

ABSTRACT

Diagnosis of Intermittent Vascular Claudication in a Patient with a Diagnosis of Sciatica: A Case Report

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Purpose

The purpose of this study was to illustrate the importance of a detailed history, a comprehensive medical screening questionnaire and a thorough objective examination to differentiate musculoskeletal sources of sciatica from other diseases.

Methodology

The research design utilized in this study was a retrospective case report. The subject presented to physical therapy with a diagnosis of sciatica from her primary care physician, but findings from initial and subsequent evaluations seemed to indicate that a different diagnosis may be more accurate.

Source of data was a 41-year-old female. Kinds of data included an extensive history, medical screening, orthopedic examination, review of notes from the physical therapist who evaluated the subject initially, and a follow up phone conversation with the subject by the second physical therapist (researcher).

Analysis of the data involved clinical reasoning to correlate the subject's history, medical screening questionnaire, and physical examination data. The known signs and symptoms of musculoskeletal sciatica were compared with the presenting signs and symptoms of the subject. The differential diagnoses associated with sciatica were considered and compared to the signs, symptoms, history, physical examination data, and the medical screening questionnaire. The known symptoms of intermittent vascular claudication and the signs of occlusive vascular disease were also compared with the presenting signs and symptoms of the subject.

Findings

Vascular claudication was considered the most likely diagnosis due to several factors including, among others: the subject's history of smoking, strong family history of cardiovascular disease, symptoms of lower extremity weakness when walking the exact distance each time, and symptoms aggravated only by walking and not by a change in body position or posture.

Conclusions

The subject exhibited several signs and symptoms that were consistent with the findings of other researchers who had studied occlusive vascular disease. Recommendations for further research include a research design that utilizes three groups of subjects: a control group with no diagnoses of musculoskeletal sciatica or vascular disease; subjects with known musculoskeletal sciatica but not vascular disease; and subjects with known vascular disease but no musculoskeletal sciatica; and further research on the specificity and sensitivity of van Gelderen's bicycle test.