

# HITTING A NERVE

Sciatica threatened to derail a runner, until he learned how to handle the condition

**ROBERTA BURKHART**

Pittsburgh Post-Gazette (TNS)

PITTSBURGH — As he trained for his first Pittsburgh Marathon last spring, Elam Gates thought he was doing everything right — building mileage, pushing his limits and chasing a new goal.

Then came the pain.

“A sudden, overnight issue” that began as twinges and tingling quickly turned into staggering nerve pain that originated in his lower back and shot down his leg, making it difficult for the 29-year-old Richland man to walk, let alone run.

The pain disrupted not just Gates’ training, but daily life. He remembers one day leisurely walking with his wife in North Park: “I kept constantly having to tell her, ‘Hey, I need to pause a second. I need to stretch my leg out, because it’s really sore.’”

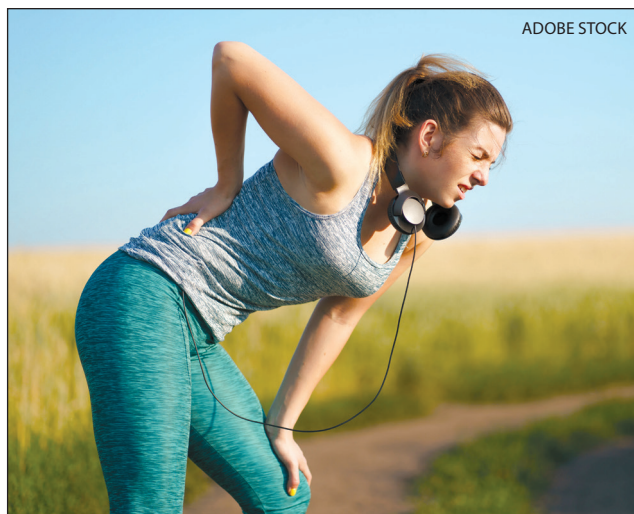
Gates had developed sciatica, a condition caused by irritation of a nerve in the lower spine.

While many runners encounter it at some point, medical experts say the condition is widely misunderstood. Running doesn’t cause sciatica, but training can aggravate underlying weaknesses, imbalances or prior injuries. Recognizing symptoms early — and adjusting training accordingly — can be key to staying on the road.

Up to 40% of the population will develop sciatica at some point in their lives, according to Harvard Health, Henry Ford Health and other resources. And the likelihood of developing it increases as we age.

“It might help to talk about what sciatica is,” said Jeff Fleming, associate medical director of the Pittsburgh Marathon and a UPMC primary care sports medicine doctor. “Sciatica is usually referring to irritation of a nerve, specifically one of the nerves that starts at your low back and goes down the length of your leg.”

That irritation — often identified by a feeling of “pins and needles” or electricity — is most often caused by compression in the lumbar spine,



he said. Sometimes there’s also numbness, weakness and other symptoms.

While many runners experience sciatica at some point, both Fleming and Sewickley-based physical therapist Scott Szelong stress that running itself is not typically the root cause.

Instead, the condition reflects a broader reality: Low back pain and related nerve issues are common in the general population.

“We’re bipedal individuals, right? So we bear most of our weight down through those lower segments,” Szelong said. “So that’s why you statistically see more dysfunction in the lower lumbar spine, and it presents with that sciatica distribution.”

In fact, he noted, research and studies have shown that running can have positive effects on spinal health.

“Running has NOT been shown to adversely affect spine health,” Szelong said in an email.

## WHEN PAIN HITS

For Bill Beckett, a 52-year-old endurance runner from near St. Clairsville, Ohio, sciatica traces back to a severe back injury with a few ruptured disks, long before he ever took up running.

His back surgery in 2017 had him “tied up, laid up for almost a year.” After recovering, he turned to running to stay active — and eventually became an ultramarathoner, logging about 60 miles a week and competing in races across the country.

But the nerve pain never fully disappeared. Beckett manages flare-ups by closely

monitoring his body and adjusting his training.

When he feels that something is off and not quite feeling right, he stops and makes adjustments immediately. “Whether it’s the surface you’re running on, or maybe cut back the number of miles you’re running, or maybe it’s time for a shoe change.”

Shoes and terrain, he added, make a noticeable difference.

“Concrete is the absolute worst,” Beckett said. “The asphalt, a little better.” Trail running, in his opinion, is the best surface to reduce pounding on the body.

Gates’ experience was very different, and came during his first marathon training cycle.

At the time, he had only recently taken up running but had quickly ramped up mileage.

“I had never pushed my body physically this much,” he said.

A physical therapist diagnosed the disabling pain he was experiencing as sciatica and pointed to multiple contributing factors.

“Number one, just a general overuse,” Gates said. Second, he was under-fueling his body, making recovery from the intense training harder.

One of the reasons Gates started running was an attempt at weight loss. So while his calorie reduction had succeeded in helping him shed close to 100 pounds, it also derailed his training for the race. After his bout with sciatica, he said he came to understand that, “in order to be efficient and be your best

in life, you have to fuel properly.”

With treatment and insight gleaned from physical therapy, Gates adjusted his approach.

The most common treatments for sciatica are conservative, non-surgical options including physical therapy, stretching and exercises, over-the-counter NSAID pain relievers like ibuprofen and naproxen, heat and ice therapy and continuing light activity, according to the Mayo Clinic. In some cases, doctors will prescribe a shot of a corticosteroid medication into the area around the affected nerve root or surgery to repair or correct herniated disks.

## THE TELLTALE SYMPTOMS

Sciatica tends to feel different from typical muscle strain.

“Usually nerve pain is very easy for people to describe,” Fleming said. “It feels like burning or pins and needles or electricity, or like you’re getting zapped.”

Unlike other types of pain, true sciatica often travels below the knee and into the foot, following a specific nerve pathway.

“That’s one of the few things that will cross beyond the knee and go down the entire leg,” he explained.

## WHEN TO REST, WHEN TO WORRY

For runners, pushing through discomfort can be tempting. But that can lead to further problems.

“Rest from running is probably just the simplest thing that you can do,” Fleming said.

For many, symptoms often resolve on their own, but worsening signs should not be ignored.

“If it gets more severe, it can cause numbness or even weakness in your leg,” he said. If that happens, it’s time to see a doctor and hang up the running shoes for a bit, he warned.

Certain “red flag” symptoms — including loss of bowel or bladder control or significant leg weakness — require urgent care.

## HEALTH CHECK



### Mayo Clinic Q&A: What is life like after an organ transplant or donation?

MAYO CLINIC NEWS NETWORK (TNS)

**DEAR MAYO CLINIC:** A close friend of mine recently received an organ transplant, and another acquaintance is considering becoming a living donor. What is life really like after an organ transplant or donation?

**ANSWER:** Organ transplantation is often described as a second chance at life, and for many people, that description is accurate. The purpose of a transplant is to restore health for people with end-stage organ failure so they can return to a near-normal life.

Whether someone receives an organ or chooses to donate one, the experience doesn’t end when surgery is over. Recovery, adjustment and follow-up care all become part of life afterward.

In the first few weeks after a transplant, patients are recovering from major surgery and healing from the incision. As they recover, they gradually become more active. Some patients say they notice improvements soon after surgery and begin to feel better early in recovery. Even so, the body still needs time to heal; many patients say they begin to feel fully back to normal within about six to eight weeks.

Before a transplant, people with organ failure often live with significant limitations that affect their energy, activity and daily routines. After recovery, many are able to return to work, travel, family life and other activities they previously had to give up.

A transplant also comes with long-term medical responsibilities. One of the most important is taking anti-rejection medications, which help prevent the immune system from attacking the new organ.

Most transplant recipients take these medications every day, often twice daily. As with any medication, side effects are possible. However, many people tolerate these medications well and eventually incorporate them into their daily routines.

After a transplant, patients have several follow-up visits. As they stabilize, those visits become less frequent. Routine lab tests every few months help the care team watch for signs of rejection.

How long a transplanted organ lasts depends on the type of organ and how closely a patient follows the treatment plan. The liver, for example, has a remarkable ability to regenerate. Some people are still living with the same transplanted liver more than 40 years after surgery.

Kidneys don’t regenerate the same way the liver does. On average, a kidney transplant from a living donor can last a little more than 20 years, although many last much longer. Taking medications as prescribed and keeping regular follow-up appointments help transplanted organs function well over time.

Beyond physical recovery, receiving an organ transplant can also bring emotional changes.

Many recipients express deep gratitude toward the donor who made their transplant possible. Some become more involved in raising awareness about organ donation and helping others understand the need for donors. For many recipients, being part of that community is meaningful.

At times, transplant recipients may struggle with complicated feelings, such as guilt or a sense of indebtedness to the donor. Healthcare teams often help patients understand that the donor’s decision to give an organ is separate from the recipient’s situation. Organ donation is ultimately a personal decision made by the donor or donor family.

**Timucin Taner, M.D., Ph.D.,** Transplant Surgery, Mayo Clinic, Rochester, Minnesota