



# Newsletter

June / July 2012

www.chiropractorcapalaba.websyte.com.au

Publisher

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**Certified Chiropractic Sports Physician**

**Educated - Safe - Effective  
Spine Care**

Many patients consider this newsletter as a reminder to come in for their monthly good spinal health check up. Now is a good time to book your "tune up" appointment.

## Clinic Hours

Mon 10am - 7pm  
Tues 9 am - 12pm  
Wed 10am - 6pm  
Thurs 3pm - 7pm  
Fri 9am - 4pm  
Sat 9:30 am - 12:30pm

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**Remedial Massage  
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**Rojana  
Mostyn**

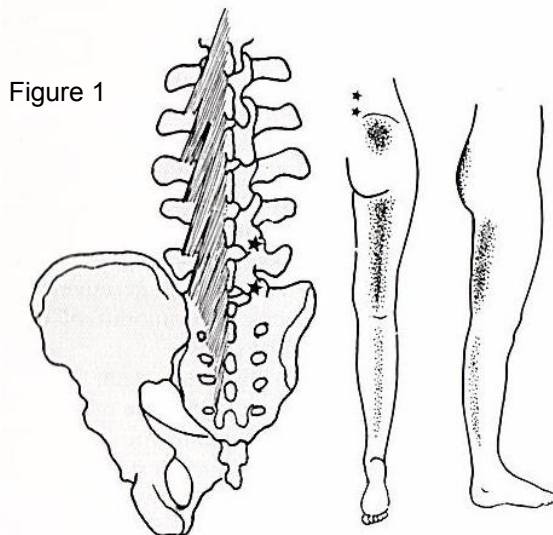
**Mon & Thurs  
by appointment**

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## Low Back Pain With Or Without Leg Pain

Over 50% of painful low back syndromes with or without leg pain are due to posterior facet joint or sacroiliac joint dysfunction. Fortunately both of these syndromes respond beautifully to chiropractic spinal manipulation so you can breath a sigh of relief, knowing that you are in the right place if you have one of these painful syndromes.

Figure 1 illustrates the posterior view of the anatomy of the facet joints, deep multifidus

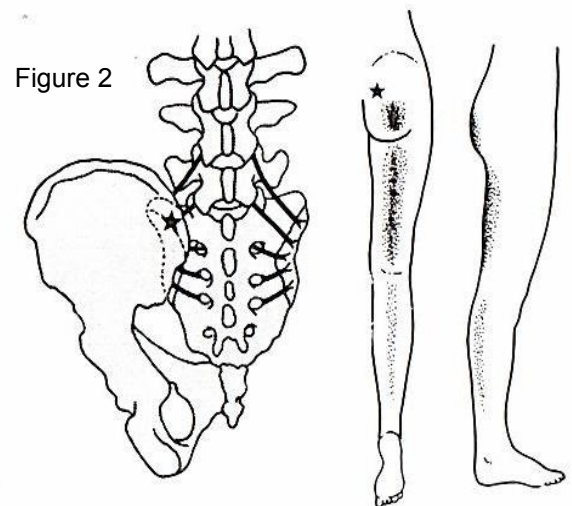


muscles and the pain pattern associated with a posterior facet syndrome. The stars show the location of the facet joints and the site of local pain over the lower lumbar facets. The shaded areas show the referred pain patterns which may go to the buttock or to the posterior thigh / hamstring area. Sometimes the pain passes below the knee to the calf, ankle, foot and even the toes. This type of leg pain is typically described as a dull ache and is occasionally described as a numb sensation.

**In technical terms this type of leg pain is known as pseudo-sciatica (false sciatica) / referred pain because it is caused by compression and / or inflammation of the soft tissues of the joint. True sciatica or radicular pain is due to compression and / or inflammation of the nerve root as it exits the spinal column between the lower lumbar vertebrae.**

In figure 2 the star shows the location of the sacroiliac joint (SIJ) and the site of the pain over the sacroiliac joint. The shaded area shows the common areas of referred pain from sacroiliac joint dysfunction. Most commonly the pain refers to the buttock, the back of the thigh to the posterior knee. Sometimes the pain is referred to the groin, lateral or posterior calf and ankle. Occasionally the pain is referred to the foot and toes.

From the two figures it is obvious that the pain patterns from these two syndromes can be virtually identical. The pain pattern alone is not sufficient to diagnose the particular syndrome.



Sometimes patients present with more than one syndrome. It generally takes the skill of a highly trained chiropractor, 5 - 6 years of University, to diagnose and treat these conditions. A positive outcome from chiropractic spinal manipulation of the lower back and pelvis generally means the patient was suffering from a facet or sacroiliac joint syndrome. A negative response generally means the low back pain (LBP) was due to one of the many other causes of LBP. Chiropractors can generally diagnose, with the help of advanced diagnostic imaging at times, and treat most causes of LBP or refer you to the appropriate practitioners.

The inappropriate use of spinal manipulation may cause serious disc and nerve damage requiring surgical repair. Chiropractors are by far the most trained and skilled in the use of spinal manipulation. Would you entrust your spine to anyone less qualified? I wouldn't!



**Radicular/Sciatica Verses Referred/Pseudo-sciatica** Sciatica, is caused by a pinched nerve due to irritation, inflammation, tension or compression of the anterior division of a spinal nerve root. The patient may experiences a dull ace to a sharp pain in the leg, a pins and needles sensation and numbness in the distal end of the sciatic nerve, in the foot or calf. They may also have a loss of reflexes, at the knee or ankle, when tested with a reflex hammer and muscle weakness if the pinch / entrapment of the nerve is severe enough.

**Referred pain, pseudo-sciatica**, does not involve a pinched nerve root. The dull ache or numb sensation is generated by damaged tissue in joints, discs, ligaments or muscles. The distribution of the pain depends on the nerve that connects to the damaged tissue but does not follow the path of the nerve exactly. Numbness, diminished reflexes and loss of muscle strength are rare.

**Dr Robert Maxwell**

**For family reasons I will be returning to Canada for part of July and August. I apologize in advance for any inconvenience this may cause you. Fortunately I was able to secure the locum chiropractic services of Dr. Robert Maxwell for the majority of the days that I will be away. My last day in the clinic is Thursday 12th of July . My first day back in the clinic is Wednesday 29th of August.**

**Robert's hours start from Monday the 16th of July until Monday the 27th of Aug. He will be available on the following times:**

**Mon 10am - 7pm  
Tues Closed  
Wed 10am - 1pm  
Thurs 3pm - 7pm  
Fri Closed  
Sat 9:30am - 12:30pm**

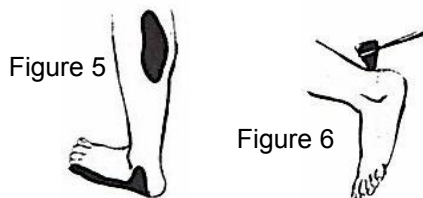
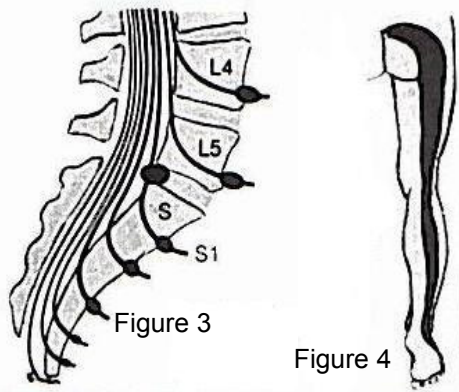
**Thanks for your help Robert!**

**YOGA  
CLASSES  
Coming soon!  
Sept / Oct**

**Please let us know if you are interested in taking classes on a Tuesday afternoon or Thursday morning.**

## Sciatica Pseudo-sciatica is common.

Fortunately, true sciatica is uncommon. Less than 0.5% of the low back pain sufferers experience sciatica - a pinch or entrapment of a portion of the sciatic nerve root as it exits the spinal column. The sciatic nerve goes down the leg and is made up of 5 nerve roots, the L3, L4 & L5 lumbar nerve roots and the S1 & S2 sacral nerve roots. Any of these nerve roots can get pinched by a herniated disc in the lower lumbar spine and can cause leg pain. Figure 3 illustrates an entrapment of the S1 nerve root by a herniation of the L5-S1 disc. Note the dull ache to shooting pain pattern, figure 4, follows the nerve from the sacroiliac joint, over the hip, down the posterior lateral thigh to the calf and heel. There is an area of numbness to pin prick, figure 5, in the back of the calf and the lateral heel, foot and toe. The ankle jerk reflex is also diminished or absent, figure 6. With pinching of S1 nerve the patient may have difficulty walking on their toes.



Pinching / entrapment of each nerve root has a different pain distribution pattern. The intensity of the pain, area of numbness, loss of strength and reflex are a reflection of the severity of the compression. The more severe the compression the poorer the prognosis and more time will be required for healing. The good news is that sciatica generally responds well with time, chiropractic care and a specific exercise program. Occasionally a pinched nerve due to a herniated disc requires surgical correction.

## Biomechanical spinal pain syndromes are problems of control first

Biomechanical refers to the mechanical movements of living tissue. Most spinal lesions (areas of tissue damage) and associated pain syndromes involve connective tissue failure of the facet (zygopophysial) joints, intervertebral discs or the sacroiliac joints. The damage is due to a breakdown of the dynamic joint stabilizing process.

The ability to stabilize the joints under load in various activities depends on the exquisite neurological control of restraining tissues: muscles / ligaments. A failure to adequately compress/stabilize/centre a joint will cause damage to the sensitive tissues. Scientifically, this is known as impaired load transfer.

**The key is to be flexible enough to not be injured but not tight enough to be stiff. It is a matter of core control, juggling, rather than strength.**

The neurological system breaks down from a lack of use. The individual nerves, need to be fired / used, adequately in order to maintain the juggling / balancing act. With good control there is no tissue damage. In other words, the problem is poor posture control. Good proprioception (joint / muscle awareness of position and movement) requires being able to use the right muscle for the right task at the right time. Each novel activity requires the recruitment of a different combination of muscles. Therapy is therefore geared to a change in function, a change in recruitment patterns, more so than a change in strength. Making a change in recruitment pattern requires the repetitive firing of proprioception nerves.

Chiropractic manipulation is essential to recovery from LBP because of its ability to restore motion to locked joints and take pressure off damaged tissue and nerves. Additionally it causes a barrage of information to travel from the joint, up the spinal cord to the brain. This stimulates proprioceptive connections re-enforcing the control mechanisms between the joint and the brain.