## Dynamic Chiropractic

**NEWS / PROFESSION** 

## Bed Rest for Sciatica? Not Effective, Study Says

**Editorial Staff** 

Research has shown that sciatic conditions usually improve over time.<sup>1,2</sup> MDs commonly prescribe bed rest for sciatica, not surprisingly, as they often recommend the same therapy for low back pain, despite the paucity of data to support bed rest for low back pain.<sup>3</sup>

Because of the accumulating data of the ineffectiveness of bed rest for low back pain,<sup>4-6</sup> a research team was prompted to examine the effectiveness of bed rest for sciatica. Their findings have been published in the Feb. 11 edition of the *New England Journal of Medicine.*,<sup>7</sup>

The researchers randomly assigned 183 sciatica patients to bed rest or "watchful waiting" for two weeks. Watchful waiting consisted of being "up and about whenever possible." The patients were assessed at 2 and 12 weeks, with secondary outcomes (changes in function status and/or pain scores, absenteeism from work and the need for surgical intervention) recorded at 2, 3 and 12 weeks.

After two weeks, 70% of the bed-rest group showed improvement, compared to 65% of the watchful-waiting group. But at 12 weeks, 87% of both groups showed improvement; in all other measurements, the results for the two groups were very close.

The researchers concluded what probably isn't news for most doctors of chiropractic: that there is "no evidence that bed rest is an effective treatment for patients with sciatica;" and that bed rest is no more effective that "watchful waiting." While the researchers noted that their study found no adverse effects of bed rest, they did point to the "numerous adverse effects, both physical and psychological," that have been reported.<sup>8</sup>

There are still MDs that insist on prescribing bed rest for low back pain and it may be years or even decades before many medical doctors will incorporate these findings on sciatica into their practices. But DCs can help enlighten patients (and their medical providers) to the understanding that they need not be bedridden by sciatica, but can maintain a certain level of functionality.

## References

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JUNE 1999

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