Dear Alice,

Do you have any info on pinched nerves?

Answer

Dear Reader,

First, a quick anatomy lesson to make sure that everyone starts on the same pathway. The central (or main part) of the nervous system is made up of the brain and the spinal cord, which are so vital to our survival that they are encased in bone (the skull and spinal column, respectively) to protect them from the jabs and jolts of everyday life. Branching off from the spinal cord are peripheral (or secondary) nerves that run throughout the body, carrying messages in the form of electrical impulses all the way to and from the fingers and toes.

Nerve fibers are incredibly fragile, so nerves are protected by a tough outside layer called a myelin sheath. Because peripheral nerves are not covered with bone, pressure or stretching of the tissue around the nerve can compress or restrict the myelin sheath and the nerve underneath, creating a "pinched nerve." A pinched nerve sends garbled messages to the brain, such as feelings of numbness, burning, or tingling in the area in which the nerve is compressed and also down the entire path of that nerve. This is why when your foot 'falls asleep,' the tingling and pins and needles feeling spreads up your entire leg, or why when you hit your funny bone, your whole arm goes crazy.

If the nerve is only pinched for a short time (say your leg falls asleep during one of your professor's endless lectures), then the odds are that no permanent damage will occur. Once the gabfest stops and you have a chance to stretch out and restore the nerve pathway, your leg will wake up and be as good as new. But repeated crimping and twisting of nerves can lead to chronic pain, and even permanent damage. Carpal tunnel syndrome and tennis elbow are both examples of chronic pain that can be caused by repeated compression of nerves.

The numbness, burning, or tingling that accompanies pinched nerves is the body's way of telling you that it's time to take five, catch your breath, wiggle around, touch your toes, call half-time, have a break, get some air, stretch your legs, take a breather, visit the water cooler, or go for a walk.

If you experience tingling, pain, burning sensations, or numbness in your extremities (arms,
legs, fingers, or toes) that last for a while after you change positions, or that reoccur on a regular basis, it's time to check things out with your primary care provider. S/he may be able to recommend preventative measures (e.g., rest and/or wrist supports for folks who spend all day pecking away at a keyboard). In more serious cases, prescription medicine, such as corticosteroids to reduce inflammation, or physical therapy to help un-kink twisted nerves, may be needed. Contact your primary care provider to talk about possible strategies to address your concerns.

Here's hoping the pinch is not permanent!

Alice!
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