

The Piriformis Muscle Injection ***(Personal Approach)***

To Treat the Piriformis Muscle Syndrome ***& the Sciatica of Herniated Disk***

For more illustrative details, see the linked video: 

Traditional Approach

- 1) *Identify the point of maximal tenderness in the buttock; it is the point where the sciatic nerve emerges from below the lower border of the piriformis muscle.*
- 2) *Insert the needle 1-2 cm lateral to the point of maximal tenderness. Then, try to radiologically visualize the piriformis muscle.*
- 3) *Keep the needle in place, inject the corticosteroid into the muscle. The medicament will then target the entire muscle.*

The Traditional Approach in video: 

Personal Approach

- 1) *Identify the tendon insertion on the greater trochanter. Thanks to the superficial anatomy knowledge and the usually tender tendon of the spastic muscle, we can easily localize the tendon insertion on the greater trochanter.*
- 2) *Deeply insert the needle 1-2 cm medial to the tendon insertion. The injection process should be quite easy otherwise it might be into the tendon itself. In such case, withdraw your needle upward a little bit and then go on.*
- 3) *The medicament will hence spread along the piriformis muscle from distal to proximal.*

The Personal Approach in video: 

Indications

- 1) *Traditionally:* *If the conventional therapy (medication & physiotherapy) failed to treat the piriformis muscle syndrome, then we try the piriformis muscle injection with corticosteroids.*
- 2) *The Sciatica of Herniated Disk:* *It is a personal approach to treat the sciatica that is caused by a herniated Intervertebral disk.*

I use a combination of 2ml of a long-acting corticosteroid (Diprofos) & 8 ml of local anesthesia (Lidocaine 1%). Thus, I obtain both the rapid analgesic and anti-spasmodic effects of the local anesthesia as well as the anti-inflammatory effect of the corticosteroid.

The treatment outcome of sciatica is greater and earlier in two cases:

- 1) Laseque sign is positive and the occasioned pain is maximal in the buttock; at the point where the sciatic nerve emerges from below the piriformis muscle.
- 2) The main patient complain is actually a buttock pain more than the other signs and symptomatology of sciatica, which are however troublesome as well.

Personal Approach vis-à-vis Traditional Approach

Personal Approach



- ✓ Success rate is quite high > 90%.
- ✓ The risk of sciatic nerve injury is zero. The nerve is quite far from the point of needle insertion.
- ✓ It is quite easy procedure & can be done in outpatient clinic.
- ✓ Does not require any specific equipment.
- ✓ It is a quite less expensive medical procedure.
- ✓ Very simple, it is not a demanding procedure.




Traditional Approach

- The success rate is nearly 100%.
- The risk of sciatic nerve injury rests possible due to the variation of nerve- muscle relationship.
- It is time-consuming procedure & requires patient hospitalization.
- Demands the recruitment of radiological equipment.
- It is relatively an expensive medical procedure.
- It requires certain expertise.

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In another context, you can read:

-  [Neural Conduction, Personal View vs. International View \(Innovated\)](#)
-  [Upper Motor Neuron Lesions, Pathophysiology of Symptomatology](#)
-  [Neural Conduction, Action Pressure Waves \(Innovated\)](#)
-  [Neural Conduction, Action Potentials \(Innovated\)](#)
-  [Neural Conduction, Action Electrical Currents \(Innovated\)](#)
-  [The Function of Action Potentials \(Innovated\)](#)
-  [The Three Phases of Neural Conduction \(Innovated\)](#)
-  [Neural Conduction in the Synapse \(Innovated\)](#)
-  [Sensory Receptors](#)
-  [Nodes of Ranvier, the Equalizers \(Innovated\)](#)
-  [Nodes of Ranvier, the Functions \(Innovated\)](#)

-  [*Nodes of Ranvier, First Function \(Innovated\)*](#)
-  [*Nodes of Ranvier, Second Function \(Innovated\)*](#)
-  [*Nodes of Ranvier, Third Function \(Innovated\)*](#)
-  [*Node of Ranvier The Anatomy*](#)
-  [*The Philosophy of Pain, Pain Comes First! \(Innovated\)*](#)
-  [*The Philosophy of the Form \(Innovated\)*](#)
-  [*Spinal Injury, Pathophysiology of Spinal Shock, Pathophysiology of Hyperreflexia*](#)
-  [*Who Decides the Sex of Coming Baby?*](#)
-  [*Spinal Shock \(Innovated\)*](#)
-  [*The Clonus \(Innovated\)*](#)
-  [*Hyperactivity Hyperreflexia \(Innovated\)*](#)
-  [*Hyperreflexia, Extended Sector of Reflex*](#)
-  [*Hyperreflexia, Bilateral Responses*](#)
-  [*Hyperreflexia, Multiple Responses*](#)
-  [*Nerve Conduction Study, Wrong Hypothesis is the Origin of the Misinterpretation \(Innovated\)*](#)
-  [*Wallerian Degeneration \(Innovated\)*](#)
-  [*Neural Regeneration \(Innovated\)*](#)
-  [*Wallerian Degeneration Attacks Motor Axons, While Avoids Sensory Axons*](#)
-  [*Barr Body, the Whole Story \(Innovated\)*](#)
-  [*Boy or Girl, Mother Decides!*](#)
-  [*Adam's Rib and Adam's Apple, Two Faces of one Sin*](#)
-  [*The Black Hole is a \(the\) Falling Star?*](#)
-  [*Adam's Rib, could be the Original Sin?*](#)
-  [*Pronator Teres Syndrome, Struthers Like Ligament \(Innovated\)*](#)

-  [*Function of Standard Action Potentials & Currents*](#)
-  [*Posterior Interosseous Nerve Syndrome*](#)
-  [*Spinal Reflex, New Hypothesis of Physiology*](#)
-  [*Hyperreflexia, Innovated Pathophysiology*](#)
-  [*Clonus, 1st Hypothesis of Pathophysiology*](#)
-  [*Clonus, 2nd Hypothesis of Pathophysiology*](#)
-  [*Clonus, Two Hypotheses of Pathophysiology*](#)
-  [*Hyperreflexia \(1\), Pathophysiology of Hyperactivity*](#)
-  [*Hyperreflexia \(2\), Pathophysiology of bilateral Responses*](#)
-  [*Hyperreflexia \(3\), Pathophysiology of Extended Hyperreflex*](#)
-  [*Hyperreflexia \(4\), Pathophysiology of Multi-Response Hyperreflex*](#)
-  [*Barr Body, the Second Look*](#)
-  [*Mitosis in Animal Cell*](#)
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-  [*Universe Creation, Hypothesis of Continuous Cosmic Nebula*](#)
-  [*Circulating Sweepers*](#)
-  [*Pneumatic Petrous, Bilateral Temporal Hyperpneumatization*](#)
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-  [*Oocytogenesis*](#)
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-  [*This Woman Can Give Birth to Female Children More Than to Male Children*](#)
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[Barr Body; Mystery of Origin & Ignorance of Function](#)

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