



## The Doc Is In

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### Body Language

## **Piriformis Syndrome: A Pain in the You-Know-What!**

*By Alec Isabeau, D.C.*

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Just this past week I got bit by the butt bug. In more fancy terms, I acquired a case of "piriformis syndrome." And while you might think that this means I need a strong dose of penicillin, what I really need is a good therapeutic kick in the rear, sort of.

The piriformis (pronounced PEER-i-formis) is a fairly small muscle that rotates and extends the hip. Along with the more familiar and bulky gluteal muscles, it forms that portion of your geography known as the buttock. Like all muscles, the piriformis can start to hurt if it is forced to contract or stretch too hard, or too often, or in a mechanically inefficient fashion. In the case of the piriformis, the common culprit that induces injury is sitting, which compresses the muscle and jams the neighboring sacroiliac joint of the pelvis. The result is typically a distinct pain in the butt, often accompanied by variable pain that may extend down the thigh into the leg and foot. Piriformis syndrome may, in fact, mimic the symptoms of a herniated disc in the lumbar spine, because the spasmed muscle can compress the sciatic nerve.

Treatment of this very common condition requires, at least, a lot of stretching and avoidance of prolonged sitting and driving. At most, it mandates the addition of a regiment of vigorous deep tissue massage, mobilization of the sacroiliac joint and physiotherapy, in particular, ultrasound and electrical muscle stimulation. The treatment of piriformis does not include cortisone shots, surgery, or any other desperate measure.

I think I acquired my person pain-n-the-butt after a hard day of rock climbing (i.e., contracting muscles in very awkward configurations), followed by a long drive home through the central valley. I only made matters worse by

running the Kenwood 10K a few days later, followed by the two mile at the track meet. Lucky for me, my stupidity was overwhelmed by the combined skill of the doctors at my office and my wife, who has become quite proficient with an ultrasound machine and a well-placed elbow. After just a few doses of my own medicine, so to speak, I am now sitting at this computer (Sitting! Yikes!) with nary a pain in me ars. So don't fret if you've been bit by the butt bug—it's quite curable and your running days are not over. Now get up and stretch.

### **Addendum October 2010**

Since writing that article over 12 years ago, a couple additional effective tools have been added to the treatment program for piriformis syndrome. We now routinely use foam rollers, massage sticks and even softballs or tennis balls to self-massage and promote relaxation of a tight piriformis; this is typically done before bedtime, in conjunction with gentle, repeated stretching. We also now emphasize corrective exercises much more than we did a dozen years ago. For a chronically troublesome piriformis, this usually entails developing a perfect, deep body-weight squat pattern and activating the gluteal muscles with glute bridges and deadlifts. Don't be reckless about this stuff, though; get a trainer or sports medicine practitioner to teach you how to precisely perform these maneuvers. And as for sitting in front of a computer or a TV: it's just as bad as it's always been. So get up and go for a run.