

L5-S1 post-lat disc prolapse - young - middle - age

Symptoms

- Pain - lower back** (\pm Onset: from tip of injury)
- radiating into buttock then back of thigh & into foot (lateral border) (Sciatica)
- Sharp & shooting (root pain)
- Worsened by (impulse posture) coughing / straining / sneezing
- Relieved by lying down (cf. spinal canal stenosis: --: sit - flexed)

Associated - Paraesthesia: numbness / tingling - S1 dermatome
 Weakness: S1 myotome e.g. hip flex

Signs

Gait - Limp (Antalgic)

Lies tilted to side oppo sciatica; affected hip & knee slightly flexed (take p off stretched n.)

Back examination

(I) Posture - Flexed, flattened lumbar lordosis
 Sciatic scoliosis (more obvious on flexion) \rightarrow concave to side of affected leg

(F) Nonp - local paraespinal tenderness on site of prolapse

(More) Restricted ROM in all directions esp flexion \rightarrow deviate to one side

Special test

(1) Straight leg raising: restricted on side of scoliosis
 ? leg may also be restricted

Occ. - crossover \rightarrow pain on abn side on lifting \neq (N) side

Also: No root tension sign - pain on dorsiflexion

Lasague's test - Flex knee \rightarrow straighten

tender over posterior-tibial nerve

(2) Neuro:
 (1) wash painful leg
 Antalgic, limited lower limb extension (Bow string sign)
 Tip toes: easily fatigability (early sign of weakness)

Motor - Weak ankle & hallux plantar flexion

Ankle jerk - reduced / absent (often the only neuro. sign)

Sens loss - S1 dermatome (lat border of foot & pt of back of calf)
 - midpt calf

Gen exam - \sim 1^o malignancy: Breast
 (if clinically indicated) Abdo & PR

Ix ① Imaging

(i) Plain X R

- cong anomaly (pre-op)
degen, infect, tumour: miss-pedicle

(ii) CT myelogram

(iii) MRI

② FBE
ESR/CRP

} all c sciatica

③ If clinically indicated:

(i) Bone scan - Osteomyelitis
Metastases

(ii) Blood culture - if sepsis suspected