

Weakness

Weakness is a very worrying problem and can occur if a nerve is compressed in the spine. Generally speaking, the longer the weakness has been present and the worse it is, the less likely it is to get better with treatment. In some cases it can be very debilitating e.g. if it occurs in your dominant hand or you have a foot drop. Urgent surgery is often indicated. Unfortunately however, patients often present too late for surgery to have any benefit. As for other neurological symptoms, weakness can be associated with a more generalised neurological problem or a nerve compression or damage away from the spine. Whereas sensory symptoms are associated with dermatomes (see leg or arm pain sheet) weakness (or motor symptoms) are associated with myotomes. These are named after each nerve as it leaves the spine e.g. L5 myotome weakness may mean you cannot lift up your foot, C6 weakness may mean you have a weak elbow etc. Motor function tends to recover better than sensory problems (numbness) but operations are rarely done for weakness alone unless it is having a profound affect on your life. Normally however, patients also have pain which is alleviated in most cases by surgery and then the weakness improves thereafter.

Assessment

A full history and examination needs to be taken and then further tests organised if indicated. Besides imaging (MRI, XR, CT) other tests such as blood tests or nerve conduction studies may be requested (these are done at Frenchay), especially if the problem is felt to be due to the nerve away from the spine or a more generalised problem e.g. diabetes. If evidence of nerve compression in the spine is found and there is no evidence of compression of the nerve in the limbs then a referral is usually made onwards to a neurologist to see if there is a problem with the nerves or muscles themselves.