Cause of Your Sciatic Pain May Be In The Butt, Not The Back

Interventional Pain Management Specialist Dr. Kaliq Chang with Atlantic Spine Center offers tips to reduce risk of developing piriformis syndrome.

WEST ORANGE, N.J. (PRWEB) May 29, 2019 -- Can sitting too much become a pain in the butt? “Maybe,” says interventional pain management specialist Kaliq Chang MD of the New Jersey-based Atlantic Spine Center, “but a sedentary lifestyle is probably just one of multiple potential causes of piriformis syndrome.”

The syndrome takes its name from the piriformis muscle, which stretches from the lower spine to the top of each thighbone and assists in hip movement and turning of the leg and foot outward, says Dr. Chang, who is dual board-certified interventional pain management and anesthesiology.

Some experts contend that inflammation and swelling of the piriformis muscle due to injury, overuse and spasm, or irritation of nearby musculoskeletal structures like the hip or the joint connecting the lower spine and the pelvis (sacroiliac joint), can compress the thick sciatic nerve – the largest nerve in the body. Pressure on this nerve, which typically extends vertically below the piriformis muscle, leads to sciatica-like symptoms, including an ache in the buttocks, especially after prolonged sitting; shooting pain down the back of the thigh and calf; and limited hip rotation.

A study published July 2017 in the International Journal of Science and Research concludes that sedentary individuals are more likely to develop tightness in the piriformis muscle, and this tightness may lead to piriformis syndrome. Other scientists contend that exercising improperly or extensively engaging in sports like running, bicycling and tennis heighten risk for the disorder – which many health professionals describe as “uncommon.”

But such explanations of cause may be somewhat oversimplified, Dr. Chang says. A Harvard Medical School rheumatologist, writing in a 2018 online article, states that “piriformis syndrome may be the most common cause of sciatic-type back pain you've never heard of; or it may be rare, no one is really sure.”

Dr. Chang concurs with authors of a September 2018 report in Practical Neurology indicating that piriformis syndrome is more accurately described as “sciatic nerve entrapment neuropathy,” which may be due to “different disparate and unique orthopedic and neurologic disorders” deep within the anatomy of the buttocks and its associated muscles.

The researchers cite fibrous bands that can entrap the sciatic nerve, strained or injured hamstrings, weak or stretched hip-rotator muscles, cysts or tumors near the piriformis muscle -- even anatomical anomalies -- as all being potential contributors to piriformis syndrome. In a small percentage of the population, for example, the sciatic nerve runs through, rather than under, the piriformis muscle.

Precisely pinpointing the exact cause of a patient’s pain “in deep gluteal space” may oftentimes prove difficult – and elusive, but Dr. Chang emphasizes what piriformis syndrome is not. “It is not sciatica, although the problem is sometimes misdiagnosed as such,” he states.

Sciatica develops from lower back problems caused by injury, herniated or bulging spinal discs, lumbar spinal stenosis, degenerative disc disease like spondylolisthesis or bone spurs – an overgrowth of bone – on the
vertebrae. Piriformis syndrome is most often the result of soft tissue inflammation or muscle spasm emanating from the gluteal (buttocks) region.

“A patient misdiagnosed as having sciatica may undergo back therapy that provides no relief for the pain. That’s why patients with sciatica-like symptoms should be seen by a specialist for proper evaluation and treatment before the problem worsens or becomes chronic,” Dr. Chang advises.

Patients with mild or moderate pain from diagnosed piriformis syndrome oftentimes benefit from conservative approaches and home remedies, including hot and cold applications; hamstring stretches and other strengthening exercises; non-steroidal anti-inflammatory medications like ibuprofen and naproxen; even physical therapy and deep massage therapy.

For severe or resistant pain, “the interventional pain management specialist may inject a local anesthetic and corticosteroid or botulinum toxin (Botox®), a muscle-weakening substance, directly into the piriformis muscle. Electrotherapy applied to the buttocks also may prove effective,” Dr. Chang says. “Surgery may be necessary if all else fails.”

Meanwhile, Dr. Chang says risk of developing piriformis syndrome can be reduced by taking certain precautionary steps. He offers these tips:
• Don’t just sit there. Be active
• Use good posture when engaging in exercise like running, walking, or lifting to avoid putting too much stress on the piriformis muscle.
• Warm up properly, increase intensity of an activity gradually, and take time to “cool down.”
• Should pain develop during exercise, stop and rest. If muscles become injured, let them heal completely before returning to an activity.
• Avoid trauma to the buttocks. It is not a soft-landing cushion.

Atlantic Spine Center is a nationally recognized leader for endoscopic spine surgery and pain management with several locations in NJ and NYC. www.atlanticspinecenter.com, www.atlanticspinecenter.nyc

Kaliq Chang, MD, is an interventional pain management specialist, double board-certified in interventional pain management and anesthesiology.
Contact Information
Melissa Chefec
MCPR, LLC
2039686625

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