



# PATIENT FACT SHEET

## Spinal Stenosis



### CONDITION DESCRIPTION

**Spinal stenosis is a common condition where the small spinal canal, which contains the nerve roots and spinal cord, becomes compressed.** This pinches the nerves and spinal cord, causing pain, cramping, weakness or numbness affecting the lower back and legs, neck, shoulders or arms.

Anyone over 50 is at risk for spinal stenosis. This condition often occurs due to aging-related changes,

such as osteoarthritis or bony spurs. Thickening ligaments in the back or a bulging disc between vertebrae are other possible causes.

Females, people born with narrow spinal canals and those who have had previous spinal injuries or surgery are at higher risk. Paget's disease, ankylosing spondylitis and spinal tumors may also cause spinal stenosis.



### SIGNS/ SYMPTOMS

**Spinal stenosis symptoms may start slowly and worsen over time.** Leg pain may become so severe that walking short distances is unbearable. People with spinal stenosis may experience numbness, weakness or cramping in legs, thighs or feet; pain going down the leg; abnormal bowel or bladder function; and loss of sexual function. In severe cases, spinal stenosis may cause partial or complete leg paralysis that requires emergency medical treatment.

Tests like x-ray, magnetic resonance imaging (MRI), computed tomography (CT) scan or electromyogram (EMG) can help to diagnose the condition, as well as check for the presence of osteoarthritis or bone spurs, nerve damage or other changes.

A rheumatologist may use x-rays or blood tests to rule out other possible diseases with similar symptoms, such as hip or knee osteoarthritis, and disorders of the blood vessels, heart or nervous system.



### COMMON TREATMENTS

**There is no cure for spinal stenosis, but exercise, medications and surgery may relieve symptoms.** Regular exercise builds strength in arms and upper leg muscles to improve balance, walking and bending ability, and to ease the pain. A physical therapist may show patients the right exercises for spinal stenosis.

Over-the-counter medications such as acetaminophen (Tylenol), and nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn) is a surgical procedure that removes bony spurs or bone build-up in the spinal canal. It's

usually followed by spinal fusion surgery to connect two or more vertebrae for better support of the spine. Surgical risks include blood clots, infection, tissue tears around the spinal cord, and nerve root injury.

Patients with severe or worsening symptoms may need surgery. Decompression laminectomy removes bony spurs or bone build-up in the spinal canal. It's usually followed by spinal fusion surgery to connect two or more vertebrae for better support of the spine. Surgery risks include blood clots, infection, tissue tears around the spinal cord, and nerve root injury.



### CARE/ MANAGEMENT TIPS

**Spinal stenosis may cause slow, steady loss of leg strength, and severe pain that greatly affects a person's ability to work or enjoy life.** Regular exercise, such as 30 minutes a day three days a week, is essential to maintain mobility for as long as possible. Start with flexion-based exercises and slowly add walking or swimming to the routine.

Modify activities that may cause pain or disability, such as lifting heavy objects or walking long distances.

Ask your rheumatologist about pain medications or alternative therapies for pain, such as massage or acupuncture.

Explore non-surgical options for pain before surgery, except in rare cases when pain, numbness and muscle weakness comes on quickly. People with spinal stenosis should work closely with their doctors to create a treatment strategy, including exercise suggestions and physical therapy.