Section: Aesthetics & Prosthetics

Original Research Article

ASSOCIATION BETWEEN BACK POCKET WALLET HABIT AND SCIATICA AMONG KFUEIT UNIVERSITY STUDENTS

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ABSTRACT

Background: University students frequently suffer from musculoskeletal conditions including sciatica and low back pain, particularly as a result of their sedentary lifestyle, extended periods of sitting, and bad ergonomic habits. But there are a lot of other things that might lead to sciatica, such the habit of keeping a wallet in one's back pocket when seated. Often, this is not taken into account. **Objective:** The purpose of this study is to evaluate the association between sciatica hazards and the practice of carrying a wallet in the rear pocket among students at Khwaja, Fareed University of Engineering as well as Information Technology (KFUEIT). **Materials and Methods:** 150 college students participated in a cross-sectional survey research that collected data using a methodical questionnaire. The data was statistically analyzed using SPSS version 27. Chi-square tests were employed to ascertain the correlation between the variables. The descriptive statistical method was used to ascertain the frequencies and percentages of the variables. **Results:** The results showed that a significant percentage of people consistently carried an electronic wallet in their back pocket. Furthermore, the habit of keeping a wallet in a back pocket has been found to be statistically correlated with low back pain. Furthermore, there is a strong link between the habit of carrying an account and pain that spreads to the buttocks or leg. Furthermore, there exists no statistically significant connection between the daily amount of time spent sitting and the practice of carrying a wallet in the back pocket. **Conclusion:** According to the study's findings, university students' tendency to carry a wallet in their back pocket may be a contributing cause to low back discomfort and sciatica-related symptoms.

INTRODUCTION

The medical literature has long acknowledged sciatica. It is described as discomfort that travels along the spinal cord from the glutes. Nonetheless, the term has been employed imprecisely to refer to any lower back and leg pain.(Zafonte and Ropper, 2015). The Greek word ischias, which was employed to describe hip or thigh pain, is where the word "sciatica" originates.(Clegg, Siddiq, and others, 2020). It is thought that sciatica is brought on by irritation and constriction of the sciatic nerve's nerve roots, which come from the L4 to S3 spinal levels. Sciatica was once believed to be caused by compressive forces of the nerve roots.(Clegg, Siddiq, and others, 2020). The deep gluteal region contains the pear-shaped skeletal muscle known as the piriformis. In the pelvic region, it connects to the front edge of the longitudinal process of the subsequent through fifth sacral vertebrae. It meets the top edge of the higher trochanter of a femur after laterally passing through the larger sciatic notch. This tendon is often connected to the gemelli muscles and the obturator in the internus tendon. It helps with hip joint abduction and extension and acts as the hip joint's external rotator.(Ali Khan as well as others, 2024). In the condition known as piriformis syndrome (PS), a condition that affects that can cause discomfort from the buttocks toward the lower limb, the piriformis muscle in the gluteal region compress and irritate the sciatic nerve. Because it mirrors symptoms of other disorders that cause lower back pain, like spinal disc enlargement, normal radiculopathy, an or sacroiliac ligament soreness, the condition is frequently ignored and misdiagnosed. According to studies, 6-7% of persons with low back

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discomfort truly exhibit piriformis syndrome symptoms. Six to eight percent of sciatica cases are caused by piriformis syndrome, a disorder that is more common in women than in males and has an incidence rate of 0.2% to 25% in the general population. Myofascial discomfort, anatomical variance, piriformis muscle hypertrophy, and damage to the pelvis and gluteal regions are some of the intrinsic causes of the syndrome.(Khan, Ali, et al., 2024). Additionally, it has been observed that girls are more likely than males to have the condition, which may be explained by anatomical factors such as the fact that females have a more acute quadriceps femoris inclination of the pelvis (Mughal, Ahmad et al. 2020). Long periods of sitting and a sedentary lifestyle are thought to be the main causes of sciatic nerve inflammation and piriformis muscle tightness. Due to poor sitting routines, poor ergonomics, as well as poor body mechanics, people whose jobs require them to sit for extended periods of time—such as bankers and office workers—may be more prone to piriformis muscle syndrome. This can result in increased stress on the gluteal and lower back muscles, which can cause musculoskeletal discomfort and pain that may be linked to piriformis syndrome (Mughal, Ahmad et al. 2020). Lumbar spinal stenosis, piriformis syndrome, and intervertebral disc herniation are common causes (Bernstein, Malik et al. 2017). According to epidemiological research, between 9.9 and 25 percent of people experience low back discomfort with leg pain below the knee each year (Napoli, Alfieri et al. 2020). The importance of sciatica in neuromuscular healthcare practice is further highlighted by the fact that nearly two-thirds of patients seeking primary medical care for back pain also have leg discomfort. (Stynes, Konstantinou, and others, 2018). Because sciatica affects healthcare services, productivity among employees, and overall quality of life, it is also regarded as a major worldwide health concern. For instance, direct healthcare expenses for sciatica in the UK are expected to be over £500 million a year, while indirect costs—such as those resulting from missed work and lower productivity—are predicted to be around €4 billion (Parreira, Maher et al. 2018). It has been demonstrated that different groups have varying lifetime prevalences of sciatica, and research indicates that over 30% of patients still have clinically significant symptoms a year after the ailment first manifests. This indicates once more that the illness has the ability to grow into chronic and that it is important to comprehend the elements that lead to its development.(Malik, Bernstein, et al. 2017).

In the context of elderly patients, studies on the condition have also shown other associations with lifestyle factors. In a study conducted on elderly men in Sweden, it was observed that those experiencing low back pain along with sciatica were more likely to experience poor self-rated health, depression, comorbid diseases, smoking habits, and physical inactivity compared to those without back pain(Kherad, Rosengren et al. 2017). The results of these findings indicate that sciatica cannot be caused by structural abnormalities only, and there is a significant role of social and lifestyle factors in the development of sciatica. A comprehensive umbrella review of risk factors for sciatica found several risk factors for sciatica, including previous episodes of low back pain, increasing age, obesity, smoking, occupational mechanical stress, and so forth (Parreira, Maher et al. 2018). The risk of sciatica has been found to be increased due to physical workload factors such as prolonged sitting, repetitive trunk flexion, twisting, and prolonged driving times

According to Kim, van Rijn, et al. (2018), lumbar spinal disc herniation is the leading pathological cause of radiating pain and sciatica overall. This condition is also a leading source of spinal disorders requiring surgery. In 5–15% of cases of low back pain, herniated discs in the spine are the primary culprits behind sciatica (Kim, van Rijn et al. 2018). Among the many possible origins of sciatica, piriformis syndrome is an underappreciated cause of nerve compression. Piriformis syndrome occurs when the deep gluteal piriformis muscle compresses or presses against the sciatic nerve. Deep within the gluteal area lies the piriformis muscle. It enters the femur at the greater trochanter after beginning at the entrance of the sacrum. The piriformis is an external rotator when the hip is stretched and an abductor when the hip is bent. Since the sciatic nerve runs beneath the piriformis muscle, any abnormality in its tension, hypertrophy, which or spasm might impinge on the nerve, producing feelings comparable to sciatica.In 2018, Mubashir and colleagues found... a clinical diagnosing model constructed from data collected from health care patients presenting with low back pain and leg pain simultaneously. Important factors identified by their model as predictors of sciatica include back pain being less severe than leg pain, neurological abnormalities, positive neural tests of stress, and pain extending below the knee. The diagnostic model demonstrated strong predictive capabilities with an area under receiver s operating distinctive curve (AUC) of 0.95, solely built around clinical examination (Konstantinou Stynes et al. 2018). Starting on the front of the sacrum, the piriformis muscle inserts on the greater trochanter of the femur. Since the sciatic nerve normally passes under and, in some instances, through the fibers of this muscle, abnormalities within muscular spasm, hypertrophy, or elevated tone can cause sciatic irritation of the nerve and neuropathic symptoms, the hip joint muscle acts as an external rotator when stretched and an abductor when contracted (Mubashir, Arif, et al, 2018).In 2025, Azam, Batool, as well as others published. The percentage of sciatica patients diagnosed with piriformis syndrome ranges from 5% to 36%. The actual number of individuals affected by piriformis syndrome is difficult to determine due to under- and misdiagnosis.In 2018, Mubashir and colleagues found...The condition is also closely linked to postural anomalies, mechanical repetition, prolonged

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sitting, and muscular imbalances in the pelvic and hip areas.In recent years, there has been a growing concern about young adult groups, especially university students, who are considered to be a potential group that may suffer from musculoskeletal disorders due to sitting behavior. In academic settings, students are required to engage in prolonged sitting behavior when attending lectures, reading, writing, and using computer devices. Such activities require prolonged static postures and poor ergonomic settings that may lead to musculoskeletal discomfort and nerve compression syndromes (Batool, Azam et al. 2025). Research has revealed that prolonged sitting, i.e., beyond seven hours a day, increases the possibility of piriformis syndrome and sciatic pain in university students.

One of several behavioral and mechanical variables that may lead to sciatic nerve compression is the practice of always having one's wallet on hand, which has lately gained a lot of attention in the clinical literature. Some people have "fat wallet syndrome" or "wallet sciatica" when they sit in their wallet, this is usually kept in the back pocket of their pants. Due to the wallet's uneven pressure, the sciatic nerve, which and piriformis muscle are crushed when it's in the gluteal area (Mubashir, Arif et al. 2018). This could lead to localized inflammatory reactions, dysfunctional muscles, and neuropathy pain that follows the path of the sciatic nerve. These findings imply that rigorous clinical examination may aid in the identification of sciatica in both research and clinical contexts.

Although numerous scientific studies have focused on various structural and occupational factors associated with sciatica, few investigations have explored various behavioral habits that may contribute to sciatic nerve irritation, particularly in younger populations. University students may represent a population group that is increasingly exposed to prolonged sitting during lectures and studying, as well as excessive use of electronic devices.

One of the behaviors that may contribute to sciatic nerve irritation and that has not received sufficient scientific investigation is related to the placement of a wallet in the back pocket of pants while sitting. This may eventually result in asymmetric pelvic position and direct compression of the gluteal region soft tissues, including the piriformis muscle and its associated sciatic nerve. This compression may result in local inflammatory reactions and pain in the sciatic nerve distribution, referred to as “wallet sciatica” and “fat wallet syndrome.” However, despite the theoretical plausibility of such a mechanism, few empirical studies have been conducted to investigate the link between the use of the wallet in the back pocket and the development of sciatica. Moreover, no such studies have been done to investigate the link between the use of the wallet in the back pocket and the development of sciatica among university students in Pakistan, including students at Khwaja Fareed University of Engineering and Information Technology (KFUEIT) Rahim Yar Khan. This is particularly important because the prevalence of sedentary habits is high among students, and the identification of such a potential risk factor may lead to the development of preventive measures against the development of sciatica.

The purpose of the present study is to investigate the link between the use of the wallet in the back pocket and the development of sciatica among university students in KFUEIT, while taking into account additional factors such as sitting, posture, physical activity, and anthropometric factors.

MATERIALS AND METHODS

The research was cross-sectional. The Rahim Yar Khan-based Khwaja Fareed the University of Engineering and Information Technology was the site of the study. Four (4) months was the length of this research. A straightforward sampling procedure was used to gather samples from 150 patients. Qualifications for inclusion included students enrolled at Khwaja Fareed College of Engineering and Information Technology! People in their twenties into their thirties. Enrollees, both male and female. The student is currently or has previously been found with a wallet to their rear pocket. Students' openness to participate and provide informed permission. Spine surgeries, trauma, or birth defects were all grounds for exclusion. Neurological disease diagnosis (MS, disc collapse with pathology, etc.). Major musculoskeletal issues unrelated to carrying a wallet. Those who opted out of participating in the research. Those who did not fill out the questionnaire completely.

Data Analysis Procedure: The data was investigated using SPSS version 27, which is a statistical package for the social sciences. The results were presented as "Mean + SD." for continuous variables, such as age and sitting duration. Results for categorical variables (such as gender, sciatica symptoms, and pocketbook habit) were presented as "Number + Percent." To determine whether there is a correlation between carrying a wallet in one's back pocket and experiencing sciatica symptoms, the test of Chi-square was employed. To compare the values in two groups, an independent t-test was used.

RESULTS

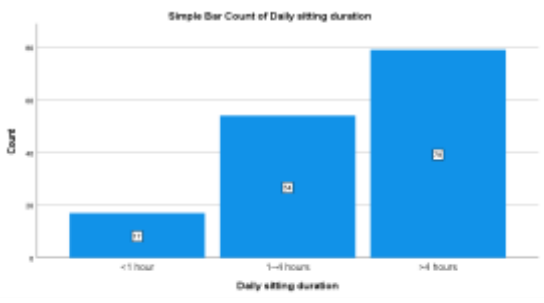

Figure 4.5: Daily sitting duration

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It is evident from Fig 4.5 that the distribution of participants based on their daily sitting time. It is found that participants' response is divided into three parts: less than 1 hour, 1 to 4 hours, and more than 4 hours. Then frequencies and percentages were calculated.

It is found that out of 150 participants, 17 participants (11.3%) were sitting less than 1 hour a day, 54 participants (36.0%) were sitting 1 to 4 hours a day, and the majority of participants, 79 participants (52.7%), were sitting more than 4 hours a day. It is found that musculoskeletal discomfort may be caused by sitting more time a day among university students, and it may lead to low back pain or sciatica.

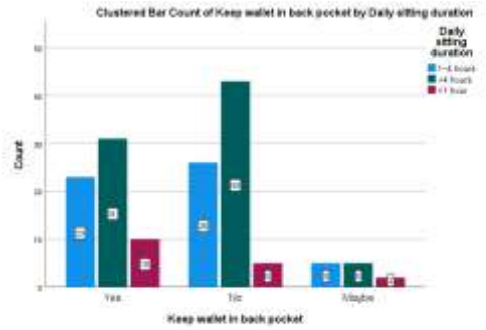
Table 1: Association between wallet habit and daily sitting duration

Keep wallet in back pocket * Daily sitting duration Cross tabulation									
		Daily sitting duration						Total	
		1–4 hours		>4 hours		<1 hour			
		N	%	N	%	N	%	N	%
Keep wallet in back pocket	Yes	23	42.60%	31	39.20%	10	58.80%	64	42.70%
	No	26	48.10%	43	54.40%	5	29.40%	74	49.30%
	Maybe	5	9.30%	5	6.30%	2	11.80%	12	8.00%
Total		54	100.00%	79	100.00%	17	100.00%	150	100.00%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.740[a]	4	.442
Likelihood Ratio	3.833	4	.429
Linear-by-Linear Association	.332	1	.565
N of Valid Cases	150		
a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.36.			

University students' propensity to carry their wallets in their back pockets and the amount of time spent sitting each day were the subjects of a cross-tabulation study, the findings of which are displayed in the table. The results showed that among students who always carried their wallets in their back pockets, 42.6% sat for 1–4 hours, 39.2% for over four hours, and 58.8% for less than 1 hour. Similarly, out of all the students who didn't stow their wallets in their back pockets, 48.1% sat for 1–4 hours, 54.4% for over four hours in total, and 29.4% for one hour or less in total.

There was no significant correlation between the behavior of putting the wallet in the rear pocket and the amount of time spent sitting each day, as shown by Chi-square test results ($\chi^2 = 3.740$, $p = 0.442$). This suggests that there was no statistically significant correlation between the amount of time individuals spent sitting each day and their propensity to carry their wallets in their back pockets.



4.6: Association between back pocket wallet habit and daily sitting duration.

The clustered bar chart shows the distribution of students based on their daily sitting duration concerning the habit of keeping a wallet in the back pocket. Based on the results, the majority of the students reported sitting for more than four hours, followed by those who said they sat for one to four hours, and then those who said they sat for less than one hour. For the students who said they had their wallet in the back pocket, the majority said they had been sitting for more than four hours, followed by those who said they had been sitting for one to four hours, and then those who said they had been sitting for less than one hour.

However, students who said they did not keep their wallet in the back pocket were also distributed across the categories of sitting duration. The graphical representation shows the habit of keeping the wallet in the back pocket among students with different sitting durations.

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Table 1: Association between back pocket wallet habit and the LBP

Keep wallet in back pocket * Low Back Pain(LBP) Cross tabulation									
		Low Back Pain(LBP)						Total	
		Yes		No		Maybe			
		N	%	N	%	N	%	N	%
Keep wallet in back pocket	Yes	31	50.8%	18	29.0%	15	55.6%	64	42.7%
	No	28	45.9%	37	59.7%	9	33.3%	74	49.3%
	Maybe	2	3.3%	7	11.3%	3	11.1%	12	8.0%
Total		61	100.0%	62	100.0%	27	100.0%	150	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.460[a]	4	.033
Likelihood Ratio	11.118	4	.025
Linear-by-Linear Association	.870	1	.351
N of Valid Cases	150		
a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is 2.16.			

The observation of low back discomfort among the participants was correlated with the habit to carrying a fanny pack in the back pocket, as shown in the table. While 29.0% of participants reported little discomfort and 55.6% said they might feel the pain, 50.8% said they had low back pain while holding a wallet in their back pocket. Although 59.7 percent said they didn't have any back pain and 33.3 percent said they might experience some discomfort, 45.9 percent said they did, among people who didn't have a wallet in their back pocket.

According to the Chi-square test, university students who often carry their wallets in their back pockets are more likely to experience low back pain ($\chi^2 = 10.460$, $p = 0.033$). It appears that there is a correlation between university students experiencing low back pain and having a wallet in their back pocket.

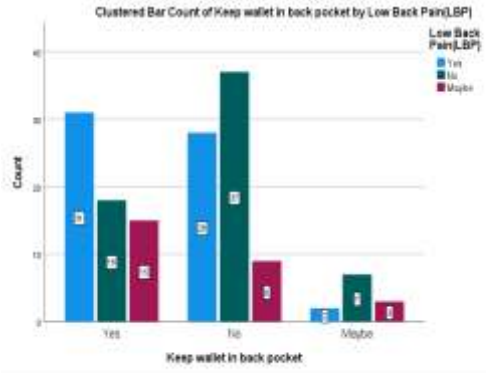

Figure 4.7: Association between back pocket wallet habit and the LBP

This clustered bar chart shows how many college students suffer from low back pain and how often they carry their wallets in their back pockets. Most college students who said they carried a wallet in their back pocket also said they had low back pain, as seen in the graph. Having said that, it is also clear that a higher proportion of college students who hadn't got their wallets stashed in their back pockets reported no low back pain. For all categories, fewer university students who said maybe were observed.

Keep wallet in back pocket * Pain radiating to buttock or leg Cross tabulation									
		Pain radiating to buttock or leg						Total	
		Yes		No		Maybe			
		N	%	N	%	N	%	N	%
Keep wallet in back pocket	Yes	35	64.8%	21	28.0%	8	38.1%	64	42.7%
	No	17	31.5%	48	64.0%	9	42.9%	74	49.3%
	Maybe	2	3.7%	6	8.0%	4	19.0%	12	8.0%
Total		54	100.0%	75	100.0%	21	100.0%	150	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	21.479[a]	4	.000
Likelihood Ratio	20.805	4	.000
Linear-by-Linear Association	11.699	1	.001
N of Valid Cases	150		
a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.68.			

Back pain that travels down the leg or buttocks is associated with this wallet behavior, as seen in the table. Results show that among those who often carry their wallets in their back pockets, 64.8% report pain that spreads to their buttocks or legs, 28.0% report no such pain, and 38.1% say they might have such pain.

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Thirteen percent of people who don't normally carry their wallets in their back pockets report buttock or leg pain, sixty-four percent report no such pain, and forty-two percent say they might have such pain.
Pain that spreads to the buttocks or legs, as demonstrated by a highly considered statistically significant association between the practice of carrying a wallet in one's back pocket and $\chi^2 = 21.479$, $p < 0.001$, according to the Chi-square test. This proves that carrying a wallet in one's back pocket is associated with an increased risk of sciatica in college students.

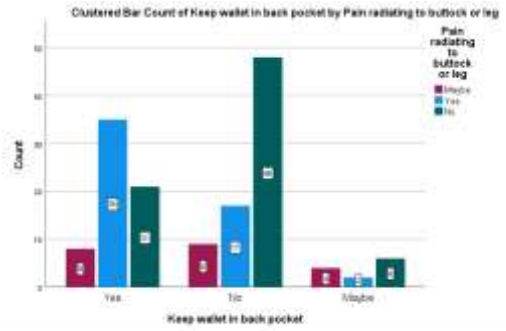

Figure 4.8: Association between the back-pocket wallet habit and radiating pain.

The clustered bar chart indicates the correlation between the habit of carrying a wallet in the back pocket and the experience of pain radiating towards the buttock or the leg. The graph indicates that the majority of students who experienced the habit of carrying a wallet in the back pocket also experienced radiating pain. Conversely, the majority of students who did not carry a wallet in the back pocket did not experience the absence of radiating pain. A few students experienced the feeling of uncertainty with regard to the symptom.

DISCUSSION

The present study set out to investigate whether or not KFUEIT students who frequently carry their wallets in their back pockets are more likely to suffer from sciatica as well as low back discomfort. The present study's findings corroborate previous findings that link the practice to an increased risk of musculoskeletal pain. Among the noteworthy discoveries made by the present study is the correlation between the frequency of low back discomfort and the practice of carrying one's wallet in one's back pocket. Compared to students who did not routinely carry their wallets in their back pockets, those who did so reported a higher incidence of low back pain. Evidence for this can be found in the prevalence of conditions like "fat wallet syndrome" or "wallet neuritis," in which sitting on a wallet causes chronic pressure on the sciatic nerve, which in turn compresses the piriformis muscle and causes pain in the area of the gluteus and lower extremities of the body (Chahal, Malhotra et al. 2018). According to biomechanical research (Martins, Marques et al., 2017), an uneven pressure point could cause stress on gluteal muscles, which and other tissues, as well as disrupt appropriate pelvic alignment.In addition, the present research demonstrated a strong correlation between the practice of always having one's wallet on hand and back pain that spreads to the buttocks or legs. An irritated sciatic nerve can cause radiating pain, which is a common sign of piriformis syndrome. This strong correlation is likely explained by the fact that the piriformis & sciatic nerves are anatomically connected. The sciatic nerve typically makes its way beneath the piriformis muscle. Muscle strain, inflammation, or increased spasm in this area can irritate this nerve (Mubashir, Arif et al. 2018). Sitting upon a wallet all day long applies uneven pressure, which can irritate the muscles of the piriformis and lead to sciatic nerve problems. A "radical wallectomy" (Siddiq, Jahan et al. 2018) has been described based on clinical observations that patients' symptoms can be alleviated just by altering their habit of keeping a wallet inside the back pocket. Problems with diagnosis could occur because the symptoms resemble sciatica, which originates in the lumbar spine (Siddiq, Jahan et al. 2018).In such cases, the symptoms may be similar to sciatica, which results from the lumbar spine, and therefore diagnostic problems may arise (Siddiq, Jahan et al. 2018).Although prolonged sitting has been experienced by the participants, the study did not reveal any statistically significant correlation between the prolonged sitting and the wallet-carrying habit. This indicates that the wallet-carrying habit could be an independent factor in the causation of the symptoms experienced. However, the impact of prolonged sitting and poor posture cannot be ignored, and when the two factors are combined, the sciatic nerves could be irritated by the wallet in the back pocket(Mughal, Ahmad et al. 2020). This underlines the multi-factorial aspect of musculoskeletal disorders, where a particular behavior may contribute in conjunction with other factors.Some more context for the above findings may be drawn from more recent research conducted among university students in Pakistan. reported that university students in Peshawar experienced an average of 10.79 ± 3.12 hours of daily sitting time, indicating a highly sedentary lifestyle. Similarly,(Batool, Azam et al. 2025) reported that over 60% of health science students in Rawalpindi experienced piriformis syndrome, and a sitting time of over seven hours a day significantly increased the risk of developing piriformis syndrome. This shows that university students are at a high risk of being subjected to a prolonged period of sitting, which could exacerbate the effects of poor ergonomic practices like keeping a wallet in the back pocket.
Considered from a clinical standpoint, the signs of sciatica reported in this study are consistent with the diagnostic criteria for the condition. Numerous risk

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factors for sciatica have been found (Stynes, Konstantinou et al. 2018). These include leg pain that radiates, discomfort below the knee, abnormal results on neural stress tests, and neurological impairments. A university student population is clearly relevant for this study's relevance of sciatica symptoms. Additionally, prior research has shown that comprehensive clinical evaluations of sciatica can successfully detect symptoms of the condition even in the absence of easily accessible sophisticated imaging modalities (Bernstein, Malik et al. 2017).So, to sum up, it can be said that this study's results are consistent with previous research showing that certain habits, such having a wallet in another their own pockets, might lead to musculoskeletal pain among college students. In addition to putting undue strain on the glutes, sitting in this way can irritate the sciatic nerve and piriformis muscle. If we want to see fewer cases of back pain and sciatica among young people, we need to do more to encourage ergonomics and preventative practices among students.

CONCLUSION

The purpose of this research was to identify potential reasons why college students are more likely to experience sciatica when they often carry their wallets in their back pockets. Several aspects of daily living may aggravate sciatic nerve irritation and low back pain, according to the study's findings. Researchers found no correlation between sitting for long periods of time and having a wallet stashed in the rear pocket. University students often sat for lengthy periods of time as a result of their studies and other lifestyle choices; nevertheless, this had nothing to do with the practice of always having a wallet on hand. The results of this study indicate that low back pain is associated with having a wallet in one's back pocket. A higher percentage of pupils reporting low back pain comparison to those reporting no such pain were found to be carrying their wallets in their back pockets. In addition, carrying one's wallet in one's back pocket was strongly linked to radiated pain in the buttocks or limbs. It is well-known that structures like the piriformis muscle can irritate or compress the sciatic nerve, which can lead to radiating pain. Sitting with one's wallet in a posterior pocket may put uneven pressure across the gluteal region, which can create discomfort and signs associated with sciatica and low back pain, according to this study's overall results. Long periods of sitting were not appear to be significantly linked to the wallet habit, although it is possible that musculoskeletal diseases can result from a combination of poor ergonomic practices and extended periods of sitting. Therefore, it is advised that university students be educated on the importance of proper sitting postures & ergonomic practices. If you suffer from sciatica or low back discomfort, it may help to not put heavy items, such wallets, in your back pocket when you sit for lengthy periods of time.

Declaration of Conflicting Interest

The authors declare no conflict of interest regarding the publication of this research work.

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REFERENCES

1. Abu Bakar Siddiq, M., et al. (2023). Piriformis Syndrome: Epidemiology, Clinical features, Diagnosis, and Treatment. Piriformis Syndrome, Springer: 75-87.
2. Akhaddar, A. (2024). Deep Gluteal Syndrome (Including Piriformis Syndrome). Atlas of Sciatica: Etiologies, Diagnosis, and Management, Springer: 947-954.
3. Ali, H., et al. (2024). "Prevalence of piriformis syndrome among prolonged sitting office workers and its effects on physical activity and quality of life." Journal of Rehabilitation and Clinical Research (JRCR): 30-33.
4. Baloh, R. W. (2018). What Causes Sciatica? Sciatica and Chronic Pain: Past, Present and Future, Springer: 19-32.
5. Batool, N., et al. (2025). "Prevalence of piriformis syndrome and its associated risk factors among university students in Pakistan: a cross-sectional study." BMJ open 15(1): e092383.
6. Bernstein, I. A., et al. (2017). "Low back pain and sciatica: summary of NICE guidance." Bmj 356.
7. Chahal, A., et al. (2018). "Fat Wallet Syndrome: An Epidemic among Men." Health Sciences 7(11): 132-134.
8. Fatima, N., et al. (2025). "Prevalence of piriformis tightness and its impact on daily life activity among undergraduate university students." The Healer Journal of Physiotherapy and Rehabilitation Sciences 5(2): 283-288.
9. Gulzar, K., et al. (2022). "Prevalence of Piriformis Tightness in Sciatic Patients: Prevalence of Piriformis tightness in sciatic patients." Pakistan BioMedical Journal: 132-135.
10. Islam, F., et al. (2022). "Prevalence of piriformis muscle syndrome among individuals with low back pain: piriformis muscle syndrome among individuals with low back pain." Pakistan Journal of Health Sciences: 48-52.
11. Khan, R. S., et al. (2023). "A Cross-Sectional Study Concerning Piriformis Tightness: Identifying Predisposing Factors and its Association with Low Back Pain in Office Workers." International Health Review 3(2): 19-31.
12. Khan, R. S., et al. (2024). "Predisposing factors of Piriformis tightness and its association with low back pain in office workers-a cross sectional study." International Journal of Natural Medicine and Health Sciences 3(2): 20-25.
13. Kherad, M., et al. (2017). "Risk factors for low back pain and sciatica in elderly men—the MrOS Sweden study." Age and Ageing 46(1): 64-71.
14. Kim, J.-H., et al. (2018). "Diagnostic accuracy of diagnostic imaging for lumbar disc herniation in adults with low back pain or sciatica is unknown; a systematic review." Chiropractic & manual therapies 26(1): 37.
15. Lin, F. and W. He (2025). "Investigating the Causal Role of Neurotrophic Factors in Low Back Pain and Sciatica: A Mendelian Randomization Study." Current Medicinal Chemistry.
16. Martins, L., et al. (2017). The influence of wearing a wallet in your sitting posture—A quantitative study using an intelligent chair. 2017 IEEE 5th Portuguese Meeting on Bioengineering (ENBENG), IEEE.
17. Misirlioglu, T. O., et al. (2015). "Piriformis syndrome: comparison of the effectiveness of local anesthetic and corticosteroid injections: a double-blinded, randomized controlled study." Pain physician 18(2): 163.
18. Mubashir, M., et al. (2018). "Association of Low Back Pain with Piriformis Muscle Tightness in University Students: Low back Pain with Piriformis Muscles Tightness." Pakistan Journal of Physical Therapy (PJPT): 24-28.
19. Mughal, S., et al. (2020). "Prevalence of piriformis tightness due to long hours sitting among bankers of Faisalabad city." Independent Journal of Allied Health Sciences 3(01): 55-59.

ISSN (O): 2687-5365; ISSN (P): 2753-6556

20. Napoli, A., et al. (2020). "Pulsed radiofrequency for low-back pain and sciatica." Expert Review of Medical Devices 17(2): 83-86.
21. Othman, I. K., et al. (2020). "Risk factors associated with piriformis syndrome: A systematic review." Science, Engineering and Health Studies: 215-233.
22. Parreira, P., et al. (2018). "Risk factors for low back pain and sciatica: an umbrella review." The spine journal 18(9): 1715-1721.
23. Probst, D., et al. (2019). "Piriformis syndrome: a narrative review of the anatomy, diagnosis, and treatment." PM&R 11: S54-S63.
24. Ropper, A. H. and R. D. Zafonte (2015). "Sciatica." New England Journal of Medicine 372(13): 1240-1248.
25. Sharma, S., et al. (2023). "Looking beyond piriformis syndrome: is it really the piriformis?" Hip & pelvis 35(1): 1.
26. Siddiq, M. A., et al. (2018). "Wallet neuritis–an example of peripheral sensitization." Current rheumatology reviews 14(3): 279-283.
27. Siddiq, M. A. B., et al. (2020). "Extra-spinal sciatica and sciatica mimics: a scoping review." The Korean Journal of Pain 33(4): 305-317.
28. Son, B.-c., et al. (2015). "Decompression of the sciatic nerve entrapment caused by post-inflammatory scarring." Journal of Korean Neurosurgical Society 57(2): 123-126.
29. Stynes, S., et al. (2018). "Clinical diagnostic model for sciatica developed in primary care patients with low back-related leg pain." PLoS One 13(4): e0191852.
30. Vij, N., et al. (2021). "Surgical and non-surgical treatment options for piriformis syndrome: a literature review." Anesthesiology and Pain Medicine 11(1): e112825.
31. Warner, S., et al. (2018). "Prevalence of piriformis syndrome among university of Lahore male students." Rawal Medical Journal 43(2): 306-308.

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