

FREQUENCY OF PIRIFORMIS SYNDROME AMONG PROFESSIONAL DRIVERS AND ITS IMPACT ON QUALITY OF LIFE

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Abstract

Background: Piriformis syndrome (PS) is a neuromuscular disorder that can cause pain in the buttock's region and possibly sciatic-like pain, especially if you tend to sit for extended periods. The long sitting time and repetitive movements of the lower limbs of professional drivers can lead to musculoskeletal problems. But there is still limited evidence on the occurrence of PS and its association with quality of life in professional drivers.

Objective: To determine the frequency of piriformis syndrome among professional drivers and assess its association with quality of life.

Methodology: A cross-sectional study was done among 267 male professional drivers in Rawalpindi and Islamabad ranging in age between 25 and 45 years. Convenience sampling was used for recruiting participants. The Seated Piriformis Stretch Test, Active Piriformis Test and Pace Test were used to evaluate piriformis syndrome, and the Slump Test was used to do a differential assessment. The Numerical Pain Rating Scale (NPRS) was used to assess pain intensity, and WHOQOL-BREF was used to assess the quality of life. SPSS (version 27) software was used for data analysis. Descriptive statistics and chi-square tests were used.

Results: Sixty-eight (25.5%) participants had clinical findings suggestive of piriformis syndrome. Of the affected participants, 62 (91.2%) said that the pain was moderate, 5 (7.4%) said the pain was mild, and 1 (1.5%) said the pain was severe. Significant associations were found between NPRS and physical health ($\chi^2 = 271.05$, $p < 0.001$), psychological health ($\chi^2 = 276.21$, $p < 0.001$), social relations ($\chi^2 = 276.21$, $p < 0.001$), and environment ($\chi^2 = 287.39$, $p < 0.001$). All four domains of quality of life were also significantly related to Piriformis syndrome ($\chi^2 = 267.00$, $p < 0.001$).

Conclusion: One-quarter of professional drivers had clinical findings compatible with piriformis syndrome, and they were significantly associated with quality-of-life outcomes. This occupational group may benefit from early screening, ergonomic education and management with physiotherapy.

Introduction

Piriformis syndrome (PS) is a neuromuscular disorder that can cause pain in the gluteal (buttock) area and can be caused by irritation or compression of the sciatic nerve by the piriformis muscle (1). The piriformis is a deep gluteal muscle that also helps to move the hip and stabilize the pelvis, and it wraps around the sciatic nerve, which makes it clinically important with regard to the development of piriformis-related sciatic-type symptoms (2). PS has been recently referred to as a type of extrapelvic sciatic compression and has been linked to pain in the posterior gluteal region which can extend to the posterior thigh (3). Symptoms are often exacerbated by sitting for long periods, and patients often complain that they have buttock pain, tenderness and discomfort during activities or movement that increases piriformis muscle tension (4). Other symptoms can include paresthesia, numbness and pain down the distribution of the Sciatic nerve (5). Despite these advances, PS is a difficult clinical problem, as its clinical features are similar to those of lumbar radiculopathy and other causes of sciatica and there is no universal accepted diagnostic gold standard (6). Recent anatomical findings also have highlighted the possibility that some patients might have anatomic variations of the piriformis muscle and sciatic nerve relationship that may play a role in the pathophysiology of the condition, even though the clinical significance of these variations is not fully understood (7).

Professional driving is a job that involves sitting for long periods of time with limited postural changes and repetitive movements of the lower limbs (8). Drivers can be sitting in a car for several hours at a time and getting little to no breaks to change position. Constant sitting can put strain on the gluteal area and can actually cause muscle strain, lack of flexibility and mechanical stress on the hip and pelvis (9). Also, the driver has to keep his or her sitting position relatively fixed for a long time, while the accelerator, brake and clutch pedals are used repeatedly, requiring frequent movements of the lower limbs (10). Such job-related requirements may contribute to developing musculoskeletal symptoms of the lower back, buttocks, hips and lower extremities (11).

Several factors in the occupational environment may be present for professional drivers and can lead to musculoskeletal disorders. Common exposures while driving include long working hours, sitting for extended periods, insufficient rest breaks, whole body vibration, poor seating ergonomics, limited postures, and frequent repetition and use of pedals (9). Whole-body vibration through the vehicle seat could also place additional mechanical stress on the lumbar and pelvic areas especially for drivers who spend many hours driving on poor road surfaces or uneven roads (12). In addition, the improperly adjusted driver's seat can increase the flexion at the hip and lumbar spine and put additional strain on the buttock and back of the thigh (13). These can lead to muscular discomfort and fatigue and may even worsen symptoms of piriformis syndrome (14).

This link between increased sitting time and piriformis-related symptoms has also been seen in populations that are either occupational or sedentary (15). A study was carried out on 148 office workers who sit for longer time in Pakistan, and the prevalence of piriformis syndrome was 64.2% with 95 subjects having piriformis syndrome (16). Likewise, in a recent cross-sectional study conducted in Pakistan, 190 University students were enrolled and 61.1% of them were found to have piriformis syndrome, with factors associated with piriformis syndrome including prolonged sitting time and physical activity (17). While these populations are not professional drivers, the results of these studies show that sitting for long periods of time may be an occupational or lifestyle exposure that is relevant to piriformis-related symptoms.

Piriformis syndrome may have signs and symptoms like other musculoskeletal and neurological conditions that involve the lower back and lower limb. The pain spreading from the buttock may feel like it is spreading down the back of the thigh and may be confused with the pain of lumbar radiculopathy or other causes of irritation of the sciatic nerve (6). This clinical overlap can make piriformis syndrome hard to diagnose without examining the patient (18). Symptoms include pain in the buttock, tenderness at the greater sciatic notch, and worse pain with sitting and reproduction of pain with maneuvers that stretch the piriformis

muscle. Thus, clinical evaluation is crucial to making the best estimate of its prevalence in occupational groups (19).

There are several factors that could contribute to the development and severity of symptoms due to piriformis. These can be related to individual factors such as age, body mass index, level of physical fitness, flexibility, and past musculoskeletal issues and activity (20). Occupational factors may include hours of driving, length of job, frequency of rest breaks, type of vehicle, road condition, seating characteristics and whole body vibration exposure (21). The mechanical stress around the piriformis muscle and the sciatic nerve could be further aggravated by repetitive movements of the lower limbs, constant hip position and continuous pressure on the gluteal region. Sitting duration and physical activity were also associated with piriformis syndrome in the Pakistani university-student study, further validating that sitting time and activity levels should be considered when studying piriformis syndrome (22).

Professional drivers are an occupational group that has unique exposure to the prolonged sitting and to mechanical stresses related to the vehicle. Professional drivers such as taxi drivers, bus drivers, truck drivers and other commercial vehicle drivers can be spending significant parts of their workday sitting (23). The working conditions in which they operate may differ depending on the type of vehicle, length of trips, road conditions, work load, seat design and rest periods. These differences might affect the severity and development of musculoskeletal symptoms (24). Although current evidence indicates that piriformis syndrome-related symptoms are quite common in sedentary populations and recent evidence shows that this condition can also be prevalent in vehicle drivers, there is still limited research that has focused on the prevalence of piriformis syndrome and its effect on quality of life in the professional driving population (11).

Professional drivers in Pakistan operate in many different work situations, such as city driving, intercity driving, commercial and long-distance driving. Occupational physical demands may be greater due to traffic congestion, longer work hours, road conditions, vehicle ergonomics and

lack of opportunity for rest (14). While there have been studies on musculoskeletal complaints among drivers, relatively few have focused on disorders of the deep gluteal region (25). The available evidence from Pakistan showed relatively high frequencies of piriformis syndrome reported in sedentary population like 61.1% in university students, 64.2% in prolonged sitting office workers and preliminary evidence in vehicle drivers revealed 27% positive Piriformis Stretch Test. These results suggest there is a need for further research particularly among professional drivers (21).

The aim of the present study was to identify the prevalence of piriformis syndrome in professional drivers and evaluate its effect on the quality of life. Appropriate clinical assessment procedures will identify the presence of piriformis syndrome and a standardized assessment tool will be used to evaluate quality of life (26). Some demographic and occupational characteristics may also be selected to give a better understanding of factors associated with the condition. Evaluating not only the prevalence of piriformis syndrome but also the impact on quality of life will help determine the prevalence of piriformis-related symptoms on the day-to-day and work life of professional drivers (27).

Since piriformis syndrome can result in chronic buttock pain, sciatic-type symptoms and/or difficulty in prolonged sitting, it is important to know the prevalence of piriformis syndrome for a potentially underestimated occupational health issue among professional drivers. The results could contribute to raising awareness and understanding of correct seating, early physiotherapy assessment and management, regular movement breaks and stretching, workload management, and correct driving posture. Thus, the aim of this study is to find out the prevalence of piriformis syndrome amongst professional drivers and to see how it affects their quality of life.

Materials and Methods

The cross-sectional study design was employed to determine the prevalence of piriformis syndrome and the effect of piriformis syndrome on the quality of life in professional drivers. The study participants consisted of professional male

drivers in Rawalpindi and Islamabad, Pakistan, whose occupations involved taxi, ride-hail, and the trucking industry. Data collection was carried out at transport hubs and workplaces. After receiving ethical review committee approval, the study was conducted for six months.

The required sample size was determined using Raosoft® online sample size calculator which gave minimum required sample of 267 participants. The sampling technique that was used in this study was non-probability or convenience sampling. All male professional drivers working with light transport vehicles (LTVs), aged 25-45 years with a minimum professional driving experience of one year, and driving for 6-8 hours a day on 4-5 days per week were included in the study. Exclusion criteria included any participant who had sustained direct trauma to the hip or lower back, or tumors or any pain that involved major joints which could affect the driving activity or assessment procedure.

Upon getting the written informed consent, participants were screened based on the inclusion and exclusion criteria. A self-structured demographic questionnaire was used to gather demographic and occupational data. Piriformis syndrome was evaluated with a series of provocative clinical tests such as Seated Piriformis Stretch Test, Active Piriformis Test and Pace Test. Slump test was also done to help distinguish piriformis syndrome from lumbar radiculopathy/sciatic nerve related symptoms. To be classified as a participant with findings suggestive of piriformis syndrome, appropriate clinical assessment findings (specifically the Pace test) were required, along with the clinical presentation and the findings from the questionnaires.

Seated Piriformis Stretch Test: The participant was sitting on the edge of a couch with the hip flexed at about 90° with the knee extended. The test was performed to elicit symptoms of piriformis muscle irritation or involvement. The Pace Test was conducted with the individual

seated with resistance to hip abduction and external rotation provided by the examiner. Reproduction of the participant's familiar buttock or sciatic-region symptoms was deemed a positive finding. Acceptable clinical assessment included the Active Piriformis Test. The Slump Test was also performed in order to help determine if the symptoms were piriformis or lumbar radiculopathy.

The World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire was used to evaluate quality of life and the Numerical Pain Rating Scale (NPRS) was used to evaluate pain intensity. WHOQOL-BREF was used to assess the participants' perceived quality of life in the relevant domains of the instrument and the NPRS was used to measure the intensity of the pain. Assessments were all performed at one single time point, as the study was cross sectional. The information gathered was confidential, and used only for research purposes.

IBM SPSS Statistics version 27 was used to enter and analyze the data. Demographic, occupational, clinical, pain, and quality of life characteristics of the participants were summarized by using descriptive statistics. Measures of central tendency and dispersion were used for continuous variables and frequencies and percentages for categorical variables. The results were shown as tables and suitable graphical representations (charts and figures).

The study approval was obtained from the Ethical Review Committee of Margalla Institute of Health Sciences (MIHS). All participants signed a written informed consent prior to data collection. Participants were informed of the purpose of the study and of the procedures in the study and were given the right to ask questions or withdraw from the study at any time without any consequences. The data collected and the information of the participants were kept confidential during the study.

Results

Table 1. Demographic and occupational characteristics of participants

Variable	Category	n (%) / Mean ± SD
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Age (years)	—	38.9 ± 6.95
BMI (kg/m ²)	—	23.1 ± 14.3
Professional driving experience (years)	—	9.81 ± 5.35
BMI category	Underweight	2 (0.7)
	Normal	221 (82.8)
	Overweight	44 (16.5)
Other disease/comorbidity	Yes	15 (5.6)
	No	252 (94.4)
Type of vehicle	Manual	236 (88.4)
	Automatic	31 (11.6)
Driving hours/day	6–8 hours	192 (71.9)
	8–10 hours	66 (24.7)
	>10 hours	9 (3.4)
Driving days/week	3–4 days	34 (12.7)
	5–6 days	189 (70.8)
	7 days	44 (16.5)

Table 2. Buttock/hip pain and associated symptoms among professional drivers

Variable	Response	n (%)
Pain in hip/buttock region after prolonged driving	Yes	88 (33.0)
	No	179 (67.0)
Pain radiating down the leg	Yes	61 (22.8)
	No	206 (77.2)
Numbness/burning sensation in hip/leg	Yes	39 (14.6)
	No	228 (85.4)
Onset of pain after sitting	Before 30 minutes	11 (4.1)
	After 30 minutes	77 (28.8)
	No pain	179 (67.0)
Pain increased by pressing hip/buttock	Yes	57 (21.3)
	No	209 (78.3)
Temporary relief with hip/buttock stretching	Yes	49 (18.4)
	No	217 (81.3)
Pain during internal rotation of hip	Yes	46 (17.2)
	No	220 (82.4)
Previous physiotherapy consultation	Yes	18 (6.7)
	No	248 (92.9)

Table 3. Frequency of piriformis syndrome and pain intensity

Variable	Category	n (%)
Piriformis syndrome diagnosis	Yes	68 (25.5)
	No	199 (74.5)
Pain intensity (NPRS)	Mild	5 (7.4)
	Moderate	62 (91.2)
	Severe	1 (1.5)

Table 4. Quality-of-life scores across WHOQOL-BREF domains

WHOQOL-BREF domain	Mean $\pm$ SD	Overall category
Physical health	59.7 $\pm$ 9.6	Moderate
Psychological health	64.1 $\pm$ 9.1	Moderate
Social relations	66.4 $\pm$ 13.4	Moderate
Environment	58.9 $\pm$ 14.3	Moderate

Table 5. Association of pain intensity and piriformis syndrome with quality-of-life domains

Independent variable	Quality-of-life domain	χ^2	p-value
NPRS	Physical health	271.05	<0.001
NPRS	Psychological health	276.21	<0.001
NPRS	Social relations	276.21	<0.001
NPRS	Environment	287.39	<0.001
Piriformis syndrome diagnosis	Physical health	267.00	<0.001
Piriformis syndrome diagnosis	Psychological health	267.00	<0.001
Piriformis syndrome diagnosis	Social relations	267.00	<0.001
Piriformis syndrome diagnosis	Environment	267.00	<0.001

Table 1 shows the demographic and occupation of the 267 professional drivers. The mean age of the participants was 38.9 ± 6.95 years, while the mean BMI was 23.1 ± 14.3 kg/m². The average experience in professional driving was 9.81 ± 5.35 years. The majority of the participants were normal BMI (82.8%), followed by overweight (16.5%) and underweight (0.7%). Most of drivers reported driving for 6 to 8 hours a day (71.9%) and most drivers operated manual vehicles (88.4%). The vast majority of participants drove 5-6 days a week (70.8%) and 5.6% had another disease or comorbid condition.

Table 2 shows the prevalence of hip/buttock pain and symptoms among professional drivers. 33% of the subjects (33.0%) complained of hip or buttock discomfort due to prolonged driving. Twenty two per cent (22.8%) reported pain that ran down their leg and 14.6% reported numbness and/or burning sensations in the hip or leg. Twenty-eight point eight per cent of participants reported pain which occurred after more than 30 minutes of sitting. In addition, 21.3% said that they had more pain when pressing over the hip or buttock region, while 18.4% said that they had some relief after stretching. 17.2% complained of pain with internal rotation of the hip. A small proportion (6.7%) had previously had a consultation with a physiotherapist.

The frequency of clinically assessed piriformis syndrome and pain intensity for the participants are shown in Table 3. Sixty-eight participants (25.5%) had clinical findings suggestive of piriformis syndrome, while 199 participants (74.5%) did not meet the study criteria. Of the participants who reported pain, most had moderate pain (91.2%), 7.4% had mild pain and 1.5% had severe pain.

The quality of life of the participants in the four domains of the WHOQOL-BREF is shown in Table 4. The mean score was 59.7 ± 9.6 for physical health, 64.1 ± 9.1 for psychological health, 66.4 ± 13.4 for social relations, and 58.9 ± 14.3 for environmental health. The results in general showed moderate quality of life of the participants in the domains measured, with the highest mean score in the domain of social relations and the lowest in the domain of environment.

Table 5 shows the association of pain intensity, diagnosis of piriformis syndrome and four WHOQOL-BREF domains. Pain intensity demonstrated statistically significant associations with physical health ($\chi^2 = 271.05$, $p < 0.001$), psychological health ($\chi^2 = 276.21$, $p < 0.001$), social relations ($\chi^2 = 276.21$, $p < 0.001$), and environmental health ($\chi^2 = 287.39$, $p < 0.001$). Likewise, there were significant associations between piriformis syndrome diagnosis and physical health, psychological and social health as well as environmental health (χ^2

= 267.00, $p < 0.001$ for each health). Both the presence of pain/piriformis syndrome and quality of life outcomes were shown to have a statistically significant relationship among professional drivers.

Discussion

The present study was to find out the prevalence of piriformis syndrome and its relationship with quality of life in professional drivers of Rawalpindi and Islamabad. Of the 267, 68 (25.5%) had clinical findings suggestive of piriformis syndrome. Moreover, 33.0% complained of hip or buttock pain following prolonged driving, 22.8% complained of pain down the leg and 14.6% complained of numbness or burning in the hip or leg. The results suggest that symptoms in the buttock and lower limb are not uncommon in professional drivers and could be a significant musculoskeletal occupational issue.

The age of the participants ranged from a mean age of 38.9 ± 6.95 years with a mean of 9.81 ± 5.35 years of professional driving experience. The majority of participants worked 6-8 hours a day, 5-6 days a week as drivers. Buttock and deep-gluteal symptoms could be related to the long duration spent sitting while driving. Prolonged sitting is often referred to as an aggravating factor in piriformis syndrome, and four important clinical features have been identified in the systematic review evidence: buttock pain, pain aggravated by sitting, external tenderness and pain during maneuvers that increase piriformis muscle tension (19).

A finding I believe is particularly relevant - 33.0% reported experiencing hip or buttock pain after extended periods of driving. The gluteal region is large and under constant pressure when seated and the hip is fairly flexed for long periods. Sitting-related aggravation has been a consistent feature reported in previous literature and has been included as one of the key features of piriformis syndrome. Buttock pain and sitting made the symptoms worse were two of the most common clinical features described in the literature (19). Recent studies in the field of occupations have also documented the connection between piriformis syndrome and excessive sitting. In 2025, a cross-sectional study of tailoring professionals

revealed a prevalence of piriformis syndrome of 26.4% and a significant association between piriformis syndrome and longer duration of continuous sitting (28). This prevalence is remarkably close to the 25.5% observed in the present study, although differences in occupational population, diagnostic criteria, and sampling procedures should be considered when comparing the findings.

In the present study, 22.8% of the drivers complained of pain that radiated down the leg and 14.6% complained of numbness and burning sensations. These symptoms are characteristic of the clinical picture of piriformis syndrome because the sciatic nerve may be irritated or compressed in the deep gluteal region resulting in buttock pain with distal symptoms. In addition, piriformis syndrome is now considered as a potential mimic of lumbar origin sciatica and can radiate from the buttock to the lower extremity and sometimes include numbness or tingling (29). But these symptoms don't only appear in piriformis syndrome and may be seen in lumbar radiculopathy and other syndromes. So, the application of Slump Test in the present study to help in differential assessment was clinically appropriate.

The prevalence of 25.5% in the current study is also similar to those of other occupational groups reported. In 2024, a study conducted among prolonged sitting office workers in Pakistan revealed that 64.2% of them experienced piriformis syndrome (16). The much greater prevalence in that study, however, might be due to the different study population, participant characteristics, symptom-based definition and assessment method. In the same way, in 2026, the researchers used several clinical tests for piriformis to determine the positivity rate of the tests in the group of factory workers, and they also measured the quality of life using a quality of life questionnaire and found that the quality of life scores were lower, especially for bodily pain and physical-role limitations (26). The comparisons indicate that chronic sitting in the workplace may be a factor in piriformis-related symptoms, but prevalence estimates should not be compared unless taking into account differences in diagnostic approaches.

In the present study, clinical assessment comprised of Seated Piriformis Stretch Test, Active Piriformis Test, Pace Test along with Slump Test for differential assessment. Multiple clinical findings were used as there is no single diagnostic test for piriformis syndrome that is universally accepted. According to the systematic review by Hopayian et al., there were several clinical features and provocative maneuvers to include: Pace test, FAIR test, Freiberg test and pain aggravated by sitting (19). Another systematic review more recently confirmed that buttock pain, aggravation by sitting, external tenderness and pain with maneuvers that increase piriformis muscle tension are typical characteristics, but also pointed out that the discriminative validity of individual clinical tests is still unclear (30). So the 25.5% result in this study should best be interpreted as the number of participants with clinical changes, suggestive of piriformis syndrome, not as the prevalence of the disease. The present study also revealed that 91.2% of the subjects who reported pain stated that they were suffering with moderate pain, 7.4% stated that they were suffering with mild pain and 1.5% stated that they were suffering with severe pain. Although severe pain was a relatively rare symptom, the majority of pain was moderate, which suggests that the pain experienced by the people who were driving was enough to interfere with sitting for long periods of time and working. These symptoms can be provoked repeatedly in professional drivers, as they sit for a long time. A 2026 occupational study of factory workers also reported significant pain-related disability and decreased quality of life in workers who had piriformis-related clinical findings (26).

Another significant result was that physiotherapy services were not used to the greatest possible extent. Although 33.0% of the participants indicated that they experienced hip or buttock pain following prolonged driving, only 6.7% had been seen by a physiotherapist prior to the onset of pain. The use of painkillers was noted more often than physiotherapy or exercise as a way to reduce symptoms. This could indicate that the rehabilitation services are not being used by professional drivers. Conservative management of occupational

musculoskeletal problems can be achieved through education, ergonomic modification, exercise, stretching and appropriate physiotherapy assessment. First-line treatment for piriformis syndrome is conservative treatment and physical therapy (29).

The mean score for WHOQOL-BREF physical health scale was 59.7 ± 9.6 , psychological health was 64.1 ± 9.1 , social relations was 66.4 ± 13.4 , and environmental health was 58.9 ± 14.3 . The social relations domain had the highest mean score while the lowest score was observed in the environmental domain. These results show that there were not uniform effects on the quality of life for the participants in all areas. Factors such as occupational conditions, extended working hours, physical discomfort and restricted opportunities for movement may mean that physical and environmental well-being are perceived less well.

In the current study, statistically significant relationships were found between pain intensity and each of the four WHOQOL-BREF domains. There were significant associations between pain and physical health, psychological health, social relations and environment health ($p < 0.001$). This is in line with studies in the literature showing that musculoskeletal pain can have effects beyond physical pain, including psychological, social and functional. A recent Pakistani study that focused on prolonged sitting office workers also explored the relationship between piriformis syndrome, physical activity, and quality of life, and pointed towards the possible multi-dimensional impact of piriformis syndrome (16).

It is clinically comprehensible that there is an association between pain and physical quality of life as buttock and lower limb pain can disrupt sitting, walking, moving, sleeping, and working. Persistent or recurrent pain can also have an impact on psychological facets of quality of life. Symptoms may lead to less social participation due to the reduced ability to participate in recreation or greater fatigue after longer work periods. The above relationships should, however, be viewed as associations, given the cross-sectional design of the present investigation.

Of particular interest was the statistically significant link between diagnosis of piriformis

syndrome and all four domains of quality of life. Significant associations were found among the participants with piriformis syndrome and physical health, psychological health, social relations and environmental quality of life ($p < 0.001$). This helps support the hypothesis that symptoms associated with piriformis may not only be localized but may also impact the overall quality of life. A comparable study on occupations has found that those experiencing symptoms of piriformis have a diminished quality of life. A 2026 study of factory workers specifically found that those who had the clinical findings of piriformis syndrome had low scores for bodily pain and physical-role limitations on their quality of life surveys (26). The link to physical health is probably the most obvious one, since the symptoms of piriformis may make it difficult to sit, walk or engage in other physical activities for a long period. The psychological and social associations may be a secondary response to the recurrent pain and occupational limitation. However, it is crucial to not exaggerate these results. The present study did not conclude that piriformis syndrome alone reduced the quality of life as potential confounding factors like physical activity or work stress, sleep or seat ergonomics, previous musculoskeletal disorders, and psychosocial characteristics were not adequately controlled. The results are of significance for occupational physiotherapy and preventive health care. As nearly one-quarter of the drivers in this study had clinical findings that indicated piriformis syndrome, early screening of buttock and hip symptoms may be beneficial for professional drivers. Workplace measures could include frequent breaks for movement, providing adequate seat adjustment, avoiding over long periods of sitting without breaks, stretching and strengthening exercises, education in ergonomics and early referral to physiotherapy for persistent symptoms. There is evidence from occupational groups to show that extended sitting is an important issue and that it should be addressed, but there are not yet intervention studies that have been conducted specifically for professional drivers (28).

Conclusion

The prevalence of piriformis syndrome among professional drivers was estimated to be 25.5% in this study, a significant number of workers in this profession. However, buttock/hip pain with associated radiating symptoms were also frequently reported after prolonged driving. There was a significant correlation between Piriformis syndrome and pain intensity in the physical, psychological, social and environmental aspects of quality of life. These results indicate the need for early detection, education of ergonomic and management of physiotherapy in professional drivers.

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