

<p><b>Explain the nature and prognosis of sciatica to the patient</b></p>	<p>Recommended in both clinical practice guidelines</p>	
<p><b>Advise the patient to stay active</b></p>		
<p><b>Consider supervised exercise in addition to usual care</b></p>	<p><b>Recommend exercise therapy if:</b></p> <ul style="list-style-type: none"> <li>• sciatica persists for 6 to 8 weeks</li> <li>• patient has low physical function or requires supervision</li> <li>• patient has high kinesiophobia</li> </ul>	<p>Similar recommendations in each clinical practice guideline</p>
<p><b>Advise that most medications have small or uncertain effects, but corticosteroids or non-steroidal anti-inflammatories may be considered cautiously, mainly in severe cases</b></p>		<p>Recommended in one clinical practice guideline</p>
<p><b>If surgery is conducted, very early referral to post-op physiotherapy does not improve outcomes, but exercise regimens starting 4 to 6 weeks after surgery have the potential to improve pain and functional status</b></p>		<p>Evidence from meta-analyses or individual randomised trials</p>
<p><b>Spinal manual therapy</b></p>		<p>Indirect evidence only, causing inconsistent recommendations among clinical practice guidelines</p>
<p><b>Routine imaging</b></p>		<p>Discouraged in both clinical practice guidelines</p>