

solving of the impingement and the gradual release of the nerve to once again move freely (this approach was proposed by Butler, 1999). This flossing action is accomplished with coordinated hip, knee, and cervical motion.

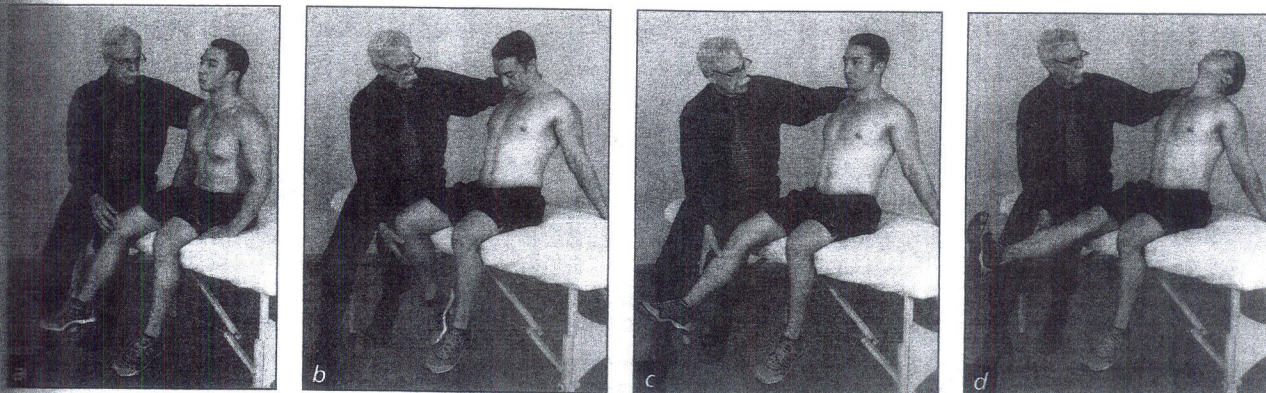
A note of caution is needed here: Although this can be wonderful in helping chronic sciatica resolution, it can also cause an acute onset. Be very conservative in the first session. If the nerve is adhered so that it can't slide, the sciatic symptoms will be exacerbated. However, if the patient reports no change or even relief the next day, then increase the flossing. Monitor all patients and remove the procedure from the programs of any whose symptoms worsen.

Flossing

The patient, seated and with the legs able to swing freely (*a*), flexes the cervical spine while at the same time flexes the knee and plantar flexes the ankle (*b*). This creates a pull on the spinal cord from the cranial end and a release from the caudal end. This should not produce sciatic symptoms (see the discussion of the supine passive leg raise test in chapter 9). Then, the patient extends the cervical spine with simultaneous knee extension on the side with sciatica (*c*, *d*). This pulls the nerve from the caudal end with a corresponding release at the cranial end. The cycle is completed as the knee is flexed with coordinated motion of the cervical spine flexing. This causes the nerves to floss through the vertebral tissues. If the patient experiences minor sciatic symptoms when the cervical spine is flexed or the knee is extended, then the patient should reduce the range of motion at these joints until no pain is provoked. Some patients who have suffered sciatica pain for years report reductions in their sciatic symptoms within a few days to a couple of weeks; others report increasing symptoms.



Video 10.1



TECHNIQUE TIPS

- A tip to enhance efficacy is to first adopt a posture that relieves impingement. For example, the patient with a disc bulge who can reduce the bulge by adopting a prone extension posture (such as shown in the McKenzie posture test in chapter 9) should do so for a few minutes prior to flossing. The patient should then adopt the posture with the longest reflex response.
- The motion should be slow (with a flexion–extension cycle lasting about 5 seconds), but most important, coordinated, to create floss rather than length change in the neural tract.
- The objective is to create motion rather than a static stretch. The patient should not push into the end range, and never travel into a painful range.
- The patient should begin by performing 10 repetitions with each leg. Then, if symptoms are not exacerbated, he can perform these repetitions several times per day. The patient should not perform flossing within 2 hours after rising from bed.