

By Dr. Derek Conte

While most of our established patients have few or no pain complaints when they come in for their regular maintenance care visits, some regular patients injure themselves on the job while doing heavy work and present with significant symptoms. Here is an example of how we approach these situations.

The patient presented with sharp, bolting, burning pain in the buttocks, down the back of the right leg to the calf, around the side of the leg, and down to the outside of the right ankle. Simple walking was hard and painful. Based on the description and distribution, this was clearly an irritation of the sciatic nerve and its components, the tibial and peroneal nerves. But what exactly caused the irritation? It could be a rotated vertebra in the low back, or a bulging disc, or some other insult. That was what we needed to discern.

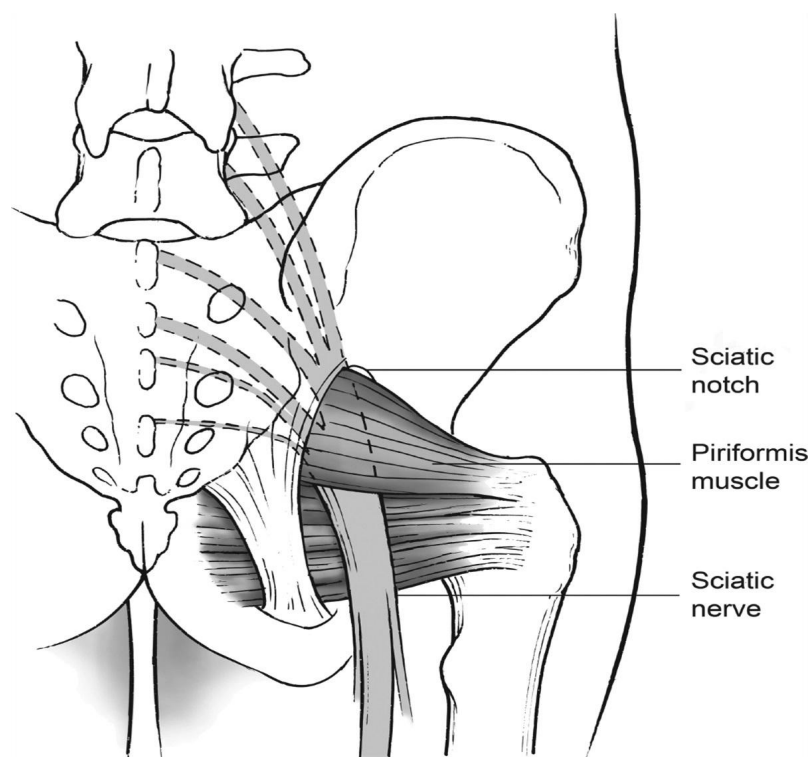
I had the patient stand in front of me to assess the posture as they described the symptoms to me. Postural distortion was noted: a right head-tilt. This is significant because the head is heavy and, when it leans, the entire spine and frame shift below it in compensation in an effort to find equilibrium. This is a very subtle thing but it can have immense consequences.

I had the patient lay face-up, and found the right leg 1 ½ inches shorter than the left. This finding relates to the head tilt. We adjusted the upper cervical area just below the head, and the legs then balanced out. Then the patient was checked in the face-down position to evaluate the pelvic position. The legs here were perfectly balanced as was the pelvis. So where could the problem be? We were zeroing in on it now.

Valsalva and Dejourine's tests were performed to rule out disc bulge or other lesion. These tests involve coughing and raising internal body pressures. Both were negative. No pain. I palpated the rest of the spine and found a rotation of L4 & L5 (lowest lumbar) to the right. Also found was a very tender and hypertonic right piriformis muscle, found deep below the gluteal muscle. It happens that the piriformis muscle is innervated by the L5 nerve and sacral nerve #1 just below.

The sciatic nerve comes from the low spinal nerves and must pass under the piriformis muscle before getting down to the leg and foot. If this muscle is tight, it is very common for it to create a form of sciatica called “piriformis syndrome”.

Based on these findings the L4 and L5 were adjusted on the right and the patient was taught a stretch specifically for the piriformis muscle. The patient walked out of the office feeling much better.



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