# Trigger Point Workbook

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Sciatica - Pain Relief and Rehabilitation



# About the authors



Simeon Niel Asher BSc (Ost), BPhil, NAT qualified as an osteopath in England, in 1992. He is an acknowledged pioneer in the field of advanced trigger point therapy, and is credited with discovering the original Niel Asher technique for treating complex shoulder issues. He has since been involved in the development of numerous trigger point techniques that are used by manual therapists worldwide.

Simeon is the author of the best selling "Concise Book of Trigger Points" and numerous other publications which have been translated into 18 languages. Simeon was named one of London's top ten osteopaths by the London Evening Standard, and has won a number of CAM awards for his work in promoting self-help to consumers.



Jonas Broome Dip C BSc (Hons) Ost, NAT is a personal trainer, qualified in both sports training, coaching and Osteopathy. Jonas qualified, at the European School of Osteopathy in 1992 and is involved in injury prevention, treatment, and rehabilitation for elite sports and athletics. Jonas worked together with Simeon Niel Asher in the early 90's as part of the team who developed the original Niel Asher Technique for treating complex shoulder conditions. Jonas currently lectures in Sweden, New Zealand and England, in addition to treating, research, and writing.



Talia Tzadok BSc (Physiotherapy), NAT qualified as a physiotherapist from Witwatersrand University, South Africa. Over the last decade, Talia has been a vociferous proponent of self-help education for manual therapy, with a special focus on the needs of the retirement-age community.

Talia's experience includes working in an outpatient clinic in a general hospital, orthopaedic clinic, and has consulted to several retirement homes on professional and self-care for pain relief and the treatment of musculoskeletal conditions. Talia has completed a wide range of studies in kinesio tape therapy, spinal manipulation, dry needling, intramuscular stimulation and functional movement systems. Talia is currently involved in treating, writing, research, and lectures for professional carers who work with the aged.

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We provide e-learning tools and services to medical and para-medical practitioners, and information, advice and self-help solutions to patients, using digital media.

We deliver continuous enhancements providing the most relevant solutions for our customers. This commitment to excellence keeps us at the forefront of this industry.

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# **About Sciatica**

Sciatica is not a diagnosis in itself, it is rather a symptom of an underlying problem.

Sciatica is an umbrella term given to any sort of pain that is caused by irritation or compression of the sciatic nerve; this can include leg pain, sometimes accompanied by tingling, numbness, or weakness.

Typically the pain originates in the lower back and travels through the buttock and down the large sciatic nerve behind the thigh and radiates down below the knee

# The Sciatic Nerve

The sciatic nerve is the largest single nerve in the body and is made up of individual nerve roots that branch out from the spine starting at L3—these combine to form the sciatic nerve. The nerve then branches out in each leg to supply the various parts of the leg (thigh, calf, foot, toes, etc.).

# **Types of Sciatica**

It is important to differentiate what "type" of sciatica the client is suffering from. Axial sciatica (where the nerve root is impinged at the lumbar spine) and appendicular sciatica (where the nerve entrapment is elsewhere in the nerve, not in the nerve roots) need slightly different treatments.

# **Disc Disease and Degeneration**

One of the common causes of sciatica is a herniated disc (also known as a slipped or prolapsed disc); this puts pressure on the nerve causing the sciatica symptoms (an axial sciatica). This is not, however, the only cause; the incidence of sciatica increases with age owing to two age-related conditions: degenerative disc disease, which irritates a nerve root and

causes sciatica, and lumbar spinal stenosis, which causes sciatica due to a narrowing of the spinal canal.

# **Piriformis Syndrome**

Piriformis syndrome is also a common cause of sciatic pain, where the sciatic nerve is compressed by the piriformis muscle.

There are a number of reasons why this can happen. If it is as a result of a new trauma or injury, then the client should see their medical practitioner to check this is not something that needs immediate attention.

In the majority of these cases it is likely that the piriformis muscle has simply become too tight and this puts pressure on the sciatic nerve giving the symptoms of sciatica. This is often a result of trigger points in the piriformis which cause the muscle to become tighter, shorter, and less efficient

Where the sciatica arises from piriformis syndrome, the symptoms will usually become worse after prolonged sitting, walking, or running but may feel better after lying down on the back.

### **Other Causes**

Other, more rare, causes can include irritation of the nerve from adjacent bone, tumors, muscle tightness, internal bleeding, infections, injury, and, for some women, pregnancy.

Nerve entrapment by the piriformis muscle is probably the most common cause of appendicular sciatica, accounting for up to 70% of these cases, and there are simple tests that can be done to establish if this is the case.

As ever, if your client is in any doubt a medical opinion should be sought. Appendicular sciatica is characterized by increased pain from sitting,

walking up stairs or inclines, the direct pressure of sexual intercourse in women, or with resisted active external rotation of the femur.

# **Common Testing Method**

This can be tested by asking your client to sit toward the edge of a chair and lift the leg of the affected side with the knee bent, as far toward the chest as is comfortable. If this increases the pain it indicates that the problem is more likely to be in the piriformis, or possibly the hamstrings.

When this is the case then deeper work is indicated in order to release the muscle tension that is putting pressure on the nerve.

# **Trigger Points and Sciatica**

In summary, whilst there are those cases of sciatica which require more aggressive intervention to deal with the underlying cause, the preferred and most effective treatment in most cases is manual therapy including trigger point therapy, combined with prescribed stretching and strengthening exercises.

The trigger points commonly (almost always) associated with sciatica are found in the piriformis and gluteal muscles.

It's worth mentioning that Dr. Travell referred to the gluteus minimus as the "Psuedo-Sciatica" muscle because its trigger points can refer pain that mimic the symptoms associated with true neurological sciatica.

# What Are the Symptoms of Sciatica?

The pain associated with sciatica can vary in degree. Some people experience infrequent pain while others are incapacitated by the pain.

Sciatica is often characterised by the following symptoms. You may experience only one or a combination:

- Constant pain in one side of the leg or buttock
- Pain worsens when sitting
- Burning, tingling, or searing pain in the leg
- Weakness, numbness, or difficulty moving the leg or foot
- A sharp pain which might affect your ability to walk or to stand up

These symptoms might worsen when you cough, sneeze, or sit for a long period of time.

# Who Is Prone to Sciatica?

The probability of experiencing pain from sciatica peaks in the 50s and then declines. It is rare for people under the age of 20 to suffer from this condition. Those who suffer from degenerative arthritis of the lumbar spine, lumbar disc diseases, slipped disc, or a trauma or injury to the lumbar spine are at a higher risk of suffering from sciatica.

Obesity or being overweight can increase the risk of sciatica, as the weight will increase stress on the spine. A job that requires you to twist your back, carry heavy objects, or drive a motor vehicle for long periods of time, may also contribute to sciatica. People suffering from diabetes are at increased risk as well, because the way that the body uses blood sugar increases the risk of nerve damage.