

## SCIATICA

<b>Overview</b>	Pain radiating unilaterally (rarely, bilaterally) from lower back down posterior leg in dermatomal pattern often to foot or toes. Commonly caused by lumbar disk herniation, lumbar spinal stenosis, or piriformis syndrome. Rarely, may result from diabetes, tumor, abscess.
<b>Prognosis</b>	Most pain/disability from acute sciatica resolves within a month but recurrence is common (up to 30%).
<b>Lifestyle/Conservative</b>	Stay active, avoid bed rest (ICSI strong; Mod evidence)
	Encourage exercise (ICSI strong; Mod evidence).
	Local heat (ICSI strong; Mod evidence)
	Local cold (ICSI Weak, Mod evidence) - <i>Not recommended</i>
<b>Alternative Medicine</b>	Acupuncture possibly helpful (Insufficient evidence)
<b>Physical Med/Rehab</b>	Spinal manipulation may help acute back pain in short term (Mod evidence)
	Physical therapy (active, not passive) may improve recovery (Mod evidence)
	Traction helps in short term but not long term (ICSI Weak, Mod evidence)
<b>Pharmacotherapy</b>	Consider NSAIDs for short term (ICSI Weak, Mod evidence)
	Muscle relaxants may help (ICSI Weak, Mod evidence)
	Gabapentin may provide 2 wks - 3 mos pain relief (Mod evidence)
	Consider opiates for severe, disabling pain not controlled with acetaminophen or NSAIDs (ICSI Strong, Low evidence). Apply "universal opioid precautions", lowest effective dose/ shortest time.
	Systemic steroids (High evidence) - <i>Typically do not help pain and are associated with increased side effects</i>
	Co-prescribing benzodiazepines (AAPM Strong recommendation against) - <i>Avoid coprescribing benzodiazepines and opioids due to risk of respiratory depression</i>
<b>Interventions</b>	Epidural steroid injections may provide short term relief (ICSI Weak, AAN Level C, Mod evidence)
<b>KEY</b>	Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk
	Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy
	Benefits do not outweigh the harms, evidence suggests poorer outcomes

**Information was gathered from Dynamed accessed via Tufts**

ICSI = Institute for Clinical Systems Improvement, Medicine

AAN = American Academy of Neurology

AAPM = American Academy of Pain Medicine