

Where's that pain?

Distinguishing sciatic nerve pain from other types of lower body pain is key to treating it

Pain in your back, hips or legs is simply a part of aging for some. But what's key is knowing where the discomfort starts and ends so your health care provider can put you on the right path to, hopefully, pain-free living.

[Glenett Barrett](#) is an orthopedics advanced practice registered nurse at OSF HealthCare. She sees plenty of people with pain tied to the sciatic nerve, commonly called sciatica. The sciatic nerves are the largest nerves in our body, with one on each side starting in the lower back and traveling down through the buttock to the heel of the foot.

People with sciatica often mistake it for hip pain, Barrett says. But the pain will start in the buttock and go down the back of a leg. The pain is usually sharp and constant. It stems from a problem in the lumbar spine. The spine may press on a nerve, or – more commonly – there's a chemical irritation.

"Usually if it's not complete pressure on the nerve, the pain stops above the knee," Barrett explains. "If there is actual pressure on it from a herniated disk, spinal stenosis or some other agent, the pain will go to the foot."

Treatment

Like many other mild conditions, the question of when to see a doctor is answered simply: when your sciatic nerve pain prevents you from doing everyday activities, make the phone call.

"Avoid the things that bother the person," Barrett says, describing a common treatment. "If their pain is increased by bending, stooping and lifting on the job, I might take them off work for a little bit to rest."

That's paired with anti-inflammatory medications. Aleve and Advil are over-the-counter options, or a doctor may prescribe an oral steroid.

Physical therapy may be in your plan, too. That includes keeping up with your stretches and exercises at home.

"It's not just about the one time they're having pain but to prevent it from happening again," Barrett says.

More severe cases of sciatica would prompt an MRI or CT scan to see the bigger picture of your spine – soft tissue, joints and more. A steroid injection may follow.

"An injection doesn't help dissolve a herniated disk. It takes the swelling down in the nerve, which takes some of the pain away," Barrett says. "It makes a person more comfortable while the body does that work to get the piece of the disk away from the nerve and absorb it."

Barrett says around 10% of people with sciatica from a herniated disk will require surgery on the disk.

For sciatic nerve pain from spinal stenosis, injections are also a temporary pain relief while surgery is considered. If surgery is not an option, the person can continue with injections for the rest of their life.

Once the pain returns, another shot can be scheduled, with no more than four a year recommended. Or some providers will do a series of three shots over six weeks.

Prevention

The best way to look after your spine and prevent nerve pain: get moving.

“When a person has degenerative disk disease, they can have flare ups when they sit too long. That puts a lot of stress on the disk,” Barrett says. “That’s why walking is really important for people who have aging spines.”

Among the recommendations: Aim for one to two miles of walking per day; do exercises to strengthen your midsection (also called core muscles); keep your weight in a healthy range as recommended by your provider because weight puts more stress on the spine; and avoid smoking.

Learn more

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