



Pattern 4: Intermittent Leg Dominant Pain

Descriptive Symptoms

- Leg dominant pain: felt most intensely below the gluteal fold above or below the knee.
- Pain is worse with activity in extension and better with rest and flexion.
- Pain is **always intermittent**.
- Neurological symptoms are usually absent at rest.
- Generally found in patients over 50 – often associated with degenerative changes in the spine

Findings on Objective Assessment

- There are no acute irritative findings.
- Neurological examination at rest is normal or identifies an established focal conduction defect.

Initial Treatment

1. Reassure patient. Provide patient with *Back Pain: Patient Information* and *Pattern 4: Patient Handout*
2. Instruct patient to follow appropriate treatment schedule: position, movement, pharmacology and adjunct therapies

Positions:

- Generally relieved rapidly with rest and flexion
- Pelvic tilt
- Correct sitting and standing postures

Movement:

- Modification of daily routine
- Regular, continued flexion-strengthening exercises is the most effective physical treatment
- Increase trunk strength in the abdominal oblique and paraspinal muscles

Typical Therapy Options:

Pharmacologic Therapy

- Acetaminophen
- NSAIDS

Non-Pharmacologic (Adjunct) Therapy

- Exercise Therapy
- Massage
- Acupuncture
- Yoga
- Apply Ice/Heat
- Progressive Relaxation

Follow Up: Treat for one to two months before follow-up

1. Assess treatment response

- Assess pain medication and treatment modalities
- Assess improvement:
 - Better = Increased walking distance
 - Worse = Decreased walking distance

2. Has there been clinical improvement?

Significant Improvement

- Treatment requires an extended period of increasing strength and range of motion
- Patient should have a quick return to work with no modification or review

Limited Improvement

- Continue with treatment
- Improve exercise techniques
- Stationary cycling in flexion
- Increase frequency of rest/exercise cycles

No Improvement

- If patient has no improvement, refer to the Multi Disciplinary Clinic.