

ME AND MY NEUROLOGICAL ILLNESS

Beware the tilted pelvis

I had had low back pain for a number of years, but, in common with the vast majority of the 40% of the UK population who experience similar pain each year, I had ignored it. Gradually, however, it had worsened and, once it started to interfere with my cycling, I decided to see a physiotherapist. Her assessment proved enlightening if a little disconcerting. I was told my pelvis was tilted forward, my back posture was poor, and my paravertebral muscles were in spasm. The exact cause of the pain was unclear but I was given a range of exercises to perform, which I tried to do as best I could. Unknown to my consultants I hope – I was still a trainee at the time – most ward rounds were spent trying to ‘until’ my pelvis whilst standing by the patients’ beds.

Things improved a little although I was disappointed not to be pain free given the effort I was putting in to my rehabilitation. However, worse was to come. I was standing in the kitchen one evening telling my wife about the trauma of supervising 15 children on a Sunday school outing when I had a surge of pain in my back and down my right leg which almost knocked me off my feet. I suppose you could call it a burning pain but all I really remember was the intensity. After 10 min of trying to hobble around, I rather pathetically retreated to bed in the hope that all would be well in the morning.

It wasn’t. My wife and daughter went to church, which saved me from the embarrassment of being watched crawling on all fours to the bathroom. For the first time in my life, I paid some active attention to my bladder func-

tion and was relieved to find it was normal. On returning to bed, I lay for a while waggling my toes but gave up when I discovered the right big toe would not dorsiflex very well (I kidded myself that it may have been like that for a while). The next 48 h were spent living on aspirin whilst I waited to see the general practitioner (GP) and phoning colleagues to ask them to cover my work.

The GP was cheerful, helpful, and efficient. He confirmed the diagnosis, gave me some diclofenac and codeine, signed me off work, and arranged for me to see the practice physiotherapist who lent me a useful little book called ‘Treat your own back’. In keeping with standard guidelines, I did not have a scan: it could not really have been anything other than an L4/5 disc and I was very unkeen on surgery, even if things were slow to settle. I wavered on two occasions, worn down by the pain and the lure of a ‘quick fix’, but a chat with my neurosurgical colleagues reassured me that a conservative approach was best.

The next few days passed slowly. Intermittently, the pain in my back and leg was worse, and there were worrying patches of tingling that came and went (psychological I presumed), in addition to some persistent numbness in my foot. Work was impossible because I could not sit down and found concentrating difficult. I attempted (as a novice) some cryptic crosswords, which helped to pass the time but added to the frustration – friends and family would regularly complete clues in seconds that I had failed to solve in hours. The most comfortable

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Figure 1 The ups and downs of climbing frame therapy.

position was face down on the floor but I tried to keep as mobile as possible, and religiously performed the back extension exercises recommended by the physiotherapist.

Those who know me will not be surprised that, once the severe pain had started to settle, I spent some time searching for evidence on the treatment of sciatica. There were trials of many different interventions (a tell-tale sign that nothing is very effective), but fortunately the Cochrane Library contained several good systematic reviews. However, as I feared, there were few clear-cut answers – most of the reviews bemoaned the small size and poor quality of the trials. In summary, there was reasonable evidence in favour of early mobilization, non-steroidal anti-inflammatory drugs and short courses of benzodiazepines but physiotherapy, lumbar supports, massage, acupuncture, transcutaneous electrical nerve stimulation (TENS), traction, epidural steroids, and spinal manipulation were unproven. A review of surgical procedures concluded (on rather limited data) that chemonucleolysis was better than placebo but not as good as open surgery (there were certainly fewer re-operations with open surgery). However, the only trial of open surgery vs. conservative therapy suggested no difference in long-term outcome at 4 years. Armed with these data, I continued on my conservative course (no-one offered me chemonucleolysis) and did not argue when the physiotherapist suggested acupuncture followed by a TENS machine (both without benefit). I even bought a lumbar support (I needed to do something), which did

keep my back warm but also made me itch and was soon discarded.

I was off work for 3 weeks before being driven back by the tedium. The first few days were physically painful and marked by the occasional set back. When it got too bad, I locked the door of the neurological trainees' room and lay flat on my face again. But, overall, the busyness of work was a distraction, the leg pain and tingling slowly (almost imperceptibly) settled and my big toe started to work again. When I was a bit more mobile, I found hanging upside down from my daughter's climbing frame for a few minutes was the best thing to ease the back pain but getting on and off it was a different matter (see Fig. 1). A year and a bit on, I have resigned myself to having chronic low back pain but I can walk freely, cycle, play golf and do most of the things I want to.

And what have I learned from all this? Well firstly, I hope I am more sympathetic to my patients with acute and chronic pain, but at the same time I feel better qualified to advise them. Secondly, I was surprised at my need for regular reassurance that conservative treatment was appropriate, and my need for something to be done, regardless of the evidence. It is easier for me now to understand the demands of patients who do not have any 'inside knowledge'. Thirdly, the most important factor in my recovery was undoubtedly time, but that has become a luxury that many people do not have. I was lucky. If I had been self-employed or in a heavy manual job, I may have felt pressurised into an operation. And finally, I can now untilt my pelvis.