

Copyright: © 2017 Thiyagarajan S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Sciatica is a very well know medical term to us. But Pseudo sciatica is the one of the other common condition we are treating in our clinical practice daily. Increasing incidence of Low Back Pain should be the challenging for us to evaluate exact causes of pain. Clients may approach us many times with complaints of running down pain and numbness in the Posterior aspect of thigh. I have been visited best clinicians in my city and still my pain is not ending story. As well clinician advised to go for the clinical Investigation such as X-ray, MRI Scan, CT scan, Blood investigation but it's shown everything Negative. Still my Radiating pain and numbness is irritating me lot. This pain will not allowing me to sleep and disturbs my functional activities [1].

Aim and background: Deliver the clinical significance of Pseudo Sciatica to the Physiotherapy Professionals. Misdiagnosis may leads to mental worries, Fear, failure in recovery from the Pain and increasing expenses to the Client with Back pain. Creating awareness about pathology and clinical features should minimize above said issues.

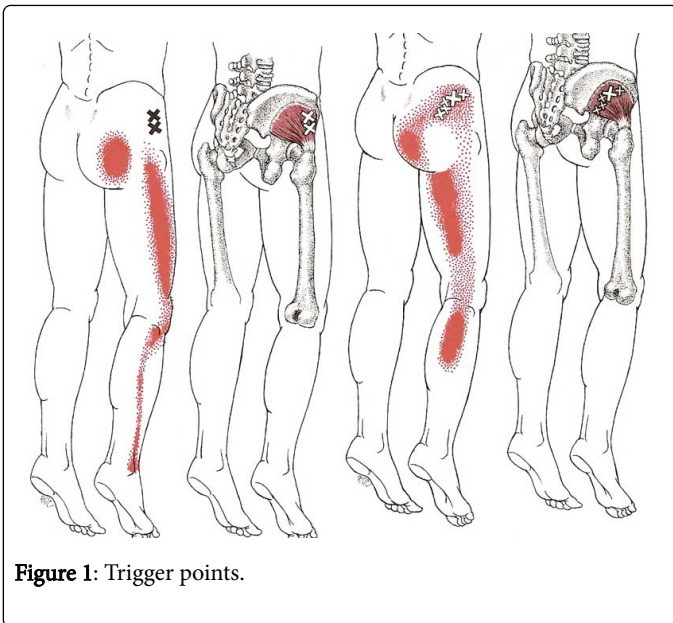


Figure 1: Trigger points.

Definition: Pseudo-sciatica is a diagnostic term sometimes used to describe sciatic nerve symptoms which are not caused by the typical spinal sources. Other names for pseudo sciatica are wallet sciatica, hip socket neuropathy and Deep Gluteal Syndrome [2]. The prevalence of active TrPs was 32.0% in Nonspecific Low Back Pain patients.

Muscular causes and pathology of Pseudo-Sciatica: Numerous causes has been discussed and elaborated in the various literatures,

however one among the predominant cause of Pseudo sciatica is Gluteus Minimius trigger Point.

Trigger points can form in the muscles of the hip and lower back and refer pain down the leg. Trigger points are 'knots' in the muscle which become inflamed and highly irritable. They are more often found in weak muscles or muscles that have been 'overloaded' and have fatigued (Figure 1).

Trigger Point in the gluteus minimus which cause referred pain similar like sciatica. For this reason, President Kennedy's physician, Dr. Janet Travell, called this pain "Pseudo Sciatica" [3].

These trigger points form for numerous reasons from direct trauma, inter muscular injections, postural distortions, running, swimming, walking too far and/or too fast over uneven terrain, and sporting activities such as tennis, handball or cycling [4].

- Diagnosis of Trigger Point.
- SLR will not be painful.
- On palpation Gluteal region-Grade III/IV tenderness found.
- Pain will not be aggravated while coughing, sneezing and functional activities.
- Gluteal muscles active stretches by therapist would increase pain.
- Subject with pseudo Sciatica not all to do this Gluteal Stretches.
- Highly Beneficial Treatment for Pseudo Sciatica with Dosages.

| How to differentiate from Sciatica | The therapist can also give several tips to avoid an aggravation of the symptoms |
|---|--|
| SLR test is generally negative | Avoid sitting for a long period |
| Pain may be reproduced by resisted abduction or adduction of the flexed and internally rotated hip joint | Stand and walk every 20 minutes |
| Tenderness over the sciatic is usually present | Make frequent stops when driving to stand and stretch |
| Most patients report that sitting exacerbates their pain and that it is relieved by walking | Prevent trauma to the gluteal region |
| On rectal or vaginal examination pressure with the finger tip over the muscle just medial to the ischial spine may be intensely painful | Avoid further offending activities |
| The symptom patterns and physical examination significantly differ from patients with spinal causes | Avoid sitting for a long period |

Table 1: Crispy stuff about pseudo sciatica.

Health education. Trigger Point Dry Needling Therapy-two to three sittings of needling with 60/70 mm length needle have been used to treat Trigger points.

- Trigger Point Release-by therapist with proper knowledge in TPR technique.
- Spray and stretch Techniques
- Self-Trigger Point Release Techniques-using Tennis Ball.

Active and Passive Stretching Gluteal Muscles-repetitive stretches 5 times, daily twice (Table 1).

Conclusion

Excellent diagnosing skill and knowing the specific trigger point pain pattern and further knowledge in trigger point treatment which

helps the recover from the pain effectively. This knowledge allows you to efficiently assess, educate and design treatment plans tailored to your patient's complaints.

References

1. Kent D (2011) Pseudo-Sciatica and Gluteus Minimus Trigger Points. *Massage* 11.
2. Skorupska E, Rychlik M, Samborski W (2015) Intensive vasodilatation in the sciatic pain area after dry needling. *Biomed Res Int* 15.
3. Lori A, Boyajian O'N, McClain RL, Coleman MK, Thomas PP (2008) Diagnosis and management of piriformis syndrome:an osteopathic approach. *J Am Osteopath Assoc* 108: 657-664.
4. The Deep Gluteal Syndrome, an underestimated etiological factor for Sciatica, Low Back Pain and other chronic pain conditions? A case series report, review of the literature and a proposal for diagnostic criteria.