

Patient Story – Runner Overcomes Low Back Pain & Leg Symptoms Without Surgery

A recreational runner and active adult presented to our office with ongoing low back pain accompanied by intermittent numbness and tingling into the right gluteal region and lateral thigh. His symptoms were beginning to interfere with running, exercise, and overall daily comfort. He also reported recurring stiffness and irritation that worsened with repetitive impact activity and prolonged physical demands.

During his examination, we performed a comprehensive orthopedic, neurological, biomechanical, and spinal evaluation. Lumbar radiographs revealed early degenerative disc changes at L4-L5 along with mild lower lumbar facet arthropathy. Biomechanical assessment also demonstrated pelvic imbalance and lower extremity asymmetry contributing to abnormal loading of the lumbar spine during running and impact activity.

We identified lumbar disc irritation with associated nerve irritation patterns affecting the right gluteal and thigh regions. Examination findings also showed lumbar and sacral segmental dysfunction, restricted spinal mobility, muscular tension, and mechanical stress within the lower lumbar spine.

Based on these findings, we developed a treatment plan specifically tailored to both his spinal condition and his running biomechanics. His treatment plan included:

- Spinal Decompression Therapy
- Flexion-Distraction Therapy
- Chiropractic Manipulative Therapy (CMT)
- Electrical Muscle Stimulation
- Running-specific corrective exercise
- Core stabilization and mobility rehabilitation
- Sport-specific home exercise program
- Custom performance orthotics with biomechanical correction and heel lift support

Treatment focused on reducing pressure on irritated lumbar discs, decreasing nerve irritation, restoring spinal mobility, improving core stability, and correcting biomechanical stress patterns contributing to recurrence.

One unique aspect of this patient's care was the integration of spinal decompression with sports-specific biomechanical correction. Rather than only treating the pain itself, we evaluated how his running mechanics, pelvic imbalance, and lower extremity asymmetry were placing repetitive stress on his lumbar spine. His care plan included customized rehabilitation exercises, gait-focused recommendations, and custom sport orthotics designed specifically for runners.

Over the course of care, the patient experienced significant improvement in pain intensity, mobility, and overall function. His lower back symptoms and nerve irritation progressively



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decreased, objective findings improved substantially, and he was ultimately discharged from active care after reaching maximum medical improvement.

Today, he is doing very well overall, has returned to activity with greatly reduced symptoms, and continues managing his condition successfully through his customized home exercise program and ongoing biomechanical support as needed.