

SACROILIAC JOINT PAIN

Chronic low back pain can have a dramatic impact on daily activities as well as the ability to work and exercise. The sacroiliac joint (SIJ) is a very common source of low back pain, and many times is misdiagnosed as a problem with the discs or the spine.

The first key to understanding SIJ pain is understanding the anatomy. There are two SIJ's in your body, located on either side of the triangle-shaped bone at the bottom of your spine where it connects to your pelvis. The SIJ's are a shock absorber for your spine and provide stability for your body as you run, walk, or jump. The most the joint moves in sliding is probably only 2-4 millimeters, and may tilt and rotate two or three degrees.

The SI joint is held together by several large, very strong ligaments. The strongest ligaments are in the back of the joint outside of the pelvis. Because the pelvis is a ring, these ligaments work somewhat like the hoops that hold a barrel together. If these ligaments are torn or become lax, the pelvis can become unstable. Muscles of the back and pelvis are functionally connected to the SIJ ligaments therefore their actions can affect joint mobility.

HOW DO YOU KNOW IF THE PAIN YOU'RE FEELING IS BEING CAUSED BY A SIJ PROBLEM?

There are some common symptoms:

- Low back pain: usually a dull ache on one side of your lower back that may extend into the thigh or groin. It is usually below the L5, or lowest lumbar vertebrae.
- Buttock pain: pain can range from an ache to a sharp stabbing pain that extends down one or both legs
- Low back pain while climbing stairs: activities that require weight transfer to one leg at a time, which require the pelvis to twist may produce SIJ pain. Possibly even feeling that your leg may buckle or give way.
- Difficulty sitting or lying on one side: often experienced as an ache on one side that causes you to shift weight to one side to relieve the pain in the other.

WHAT CAUSES SIJ PAIN?

Each joint contains many nerve endings that can cause significant pain if the joint is damaged or loses its ability to move properly. Everyday wear and tear, arthritis, or a single injury can damage these joints, changing their normal movement and creating chronic and sometimes debilitating pain.

The SIJ can become painful when the ligaments become too loose or too tight. This can occur as the result of a fall, work injury (repetitive strain), car accident, pregnancy and childbirth, or hip/spine surgery. Underlying biomechanical problems can also cause SIJ pain – such as one leg being longer than the other, uneven movement in the pelvis due to muscle imbalances, or one sided postural habits.

HOW IS A DIAGNOSIS MADE?

A physiotherapist will help determine whether the SIJ is the source of your pain. Evaluation includes a medical history and physical exam. Your

therapist will consider all the information you provided, including any history of injury, location of your pain, and problems standing or sleeping.

There are specific tests to determine whether the SIJ is the source of pain – performing different movements, assuming certain positions to elicit the pain. Your therapist may manipulate your joints or feel for tenderness over your SIJ.

Imaging studies, such as X-ray, CT, or MRI, may be ordered to help in the diagnosis and rule out other spine and hip related problems. A diagnostic SIJ injection may be performed to confirm the cause of pain.

WHAT TREATMENTS ARE AVAILABLE FOR SIJ PAIN?

Physiotherapy treatment for patients with this condition is vital to hasten the healing process, ensure the best outcome and decrease the likelihood of injury recurrence. Treatment may include:

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| ■ Joint mobilisation and/or manipulation | ■ Ultrasound / electrotherapy |
| ■ Spinal and pelvic realignment | ■ Neural mobilization |
| ■ Dry needling / acupuncture | ■ Ice or heat treatment |
| ■ Deep tissue massage / myofascial release | ■ Taping |

Treatment will also look at addressing any underlying muscle imbalances and postural alignment issues that would affect the SIJ. This may include stretching exercises for shortened tight muscles, as well as strengthening exercises for weak muscles commonly those around the buttocks and abdomen. Your therapist will assess your daily activities and correct any ergonomic problems that could be contributing to your pain, which may also require referral to an occupational therapist. Should you have a leg length discrepancy the therapist will advise on orthotics or inner soles and this too may require a referral.

There are other medical treatments available such as SIJ steroid injections, nerve blocks and even surgery which can be discussed with your therapist or doctor in cases where conservative treatment has failed.

PREVENTION IS KEY TO AVOIDING RECURRENCE

A positive attitude, regular activity, and a prompt return to work or sport are all very important elements of recovery. If regular job duties cannot be performed initially, modified (light or restricted) duty may be prescribed for a limited time. Key points to ensure your pain doesn't return are:

- Learn proper lifting techniques
- Ensure good posture during sitting, standing, moving, and sleeping
- Regular exercise with stretching /strengthening
- An ergonomic work area
- Good nutrition, healthy weight, lean body mass
- Stress management and relaxation techniques

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