Claudication. What’s That?

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Transforming patient information into patient understanding.

Claudication is activity associated discomfort in the legs. It can have a neurogenic or a vascular cause. Both can present with similar kind of leg pain. They can, but rarely present together in the same patient.

Neurogenic

Neurogenic claudication is associated with spinal stenosis. The symptoms are caused by postures that compress the nerve roots in the lower spine. This causes “tingling and numbness” in the legs.

Vascular

Vascular claudication occur secondary to peripheral vascular disease which causes compromised arterial blood flow with walking.

Symptoms

Neurogenic – vague pain, “tingling and numbness” begins in the buttocks and spreads to the legs while walking. The symptoms subside slowly when the person sits or lies down.

Vascular – pain comes on while walking starting in the calves and progresses to the thighs. The pain/discomfort stops when walking stops. This is an important difference.

Test – Examination

Patients with neurogenic claudication may have no abnormal physical findings at rest.

Patients with vascular claudication have arterial insufficiency and experience diminished or absent pulses in the legs and feet. Skin may be cool and there may be redness.

Tests – Diagnostic

Neurogenic – plain spine x-rays and MRI or CT helps define the condition.

Vascular – arterial flow studies are needed to see areas of narrowing within the arterial system.

Treatment

Patients with neurogenic claudication can be treated with NSAIDS, epidural steroid injections and flexion exercises for the lower spine. In severe cases of stenosis surgical decompression is needed to relieve symptoms and increase function.

Patients with vascular claudication can sometimes be helped with medications initially. Often surgery is needed in more advanced cases to relieve symptoms and avoid amputation.

Discussion

Hopefully you have an understanding of these two different conditions which are fairly often seen in my Orthopaedic Surgery practice and in Primary Care settings as well.

My patients put their trust in me and what I do improves the quality of their lives.
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Be well.

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