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Pain in your lower back. Cramps shooting down your leg. That “pins and needles” feeling. When you have these symptoms, you may assume you have a problem with your spine.

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“The problem with assuming is that we often see people who have medical issues that are mistaken as *only* a spine issue, when it could be a medical issue on its own — or a combination of the two,” says physical medicine/rehab specialist [Tagreed Khalaf, MD](#).

For example, lumbar spinal stenosis is a nerve problem and peripheral arterial disease is related to blood flow, but the two have many symptoms in common. So do spinal stenosis and diabetic neuropathy, or nerve damage in the legs and feet. And disc issues can feel a lot like inflammatory arthritis.

When the back is the usual suspect

Spinal stenosis is one of the most common causes of spinal pain not related to injury. This narrowing of the space around the spinal cord puts pressure on the nerves. If you have the following symptoms, spinal stenosis may be to blame:

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- **Pain** in the lower back
- Cramping in the legs
- A heavy feeling in the legs, which may lead to trouble **walking**
- Increased pain going downhill
- Symptoms that get worse with activity
- Relief from the “grocery cart” position — bending forward like you’re leaning on a shopping cart

However, Dr. Khalaf notes how common “false positives” are. “Around 21 percent of asymptomatic people over age 60 will show signs of spinal stenosis on an MRI,” she says. “And sometimes spinal stenosis and peripheral arterial disease co-exist. That’s why you need a physical exam, and possibly other tests, to get a clear diagnosis.”

When a medical problem is the likely culprit

There are a few ways to tell the difference between spinal stenosis and something more serious:

- Pain that gets worse when going uphill is more common with peripheral arterial disease, a buildup of plaque in the blood vessels leading to the your limbs.
- Arterial disease patients don’t get relief from the “grocery cart” position.
- If your symptoms are worse at night but better with exercise, neuropathy may be to blame.
- In younger people, morning stiffness that lasts longer than 30 minutes and gets worse with stillness may be a sign of inflammatory **arthritis**, such as ankylosing spondylitis.
- Other unexplained symptoms such as weight loss and fatigue may be signs of malignancies — very rare, but absolutely worth looking into.

“Serious issues such as malignancies or abdominal aortic aneurysms rarely present spine symptoms,” Dr. Khalaf says, “but sometimes they do. They’re serious enough that ruling them out is important.”

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What to do for spinal stenosis

If you do have spinal stenosis, there are ways to find relief:

1. **Try physical therapy.** [Stretching](#) and strengthening can help support your back, improve your balance and ease the pressure on your nerves.
2. **Ask your doctor about medications.** Nonsteroidal anti-inflammatories and muscle relaxers may help. Some patients also find success with anti-seizure drugs such as Neurontin — also used for neuropathy.
3. **Consider steroid injections.** Corticosteroids can reduce the inflammation and irritation that cause symptoms. They're usually not a first resort because they can weaken bones and tissue over time.
4. **Know that surgery is an option.** When more conservative treatments do not work, certain procedures can reduce symptoms.

What to do if you expect something else

There's only one major tip here: **See a doctor**, whether it is your primary care physician or a specialist. Each condition that mimics spinal problems comes with its own treatments, but the first step is an accurate diagnosis. For example, a nerve test such as electromyography (EMG) can help a doctor spot neuropathy, and a blood-flow test such as the ankle-brachial index (ABI) can distinguish between spinal stenosis and peripheral arterial disease.

“It's so important to look at all of your symptoms and history and do a thorough examination,” Dr. Khalaf says. “It's how we can tell the difference between a back issue and a medical condition.”

July 28, 2015 / By [Brain and Spine Team](#)

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Kristin Kirkpatrick, MS, RD, LD

Kristin Kirkpatrick, MS, RD, LD, is a registered dietitian and wellness manager for the Cleveland Clinic Wellness Institute.



Charis Eng, MD, PhD

Charis Eng, MD, PhD is founding chairwoman of the Genomic Medicine Institute and founding director of its Center for Personalized Genetic Healthcare. Dr. Eng is a global leader in cancer genetics and cancer genomic medicine.



Christopher Travers, MS

Christopher Travers, MS, is an exercise physiologist on staff for both Cleveland Clinic Sports Health and Cleveland Clinic Executive Health.



Mark Hyman, MD

Mark Hyman, MD, is Director for the Cleveland Clinic Center for Functional Medicine, Chairman of the Institute for Functional Medicine and founder of The UltraWellness Center.



Steven Nissen, MD

Steven Nissen, MD, is Chairman of the Department of Cardiovascular Medicine at Cleveland Clinic. In 2007, TIME Magazine named him “one of the 100 most influential people in the world.”

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