

This week we are going to take a different direction in our discussion regarding injury and step over into a condition near the spine of a joint which is often referred to as the sacroiliac.

The sacroiliac joint is a large synovial joint which connects the ilium of the pelvis to the sacrum of the spine. This is a weight bearing joint which does become dysfunctional and does not have meaningful movement as all synovial joints do. If you reach back with your hand, make a fist and place it on the back of your hip, it will rest nearly on the sacroiliac joint. This joint is on the side of the pelvis but is often interpreted as a back injury. It is not technically a back injury, however, as it is part of the pelvis and it must be treated very specifically in order to effectively remediate its complaints. Typically patients with problems of the sacroiliac joint will have pain with standing and difficulty with spinal motion. Depending on the type of dysfunction the motions restricted are quite varied.

One of the most common problems of the sacroiliac joint is the iliosacral lesion, that is a lesion in which the ilium or wing of the pelvis is rotated on the sacrum. The wing of the pelvis can be rotated, flared or slipped in such a fashion that it creates dysfunctional movements at the joint. Treatment of the iliosacral lesion is specific to the direction of the dysfunction and is performed using a variety of manual manipulative techniques designed to correct these specific dysfunctions. Muscles are used often (muscle energy techniques) as well as manual manipulation (manual therapy) to correct the iliosacral lesion and restore normal function.

Another common condition of the sacroiliac joint is the sacroiliac disorder. This is a dysfunction of the sacrum on the ilium and on the spine in which the triangular sacral bone is rotated or diagonally fixated in such a way that it limits motion at both the sacroiliac joints and at the junction of the spine to the sacrum. This causes significant limitation in back motion, stiffness and discomfort. Both the sacroiliac and iliosacral lesions can set off a spasm in the external rotators and abductor muscles of the hip which can subsequently pinch the sciatic nerve and cause a false sciatica down the leg. The reason I call this "false" or pseudosciatica is that in order to distinguish this from primary sciatica which is the result of nerve root compression in the spine itself by disc narrowing, stenosis and other conditions. Pseudosciatica on the other hand can be easily treated by releasing the trigger points in the musculature of the buttock and by correcting the iliosacral or sacroiliac dysfunction.

If all of this isn't confusion enough, the symphysis pubis, the joint in the front of the pelvis can become locked at the same time as the sacroiliac joint and can cause groin pain and dysfunction of the front of the pelvis. This is also treated with manual manipulation.

As you can see, problems of the sacroiliac joint are numerous. It takes a skilled clinician to identify the direction and type of dysfunction present. Many patients are predisposed to sacroiliac dysfunction and this can be increased in it's frequency by hormones due to pregnancy, trauma, and repetitive motion.

For more information on the sacroiliac joint and the dysfunction associated with it, please do not hesitate to call the clinic for a no cost consultation. Thank you

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