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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Radiculopathy (Pinched Nerve — Cervical & Lumbar)

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Radiculopathy is a 'pinched nerve root' where a spinal nerve exits the spine, usually from a herniated disc or age-related bony narrowing. It causes pain, numbness, tingling, and sometimes weakness radiating along the nerve's path — down the arm from the neck (cervical) or down the leg from the low back (lumbar, often called sciatica).

How does it happen?

In younger adults, a herniated ('slipped') disc pressing on the nerve root is usual; in older adults, age-related bone spurs and narrowing (spondylosis, foraminal stenosis) predominate. Risk factors include lifting, prolonged sitting, smoking, and genetics.

Common symptoms

- Sharp, burning, or electric pain radiating down the arm or leg along a specific strip
- Numbness and tingling in the nerve's territory (e.g., thumb and index finger, or outside of calf and foot)
- Weakness of specific muscles (grip, wrist extension; foot lift, push-off)
- Neck or back pain accompanying the limb pain
- Worsening with certain positions (sitting, coughing, neck extension)

How is it diagnosed?

Examination maps the sensory loss, weakness, and reflex changes to a specific nerve root. MRI of the spine confirms the compression and its cause. EMG/nerve conduction studies clarify severity and distinguish radiculopathy from peripheral nerve problems when needed.

How is it treated?

The encouraging truth: most radiculopathy improves with conservative care over 6-12 weeks — the body resorbs herniated disc material naturally. First-line care is staying active, physical therapy, anti-inflammatories, and neuropathic pain medication when needed. Epidural steroid injections calm a severely inflamed nerve and can avoid surgery. Surgery (discectomy or decompression) is indicated for progressive weakness, intractable pain, or bowel/bladder involvement — and is highly effective for appropriately selected patients.

What does the future hold?

About 80-90% of disc-related radiculopathy resolves without surgery. Red-flag symptoms — progressive weakness, loss of bladder or bowel control, numbness in the saddle area — demand urgent evaluation. Recurrence is possible; core strengthening, posture, and activity modification reduce risk.

Questions patients commonly ask

Q: Do I need surgery for a herniated disc?

A: Usually not — most herniations shrink on their own; surgery is for persistent disabling pain after conservative care, progressive weakness, or red flags.

Q: Should I rest in bed?

A: No — brief rest only; prolonged bed rest delays recovery. Stay as active as pain allows and do the prescribed therapy.

Q: Will it become chronic?

A: Most cases resolve; a minority have recurrent episodes, which is why ongoing core and posture work is the long-term plan.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **North American Spine Society — KnowYourBack** — spine.org
- **American Chronic Pain Association** — theacpa.org

(Organization contact details were current at the time of compilation; please verify online.)

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