

Lumbar Stenosis – narrowing of the lumbar spinal column that produces pressure on the nerve roots or spinal cord. May be caused by a degenerating disc, bone spurs, or hypertrophy (increase in bulk) of soft tissues within the spinal canal.

Synonyms: Stenosis, Central Canal Stenosis.

Symptoms may include: Unilateral or bilateral leg pain, poorly localized back pain, numbness, tingling, or cramping of one or both lower extremities brought on by walking, relieved by sitting. Most patients find it easier to walk uphill than downhill. Often times while shopping, leaning forward on the grocery cart decreases symptoms.

How is it diagnosed?

A thorough patient history and physical exam can lead towards a diagnosis of lumbar stenosis. Advanced imaging such as MRI or CT is confirmatory.

How is it treated?

Chiropractic manipulation is not contraindicated and is potentially beneficial. Primary treatment consists of improving spine biomechanics with specific stretching and strengthening exercises. Patients with stenosis tend to respond well to traction procedures.

Cardiovascular exercise using an inclined treadmill and/or exercise bike can help to maintain cardiovascular health.

If the degenerative process in the spine is advanced, surgery may be necessary. The length of time spent utilizing pre-operative conservative treatment does not appear to affect surgical outcomes.

Alternative treatments.

Medications such as NSAID's, adjunctive Analgesics, corticosteroid injections, surgery.

Prognosis is fair. A portion of individuals (approx. 30-50%) will remain stable or even improve. Surgery may be necessary if compression to the nerves is severe, motor weakness persists, or if pain is intolerable.

Duration of care: Duration of care varies greatly. 3x/week for 4 weeks for a total of 12 visits, followed by re-evaluation is a reasonable recommendation. However, 18-24 sessions over a period of 4-6 month period may be indicated if improvement is documented.