



UNDERSTAND THE CONDITION - KNOW THE NEXT STEP

Herniated Disc

A herniated disc can irritate or compress a nearby nerve, causing arm or leg pain, numbness, tingling, or weakness. Many cases improve without surgery. When function does not recover or a neurological deficit progresses, a targeted decompression may be considered.

What you may feel

- Leg pain that may feel sharp, burning, or electric.
- Pain traveling into the shoulder, arm, forearm, or hand.

How it is evaluated

- Strength, sensation, reflexes, gait, and nerve-tension signs help identify the nerve that may be involved.
- Imaging must match the side, level, and pattern of symptoms before it can guide a targeted procedure.

How treatment typically progresses

1 Treatment usually starts without surgery

- Staying gently active while temporarily avoiding positions that sharply reproduce nerve pain.
- Physical therapy or a guided home program appropriate to the examination.

2 When surgery is worth discussing

- Arm or leg symptoms remain substantially limiting despite appropriate non-surgical care.
- The examination and imaging identify a matching compressed nerve.

Emergency: go now

- Seek emergency evaluation for new loss of bladder or bowel control, inability to urinate, numbness in the groin or saddle region, or rapidly progressive leg weakness.

Contact the office promptly

- New difficulty walking, major weakness in an arm or leg, or new hand clumsiness and balance problems should be assessed promptly, particularly when cervical spinal-cord compression is possible.

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This handout provides general education and does not diagnose a condition or replace individualized medical advice, examination, imaging review, or emergency care.



FOR THIS VISIT

Your plan today

Your care team has checked the items below that apply to you. Keep this with you and bring it to your next visit.

**Medications
started today**

- ☐ muscle relaxant ☐ anti-inflammatory (ibuprofen/naproxen) ☐ acetaminophen (Tylenol)
☐ gabapentin / pregabalin ☐ steroid taper (Medrol) ☐ duloxetine ☐ other: _____

Imaging ordered

- ☐ MRI ☐ CT ☐ X-ray (flexion/extension) ☐ standing films ☐ CT myelogram

→ scheduling: ☐ you'll schedule ☐ our office / imaging center will call you

Other studies

- ☐ EMG / nerve conduction ☐ DEXA bone density ☐ vascular study (ABI) ☐ labs: _____

**Physical therapy
& activity**

- ☐ PT - convenient location; order sent ahead ☐ home exercise program
☐ activity restrictions: _____ ☐ assistive device (cane/walker) ☐ TENS unit

Bracing

- ☐ none needed ☐ lumbar (LSO) ☐ cervical collar ☐ as directed: _____

Injection

- ☐ Ordered - referral to a pain-management specialist → ☐ they will call you ☐ you will call them

Surgery

- ☐ To be scheduled - our surgical scheduler will call you. If you haven't heard within 5 business days, call (260) 484-1400.

**Before surgery
clearance & prep**

- clearance: ☐ primary care ☐ cardiology ☐ neurology ☐ pre-op labs ☐ smoking cessation
☐ stop blood thinners as directed

Referrals

- ☐ Bone Health Clinic (osteoporosis) ☐ weight / nutrition ☐ pain management (medication)
☐ other: _____

**Work / activity
status**

- ☐ work / school note ☐ off work until _____ ☐ modified duty ☐ FMLA / disability forms

Follow-up

in _____ weeks ☐ after your MRI / injection / EMG ☐ as needed

Notes & questions for your next visit
QUESTIONS OR NEW SYMPTOMS

Call us

Office · (260) 484-1400 · Scheduling · (260) 484-1400 · After hours · (260) 484-1400