Orthopaedic Connection

Spinal Stenosis – Evaluation

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We are starting down a new road as you can see. It will take two perhaps three weeks to cover everything I want to tell you about. At the end of this topic there will be a major quiz, so pay attention. At least you don’t need to take notes, as I will give them to you!

Off we go into the mysterious land of spinal stenosis. I plan to demystify it for you. I read a lot of newspapers and I see frequent ads for treatment of spinal stenosis. While the condition is fairly common in people over fifty, it does occur in younger people too.

What is it?

As the term spinal stenosis is ordinarily used, it refers to the lumbar area or lower back. It can occur in the middle of the back (dorsal spine) or even in the neck, but much less often than in the lumbar area. If I could show you a human vertebra you would immediately understand. I would hold it so you could see the large canal through which all the spinal nerves pass. I could take my little finger and place it in the canal, which would be a normal size canal in the lower back. If the spinal canal begins to narrow (stenosis) then you might only be able to get something like a drinking straw in the canal. The canal can even get more narrowed than that. Think of the image of an hourglass.

The narrowing of the spinal canal puts pressure on the spinal cord and nerves that run through the canal. This can lead to many different symptoms including pain, numbness, and weakness especially in the legs. Also bowel and bladder symptoms can occur.

Why does it happen?

The narrowing may be inherited. For example some people are born with a narrow spinal canal or have a curvature of the spine (scoliosis) that causes pressure on the spinal nerves.

Narrowing of the spinal canal is typically the result of degenerative changes in the canal that come with age, arthritis and possibly even trauma. Changes occur in the canal itself, small facet joints nearby, as well as the discs between the vertebrae.
Sometimes when a person has a spinal abnormality from birth, it brings on symptoms of the condition at an earlier age. More commonly spinal stenosis is a disease of aging and is acquired over time – usually older than age 50.

**Symptoms**

A typical presentation of spinal stenosis symptoms might sound like this; any discomfort that occurs in the buttocks, thigh or lower leg, often both sides, which is relieved by rest and is not caused by poor circulation.

The description of pain might also include weakness or numbness in the affected areas. Very importantly, symptoms are relieved by bending forward, that is flexing the spine. Standing straight or extending the spine will usually increase symptoms.

Musculoskeletal disease in the spine in the elderly presents me with a special challenge. These symptoms are frequently more vague and ill defined and often occur along with other conditions such as cardiac or respiratory disease, which also affects the person’s endurance and ability to function.

In lumbar spinal stenosis patients will usually locate their symptoms in both lower extremities, most often in the back of the hip or leg. The most specific question I ask a spinal stenosis patient is whether there is relief of pain with sitting.

I hope the demystifying of spinal stenosis has begun. I plan to delve into evaluation and treatment next week, so be sure not to miss class or you might fail the quiz.

For much additional accurate information about spinal stenosis log onto our office teaching website for patients and families at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) which also can lead you to Your Orthopaedic Connection.

Our goal is simple – To help people return to more pain free, functional lives.

Be well.

Dr. Haverbush