

# CASE STUDY: Lower Back Pain/Buttocks/Calf

## Indications/Patient Presentation

- 47years of age – male.
- Patient complains of lower back pain irradiating down to left buttock to lower extremities (foot area) after lifting milk containers weighing approximately 40-50 pounds. Patient felt “pop” and immediately started developing back/buttock pain.
- Pain symptoms since have worsened and has developed left calf numbness and tingling.

## Objective Findings:

- Patient showed marked limitation of lumbar flexion but none with extension. Straight leg rise test on left side was limited to 50 degrees and created duplication of severe left buttock pain.
- Braggart’s test re-created the same left buttock symptoms. Patient had hypoesthesia over left S1 dermatome but no deficits of the deep tendon patella or Achilles reflexes.
- Patient also presented marked muscle spasm of lumbar paravertebral muscles with antalgic scoliosis of the lumbar area.
- Rest of physical exam was remarkable.

## Assessment:

- Acute low back pain
- Left Sciatalgia
- Possible S1 Nerve Root Compression

A lumbar spine MRI was ordered and upon review the results showed:

- A large disc herniated at L5 and S1 measuring 12mm transverse x 10mm – AP x 16mm craniocaudal that was impinging upon left S1 nerve root.

## Treatment

- Treatment plan to include a course of anti-inflammatory medication and muscle relaxers that were prescribed:
  - Flexirol (10) – 1 tablet po bid
  - Celebrex (200) – 1 tablet po bid
- Physical Therapy was also prescribed and ordered

- Electrical Mio-Stimulation
- Hot pack therapies
- Ultrasound deep heating tissue in lower back

Follow-up:

- Within (3) days patient began to notice less pain and ability to start moving around easier (range of motion).
- Progressively patient continued to feel better every day. After approximately (2) weeks patient had an exacerbation of back symptoms due to sneezing and developed a slight weakness of his left foot erector strength with slightly diminished Achilles Reflex.
- Anti-inflammatory medications were again prescribed and patient did not improve noticeably after several days of treatment. Physical therapy was again prescribed and patient was scheduled for an epidural transforaminal, steroid injection with Depromedrol-40ml – 1ml and Lidocaine-2% - 5ml.
- After interventional procedures patient started to improve notably and actually no c/o any pain in the lower back or buttocks and all neurological symptoms disappeared.

Conclusion:

- Patient has been advised to avoid lifting heavy weights and to perform stretching exercises for lower back area to minimize possible reoccurrence of symptoms.