## **CPD EVENT RECORD**

## **Case-Based Discussion**



This case concerned a fit, 63-year-old man with a 3-month history of pain in the right SI region, with right-sided sciatica extending to the foot. Symptoms were aggravated by walking. On examination, there was sensory loss of the right L5 dermatome, power was absent at L4 and L5, with a marked foot drop on the right. The GP had prescribed anti-inflammatories and pain-killers, but his osteopath had referred him for MRI. This revealed a paracentral disc bulge at L4/5, impinging the transiting L5 nerve root. An orthopaedic consultant had advised that, given the elapsed time, the foot drop would not benefit from discectomy.

It was a greed that manual therapy was unlikely to improve the foot drop, but might relieve the compression, allowing for reasonable recovery of the affected nerve. IDD therapy was considered as an option to decompress the nerve. Assessment of the distal nerve, at the fibular head, was also recommended.



Evaluation, Reflection and Impact on Practice (this part of the certificate is not automatically generated - it has been entered by the participant)