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RAPID RESEARCH

October 2021

Inside This Week: Sciatica Management

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- ✓ **Physiotherapy Management of Sciatica Symptoms**

 - ✓ **Effectiveness of Physical Therapy for Acute Low Back Pain with Sciatica**

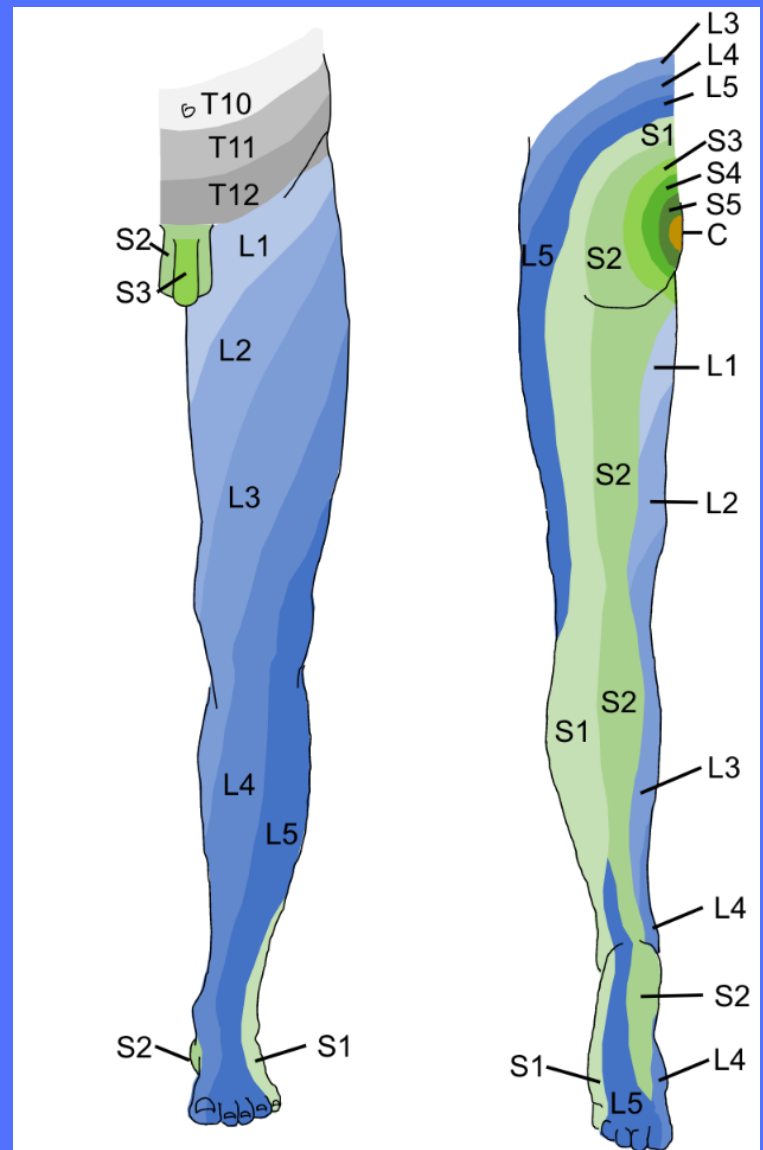
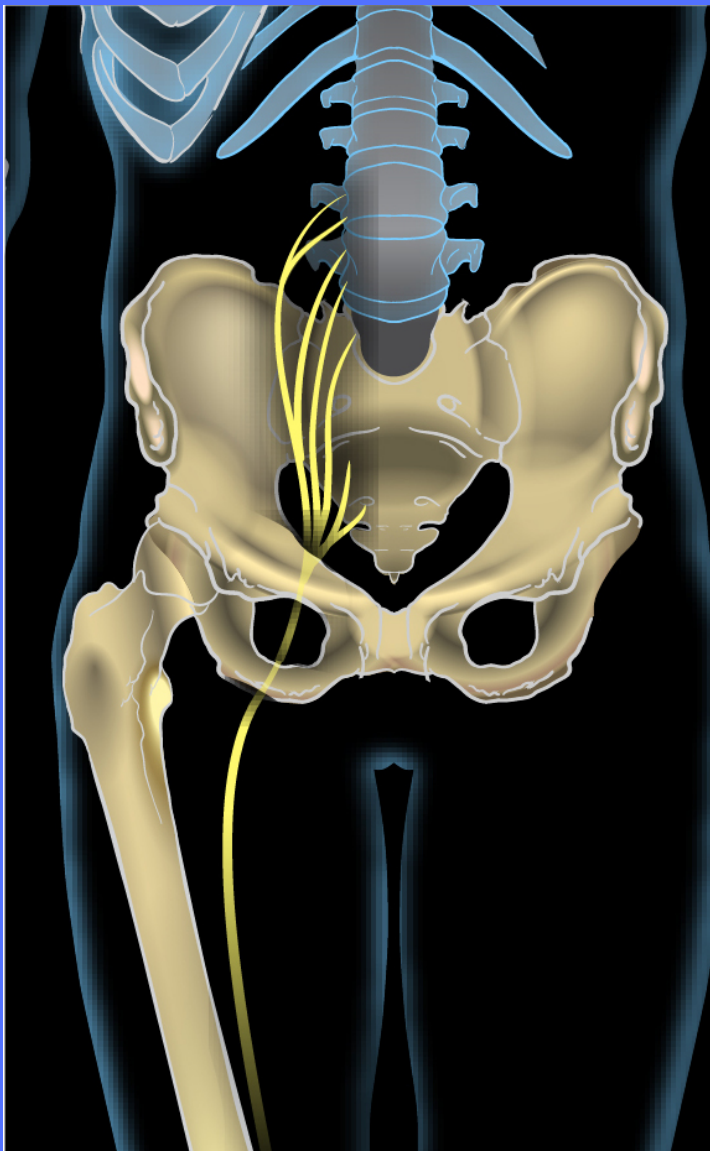
 - ✓ **Surgery versus Conservative Management for Sciatica**



PHYSIOTHERAPY MANAGEMENT OF SCIATICA SYMPTOMS

[Click for Full Text
\(Ostelo 2020\)](#)

This research reviews the literature to describe the pathology & PT treatment related to sciatic pain symptoms.



KEY FINDINGS

Sciatica; mostly caused by **herniated lumbar discs compressing the nerve**.

Rarer causes include spondylolisthesis, lumbar stenosis, foraminal stenosis and malignancy.

Common tests to rule in/out sciatica:

Loss of muscle strength, Dorsiflexion deficit in foot, increased, absence of tendon reflexes; Straight Leg Raise (-) and Crossed leg (+)

Primary treatment:

Education, 6-8 weeks of exercise therapy, manual therapy, and medication.

Surgical management is the secondary:

Recovery rates;

66% at 4 weeks and 75% at 8 week.

Return to work rate was 15% at 2 months.

MAIN TAKEAWAYS

Sciatica is a symptom of nerve irritation, with multiple potential causes.

Conservative treatment is effective in the majority of sciatica patients over 8 weeks.

Some more rare causes may need surgery.

Understanding the cause of sciatica, the level of severity, and how to manage symptoms is important in recovery.

EFFECTIVENESS OF PHYSICAL THERAPY FOR ACUTE LOW BACK PAIN WITH SCIATICA

[Click for Full Text](#)
[\(Fritz et al. 2021\)](#)

This RCT compared usual care (UC) of advice and education with 4 weeks of Physical therapy. Participants were followed for 1 year, and patient-reported disability was the primary comparative effectiveness outcome.



KEY FINDINGS

Participants in the PT group had **greater improvement from baseline to 6 months for the primary outcome (Oswestry Disability Index).**

The OSW and several secondary outcomes **avored the PT group after 4 weeks.**

(Pain intensity, Patient-reported treatment success, Health care use, and Missed workdays).

After 1 year, between group differences favored **PT for the OSW and back pain intensity.**

The PT group was **more likely to self-report treatment success after 1 year (45.2%) vs. Usual Care group (27.6%).**

No significant differences in health care use or missed workdays.

MAIN TAKEAWAYS

Early referral to Physical Therapy after an initial primary care visit for recent-onset LBP and sciatica can be beneficial for patients.

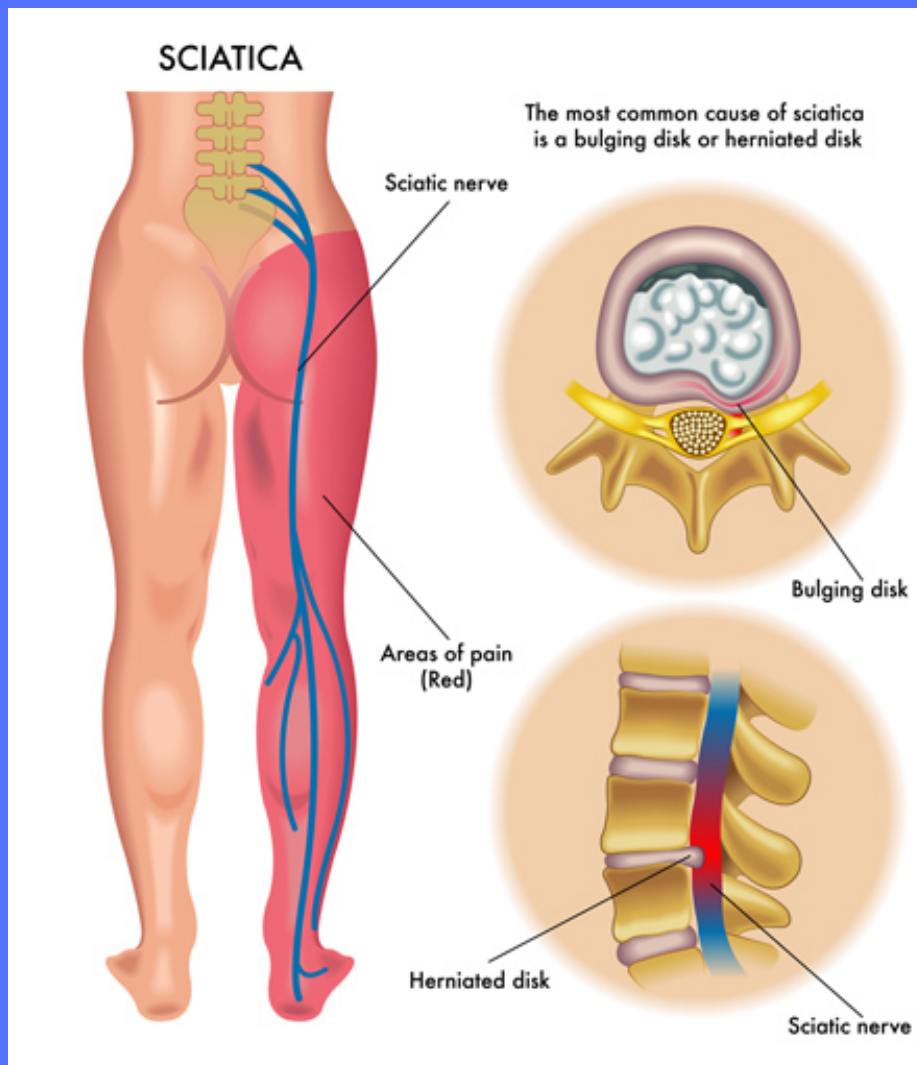
Physical Therapy over 4 weeks resulted in **greater improvement in disability and secondary outcomes than UC across the 1-year follow-up.**

Health care use did not differ by treatment group assignment.

SURGERY VERSUS CONSERVATIVE MANAGEMENT FOR SCIATICA

[Click for Full Text
\(Jacobs et al. 2011\)](#)

This systematic review compared and summarized the effectiveness of surgery vs. conservative treatment for patients with sciatica due to lumbar disc herniation.



Of 2,383 citations, 5 studies were identified.

3 comparisons were evaluated:

Early surgery with prolonged conservative care for 6 months followed by surgery if needed.

Surgery versus “usual conservative care.”

Surgery with epidural injections.

Early surgery versus prolonged conservative care:

Beneficial for pain relief in the short term, but not in the longer term with a faster recovery rate for early surgery.

Surgery versus usual conservative care:

Conflicting evidence as to whether surgery is more beneficial than conservative care for short and long-term follow-up.

Surgery versus epidural steroid injections:

Very low quality evidence (high risk of bias) that discectomy was beneficial over epidural steroid injections for the short term only.

MAIN TAKEAWAYS

Early surgery in patients with sciatica provides for a better short-term relief of leg pain vs. prolonged conservative care, but the evidence is low quality.

No significant differences were found between surgery and usual conservative care in any of the clinical outcomes after 1 and 2 years, but the evidence is of very low quality.

The scarcity of studies as well as the limited quality of the studies does not support the choice for any timing in our current guidelines.

Future studies should evaluate **who benefits more from surgery and who from conservative care.**

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