

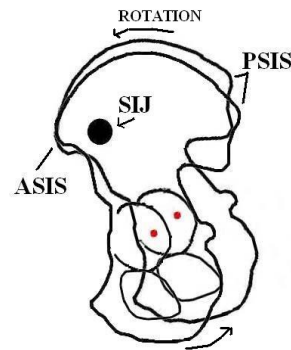
# What is SIJ Dysfunction (SIJD)?

Toni Rintala 11.6.2006

**Pelvic misalignment will cause instability throughout the entire skeletal system** - upwards through the spinal column (causing problems on spine in the lower, middle and upper back, and also affecting neck, shoulders and arms), and downwards, through the legs (affecting alignment of knees, ankles and feet).

**These misalignments cause wear and tear in spine, discs (degeneration) and other joints like hip joint. Not to mention what it does to neural system and immune system.**

Many doctors, chiropractors, osteopaths, PTs and others claim they know SIJD well. They say they know how to diagnose it and how to treat it. Yet most patients feel they did not get any help from them. Why? **They don't know what SIJD really is!**



Innominate rotates:  
-PSIS moves higher  
-Hip joint moves back and up (red spot)  
-Leg gets functionally shorter

Is it pain in SIJ area?

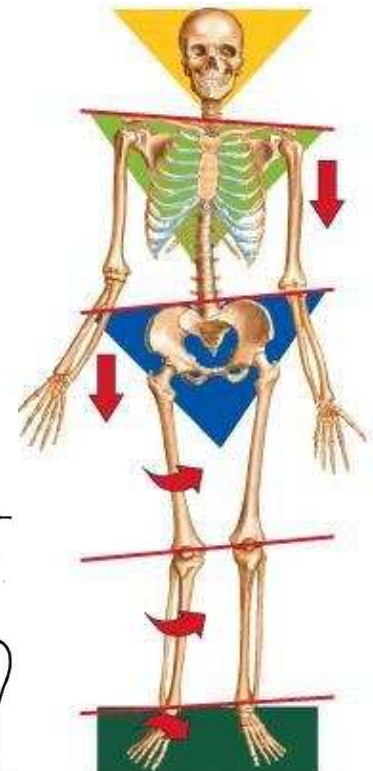
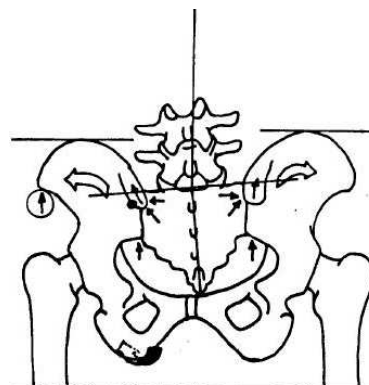
**-No!** Pain and muscle tightness is on the side of the healthy SIJ! Pain is only one symptom of SIJD!

**SIJD means SIJ has let down because of a trauma and innominate has rotated anteriorly (forward)**

## What are the symptoms?

**Many cases the changes are minor and hard to spot.**

- misaligned pelvis
- (functionally) shorter leg on rotated side
- twisted pelvis with torsion
- twisted femur
- pain and muscle stiffness around other SIJ
- scoliosis, lordosis
- bad posture
- muscle stiffness in neck and shoulder
- hypermobility vertebra
- misaligned shoulders
- tight back muscles
- back pain
- stiff femoris muscles
- stiff calf muscles
- knee pain, hip pain, bursitis
- achilles and heel pain



## How to diagnose it?

-Provocation tests (Patrick, Gaensle, Yeoman,...)?

**Bad way!** These tests only follow the pain. **Pain and muscle stiffness are usually on the healthy side!**

-Palpation of joint movement?

**Wrong!** Many times the healthy SIJ has pain and muscle stiffness because of over use. And SIJ can function normally even if the innominate has slightly rotated.

-Flexation tests sitting and standing?

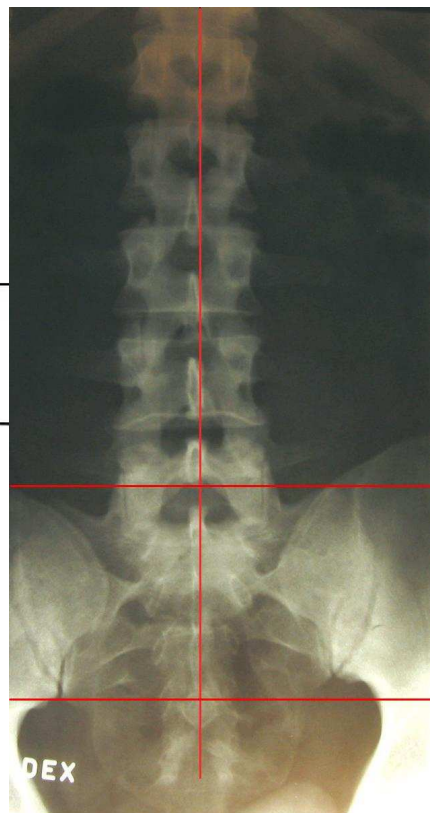
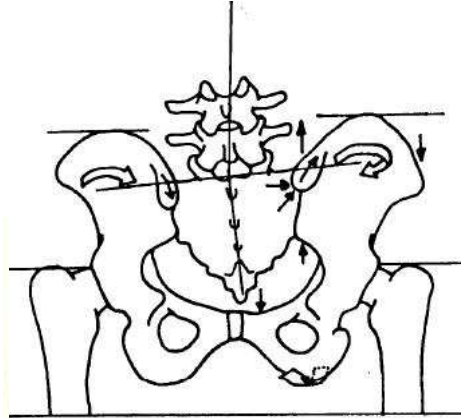
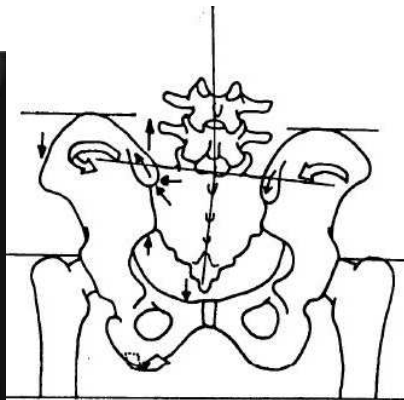
**Good!** If PSIS moves it is hypermobile and dislocated badly. But this is not very common disorder.

-Palpation (PSIS/ASIS)?

**Yes!** If they are not aligned (left - right) the innominate has rotated. But you have to examine patient in supine position!

-X-ray asymmetry?

**Ou yes!**



**So if there is asymmetry in pelvis area, short leg, scoliosis or pain you have to consider it is SIJD!**

## How to treat it?

**It took about 25 years and over 20 doctors, tens of misdiagnoses, useless X-rays, MRIs,... until I finally met one who did the right diagnosis and treatment.** Others before him only said to me: **“Learn to live with the pain!”** and **“Nothing can be done!”**

About 80% of all the people suffer from it. They have bad posture, short leg and some times pain. Still western medicine does not recognize this! And all the problems it causes not only back pains but also from achilles pains to tension headaches...

There seems to exist many different ways to treat SIJD. Most of them are bad and some are even worse. But most often they (chiropractors) **do it wrong and to the wrong side.** That is dangerous!

-Some of them try to pull legs. **No help!**

-Some of them use chocks as in that picture. Then they push the pelvis down and it rotates. **Does not work!**



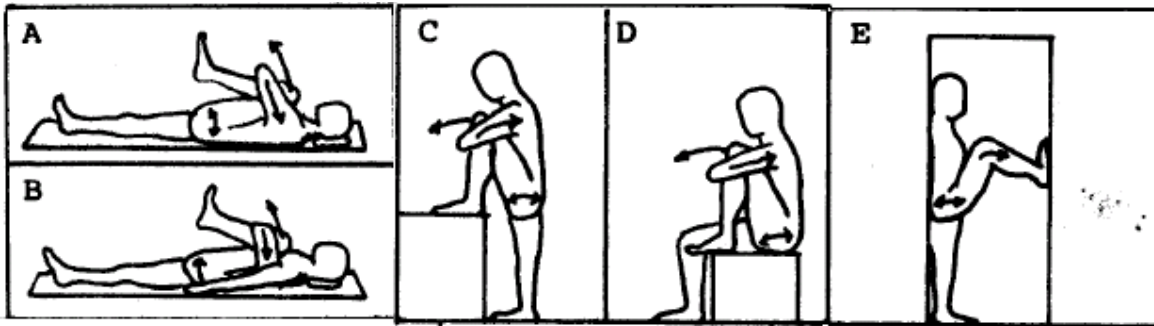
-Some of them just twist the whole body. **Not much help.**

-Some of them just give instructions to exercise and stretch. Some get some help from those. Some examples on next page...

-Only few of them try to push the joint back. That is a good way, but not many knows how to do it and usually they try to manipulate wrong SIJ!

I don't know for sure which is the best way. Stretching and exercises give help to some. Twisting the body and rotating the pelvis does not help!

**To many the best way has been when the innominate is pushed back down!**



While lying on your back, pull your right knee snugly to your chest to rotate the pelvis up in front. Hold tightly with your arms around your knee and then push your knee out against your arms to cause the pelvis to shift downward in back on the sacrum (A). More pressure can be exerted if a belt or strap is used instead of pushing against your arms (B). You can feel your back flatten. This can also be done while standing (C) or sitting (D). Push hard for five to ten seconds, then repeat with the left leg. Alternate, pushing at least three times on each side.