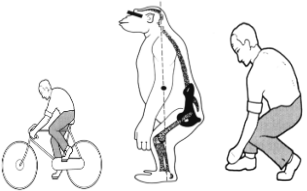

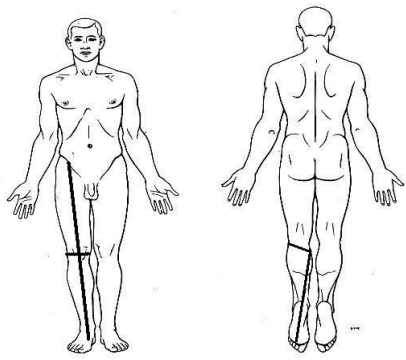
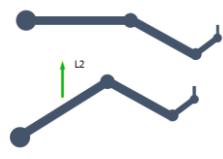

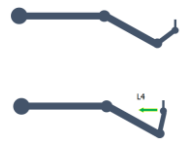







## Assessment and treatment of radicular leg pain

<p><b>History</b></p> <ul style="list-style-type: none"> <li>• Back Pain</li> <li>• Leg Pain</li> <li>• Back &amp; Leg Pain</li> <li>• Neurology</li> <li>• Deformity</li> </ul>	<p>L4 L5 S1</p>	<p><b>Back Pain- Red Flags</b></p> <ul style="list-style-type: none"> <li>• Age &lt;12 and &gt;50</li> <li>• Type-Constant, unremitting</li> <li>• Site-Thoracic</li> <li>• Symptoms-Fever, wt loss</li> <li>• PMH-Infection, Ca</li> <li>• Large analgesic intake</li> <li>• Night Pain</li> <li>• Neurological symptoms or signs</li> <li>• Painful Scoliosis</li> </ul>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>L5</b></p> <p><b>DERMATOME</b> Anterior Posterior</p> </div> <div style="text-align: center;"> <p><b>MYOTOME</b> Anterior Posterior</p> </div> <div style="text-align: center;"> <p><b>SCLEROTOME</b> Anterior Posterior</p> </div> </div> <p style="font-size: small;">Figure 2-13. Dermatome, myotome, and sclerotome distribution for L5.</p>		<p><b>Neurology</b></p> <p><u>Sensory radiculopathy</u></p> <p><u>Dermatomal</u></p> <ul style="list-style-type: none"> <li>• Pins &amp; needles</li> <li>• Burning</li> <li>• Cold water</li> </ul> <p><u>Motor Radiculopathy</u></p> <p><u>Myotomal</u></p> <ul style="list-style-type: none"> <li>• Drop foot</li> <li>• Poor push off</li> <li>• "Giving way"</li> <li>• Quads weakness/ wasting</li> </ul>
<p><b>Neurology Red Flags</b></p> <ul style="list-style-type: none"> <li>• Saddle anaesthesia</li> <li>• Urinary hesitancy</li> <li>• Retention</li> <li>• Overflow</li> <li>• Faecal incontinence</li> <li>• Erectile/ sexual dysfunction</li> </ul>	<p><b>Leg Pain</b></p> <p><u>Age</u></p> <ul style="list-style-type: none"> <li>• 16-50 Disc</li> <li>• 40 Stenosis</li> </ul> <p><u>Nature</u></p> <ul style="list-style-type: none"> <li>• Shooting, intermittent -Disc</li> <li>• Crescendo, eased by rest- Stenosis</li> </ul> <p><u>Associated symptoms</u></p>	<p><u>Radiculopathy</u></p> <ul style="list-style-type: none"> <li>• Shooting</li> <li>• Impulse pain</li> <li>• Worse sitting</li> </ul> <p><u>Stenosis</u></p> <ul style="list-style-type: none"> <li>• Aching</li> <li>• Bottom up, top down</li> <li>• "Dead feet"</li> <li>• Worse when walking</li> </ul>

<p><b>Stenosis</b></p> <ol style="list-style-type: none"> <li>1) "Simian" posture</li> <li>2) Bicycle sign</li> <li>3) Shoelace sign</li> </ol> 	<p><b>History – extra</b></p> <p><u>Myelopathy</u></p> <ul style="list-style-type: none"> <li>• Clumsy hands</li> <li>• Unsteady legs (ataxia)</li> </ul> <p><u>Spinal Stenosis</u></p> <ul style="list-style-type: none"> <li>• Buttock, thigh, calf pain, aching, heaviness, deadness, numbness on standing and walking</li> <li>• Eases with sitting/bending</li> </ul>	<p><b>Sciatica</b></p> <p><u>Disc Herniation</u></p> <ul style="list-style-type: none"> <li>• 1st episode 90% get better and stay better</li> <li>• 2nd episode 90% get better and 50% recur</li> <li>• 3rd episode 90% get better and almost all recur</li> <li>• By 3 months should be improving</li> </ul> <p><u>10% do not recover</u></p> <ul style="list-style-type: none"> <li>• 90% relief with surgery</li> </ul>
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<p><b>Leg Pain/Neuro Exam</b></p> <p>Look, Feel, Move</p> <ul style="list-style-type: none"> <li>• Wasting, fasciculation, vascular changes</li> <li>• Dermatomes</li> <li>• Myotomes</li> <li>• Reflexes</li> <li>• Special tests <ul style="list-style-type: none"> <li>○ SST, Clonus, PR</li> </ul> </li> </ul>	<p><b>Tip toe, and heel stance</b></p> 		
	<p><b>Myotomes- L2</b></p> 	<p><b>Myotomes- L3</b></p> 	
<p><b>Myotomes- L4</b></p> 	<p><b>Myotomes- L5</b></p> 	<p><b>Lower Limb Reflexes</b></p> <p>Knee = L3/4</p>  <p>Ankle = S1</p> 	
<p><b>Myotomes</b></p> 			

<p><b>Management of radicular pain</b></p> <p><u>Epidural or nerve root injection</u> – 70% chance improvement</p> <p><u>Microdiscectomy</u> = 85% chance significantly improving leg symptoms</p> <p>Small operation, back to work 4-6 weeks, low risk</p>	<p><b>Axial and Radicular pain</b></p> <p><u>General principles</u></p> <ul style="list-style-type: none"> <li>• Analgesia</li> <li>• Reassure <ul style="list-style-type: none"> <li>➢ 85% settle in 2-3 month</li> <li>➢ Pain is not damaging</li> </ul> </li> <li>• Stay mobile</li> <li>• CES warnings if radicular pain</li> <li>• No imaging</li> <li>• <u>Reassess</u></li> <li>• Getting better?</li> <li>• Any radicular pain ?</li> <li>• Red flags?</li> <li>• Rheumatological presentation?</li> </ul>	<p><b>Referral to Spinal Surgeon - Radicular Pain</b></p> <ul style="list-style-type: none"> <li>• Severe radicular pain / Radicular weakness (?URGENT)</li> <li>• Non-resolving, non-tolerable pain at 6-8 weeks</li> <li>• Screening service get MRI</li> <li>• Equivocal cases discussed at a monthly MDT (12 cases)</li> <li>• Ideal time for surgery 3-4 months unless severe pain</li> </ul>
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