



OrthoAdvice™

Symptoms, Diagnosis and Treatment of Pinched Nerves

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If you've ever had a pinched nerve, you know how much discomfort that can cause. Radiculopathy is the medical term for a pinched nerve in the spine.

The nerves in our spine act like electrical wires that send signals from the brain to the neck, arms, lower back and legs. In turn, the nerves send information back to the brain from those areas indicating pain, numbness, tingling, or hot and cold sensations. When a nerve is pinched or stretched, there is an abnormality in the signal transmission between the brain and these different parts of our bodies.

Depending on where the nerve is affected, these signals route either to the arms or to the legs. Lumbar radiculopathy, the most common type, which refers to the lower back, affects the legs. Sciatica, is an example of this, and refers to the pain that radiates down the lower back and through the hips, buttocks and down each leg. Cervical radiculopathy is the second most common type. The affected nerves are located near the neck and cause pain in the arms.

To get to the root of the problem, a full evaluation is in order. Radiculopathy can be caused by a number of things. By far the most common cause is degenerative wear and tear of the spine causing problems over time. There are other much less common causes, such as a traumatic injury, tumor or infection, which may need to be ruled out.

The spinal column is essentially a tube. As we age, it becomes narrower and wears down over time, what's known as a degenerative condition. But radiculopathy can also come about from other things such as a sudden, traumatic injury like a "stinger" that a football

player may experience after a collision. Radiculopathy often gets better over time. Think about when you sit too long and your leg gets numb or tingles. Once you stand, that sensation disappears.

In more persistent cases, that discomfort can eventually progress to more severe pain and weakness in the limb. As a rule, we take a conservative approach with nonsteroidal anti-inflammatory medications, cortisone injections and physical therapy. Most patients get better with these treatments. When they don't, we may need to consider further options including surgery.

First, it is important to know where the problem is coming from before jumping into treatment. We need to determine if there's a compressed nerve or an inflamed nerve. For example, shingles is a viral infection of the nerves which can be very painful. It is the same virus that can cause chicken pox in a child. Obviously, treatment would be different for shingles than a pinched nerve. We always want to treat the underlying cause to get the best results.

Most patients respond well to conservative treatments such as therapy, injections and medications. If symptoms persist however, surgery may be necessary.

As a spine specialist, we see the full spectrum of conditions from the base of the skull down to the tailbone. If you're experiencing numbness, tingling, pain or weakness in your limbs, ask your primary care physician about radiculopathy. If you don't get the relief you need or the condition begins progressing rapidly, contact us at Crystal Clinic's Spine Health Institute.



Dr. Taliwal earned his medical degree from the Robert Wood Johnson Medical School at Rutgers University. He trained in Orthopaedic Surgery at Thomas Jefferson University Hospital in Philadelphia, then completed a Fellowship in Spinal Surgery at the Hospital for Special Surgery — Cornell Medical Center in New York. He specializes in the evaluation and management of adult disorders of the cervical, thoracic and lumbar spine. This includes degenerative conditions, trauma, tumor, infection and minimally invasive as well as complex reconstructive procedures. He is a member of multiple medical societies, including the American Academy of Orthopaedic Surgeons. Taliwal has been a physician since 1995.

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