

## How To Resolve Chronic Sacroiliac Joint Pain

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This is an educational webinar ONLY. It is not meant to diagnose and/or treat any conditions, nor does it substitute as medical care. Always seek the advice of your medical doctor before beginning any exercise or nutrition program. In other words, make good decisions.

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## Outcomes

- SIJ basics
- Movement tests for SIJ
- Problems associated with testing
- Movement aspects of SIJ and corrective approaches
- Q + A at the end!

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## Recognizing SIJ Dysfunction

- Tenderness directly over the PSIS region



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### Recognizing SIJ Dysfunction

- Band across lower back and upper glutes



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### Recognizing SIJ Dysfunction

- Forward bending
- Backward bending
- Sometimes side-bending and/or rotation

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### Referred Pain

- Always down, never up
- Distance can indicate severity



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### Testing

- Difficult!
- Visual diagnostics
- Provocation
- Injection of pain killers
- Combination of tests provide clues

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## Palpatory Illusions

**Elevated Ilium**



**Rotation**



On physical examination, pelvic markers may appear extremely asymmetrical during head turning, but on x-ray, there is no asymmetry. The only thing different is the practitioners thumbs. The effect appears to be related to the shifting of the soft tissues.

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## Joint Testing

- Manual approaches suffer same problems
- Correction confirms diagnosis?

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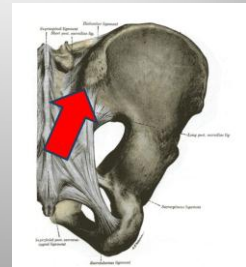
## Joint Tests 3/5

- Gaenslen
- FABER test
- ASIS distraction
- Sidelying sacral compression
- Femoral shear test

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## Richard DonTigny

- Tremendous amount of research
- 650 slides leading to:
- S3 subluxation



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## Simple Correction



<http://endyourbackpainnow.com/blog/cool-gif-image-for-sacroiliac-joint-mobilization-2/>

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## Anterior Pelvic Tilt

- Correlated with forward head posture
- Correlated with flat feet or no arches when standing



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## Over-Reliance on Manual Therapy

- Clinicians argue about corrections
- Focus more time on “quick fix” instead of teaching nervous system which requires effort
- Combination with focus on movement as SOON as possible

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## What About Muscles?

- No muscles directly move the SI joints
- They transfer forces across the joints, and therefore influence them indirectly
- Most commonly overlooked aspect of SI joint pain syndromes

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### Muscle Chains Concept

- Nothing in the body works in isolation
- Muscles work in coordinated chains to produce, reduce and stabilize forces
- Compensation! Ankle sprain?

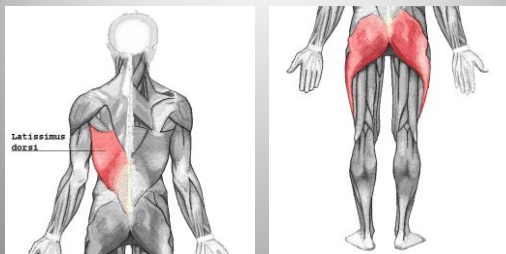
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### Muscle Chains Concept

- Most back pain is diagnosed as “non-specific”
- Lewit coined “Functional Pathology of the Locomotor System”

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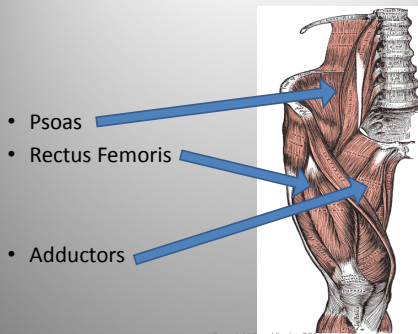
### Muscle Chains



Your body works as ONE big functional system!

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### APT: Tight Muscles

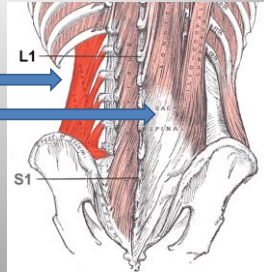


- Psoas
- Rectus Femoris
- Adductors

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### APT: Tight Muscles

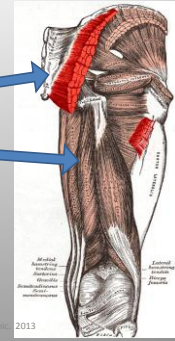
- Quadratus Lumborum
- Spinal Extensors



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### APT: Weak Muscles

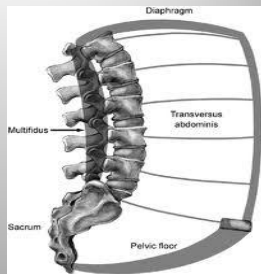
- Glutes
- Hamstrings



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### Deep Stabilizer Unit

- Multifidus
- Transverse Abdominus
- Pelvic Floor
- Diaphragm
- Respiratory Dysfunction!
- Central Nervous System!



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### Outer Muscles: How Strong?

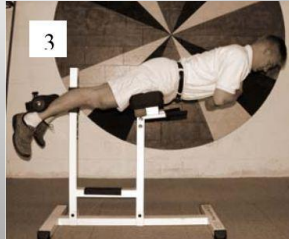
- There is a **SERIOUS** underestimation of required strength in support muscles in therapy circles.



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### Static Back Extension

- Goal is 3 minutes



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### Romanian Deadlift

- Bodyweight at minimum??



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### Full Lower Abdominal Strength

- 10 good reps is goal.



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### Lower Body Balance/Conditioning

- Split Squat: 4 down, 2 up for 3 sets of 10



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## Action Steps

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### 1. Focus On Assess + Correct First



- Assess using tests and use mobilizations to correct joint position
- Re-alignment can give immediate pain relief
- Can work up and down the chain if correction doesn't "stick".

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### 2. Stretch Tight + Strengthen Weak

- Use basic gentle exercises to re-establish coordination and strength
- Start with isolation of weaknesses
- Progressively increase complexity and more general movement

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### 3. Lifestyle Support



- Lose weight if needed
- SI joint belt
- Support pillows between knees
- Spandex shorts to bed
- Anti-inflammatory diet

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## Questions

- 1: What can I do when I start feeling like my SI joint is going to start "acting up" ?
- 2: I have an extra vertebrae in my lower back area, but above the tail bone area. How does this impact my I?
- 3: As an athlete working out 14 hours a week I can keep my SI joint working just fine, but when I have a large decrease in my total hours or increase in total hours or at certain times during my cycle my SI joint area becomes troublesome. Why?

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## Questions

1. My sacrum keeps slipping to the left and the PT I am seeing puts it back for me, but then by my next visit it has moved again to the left. Are there exercises that I can do to help keep it in place?
2. Mechanically, how is it possible for the SI joint to be "stuck" in a subluxed position if it can only move about a few millimeters to start with and also be hypermobile at the same time, or even stuck on one side and mobile on the other?
3. How does the results of mobilization affect the prognosis of this condition? either:
  - -mobilization normalizes joint and relieves pain temporarily
  - -mobilization normalizes joint, but causes more pain and reverts back

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## Questions

1. How does SI joint pain relate to herniated or bulging spinal discs?

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## Thank You!

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Email me for additional questions, personal consultations, or products.

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