

## Biomechanical Sacroiliac Joint Pain: YOUR OPTIONS AS A CHIROPRACTIC PATIENT

**The decision on which treatment you receive for SI joint pain will be based on your preferences, examination findings, experience treating patients with similar conditions and the best available scientific evidence.**

**O**verview: The sacroiliac (SI) joints connect the sacrum (the large triangular bone at the base of the spine) to the iliac crest of the pelvis. Pain in these joints, which don't typically have much range of motion, can arise from either instability of the joint (called hypermobility) or decreased movement in the joint (referred to as hypomobility). Arthritis (osteoarthritis or rheumatoid arthritis) or injury to the ligaments or cartilage can lead to SI joint pain.

### Symptoms:

- Pain in the low back, hips, groin, and/or thighs
- Pain worse when standing and walking
- Stiffness or burning sensation may result from inflammation of the joint

### Conditions with Similar Symptoms:

- Sciatica
- Arthritis

### **YOUR TREATMENT**

Because there are other conditions that can cause symptoms that mimic sacroiliac joint pain and because there are a number of possible reasons you may be experiencing pain, a variety of treatment options may be considered. The decision on which treatment should be used will be based on your preferences, examination findings, experience treating patients with similar conditions and the best available scientific evidence.

- **SPINAL MANIPULATIVE THERAPY**, also called spinal adjustments, may relieve the pressure and improve function of the joints involved. There are a number of techniques for adjustment; the type(s) chosen for your case will be determined based on the clinical findings.
- **SACROILIAC BELT**, which may be referred to as a back belt, may be recommended. The belt wraps around the hips to stabilize the SI joint.
- **EXERCISE**, including stretching and low-impact methods of exercise, may improve symptoms of sacroiliac joint pain. Though the SI joint pain may make it difficult to feel motivated to exercise, persistence through the mental barriers will ultimately benefit

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A multidisciplinary group of healthcare providers from The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and its Associated Disorders conducted a systematic review of all of the scientific literature published between 1980 and 2006 to establish the best evidence on neck pain. This long process involved screening the papers for relevance and scientific validity. The February 15, 2008, supplemental issue of the journal *Spine*, features the reports written by this task force. One of the papers addresses the non-invasive treatments for neck pain. For this paper, 139 papers were found that were relevant to non-invasive treatment and scientifically admissible. After careful review of the papers, the authors concluded that the “best evidence synthesis suggests that therapies involving manual therapy and exercise are more effective than alternative strategies for patients with neck pain; this was also true of therapies which include educational interventions addressing self-efficacy.” Chiropractic methods include both manual therapy (both manipulation/adjustments and mobilization techniques) and instruction on exercise to strengthen muscles in and supporting the neck. (Hurwith EL, et al. “Treatment of Neck Pain: Noninvasive Interventions: Results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders.” *Spine*. February 15, 2008; Vol. 33, No. 4S, pp. S123-S152.)

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you as you cope with symptoms. The key to exercising with SI joint pain is to begin slowly. The appropriate exercises and methods will be discussed with you in the chiropractic office.

- **LASER** may help some manage sacroiliac joint pain. Laser may be applied to the affected joints and other necessary areas determined by examination. Laser may activate endorphins, which naturally reduce pain. The treatment is painless and may require multiple treatments.
- **ACUPUNCTURE** involves the insertion of very fine needles into

**Illustrated HealthWays**



This illustration shows the ligaments in the sacroiliac joint.

the skin at points determined based on the condition being treated. An average of 5 to 15 needles are used in each treatment. Acupuncture has been used for centuries and the theory behind it is that the needles can correct and improve the body’s flow of energy (called Chi). In addition to the needles, forms of acupuncture can incorporate pressure, electric currents, laser, or heat.

- **THERMOTHERAPY** may include ultrasound, shortwave diathermy, cryotherapy, and heat therapy. If used in your care, these will either be applied in the office or discussed for you to apply at home.
- **CRYOTHERAPY** is any cold therapy. It can be as simple as applying ice to an injured area or it can be more invasive, involving a probe which freezes a nerve beneath the skin (this more invasive type of cryotherapy may require referral). When applying ice to an injured area, be sure to protect the skin by wrapping the ice pack in a cloth.
- **SHOE INSERTS** can evenly distribute weight on the hips, especially when there are problems with the legs or feet that may be affecting weight distribution on the hips. If recommended for your case, the type of shoe insert you use, and how to ensure a correct fit will be discussed.

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## YOUR ALTERNATIVES

Your condition may be best treated using both chiropractic treatments and other treatments from additional health care professionals. If your condition requires it, a direct referral for treatment may be made to medical, surgical or other health care providers. When considering any method of care, be sure to weigh the potential side effects to the potential benefit.

- **STEROID INJECTION** involves injecting numbing agents directly into the sacroiliac joint. It is thought that cortisone may relieve inflammation of the joint and therefore relieve pain. The injections may be given with the aid of a CT scan or other imaging to ensure that the injection goes directly into the joint.
- **RADIOFREQUENCY NEUROTOMY** is the use of heat to kill the nerve causing pain. The heating agent is given via injection. The treatment is not given without prior injections that have confirmed a nerve problem in the joint. Because the nerve will gradually regenerate, the treatment will eventually need to be repeated.
- **PROLOTHERAPY** is the name for “non-surgical ligament reconstruction.” The process involves the injection of a formula into the joint to cause inflammation. It is believed that inflammation of the joint will influence the injured tissue to self-heal. There are a couple different types of formula that may be injected into the joint – either a dextrose (sugar) solution or a formula intended to produce growth factor (either the growth factor is injected or a solution that is believed to cause the body to create its own growth factor). Multiple treatments are typically needed.
- **MESOTHERAPY** involves the injection of a solution that contains natural extracts, homeopathic remedies, pharmaceutical agents, and vitamins into the skin.

## Chronic Pain Affects the Brain

Though it has long been known that people with chronic pain are more likely to suffer from depression, anxiety, and other emotional disorders than healthy people, researchers have now found a possible explanation. Using functional magnetic resonance imaging (MRI), people with chronic pain (pain lasting longer than six months) were given a task to perform and the imaging was compared to healthy people in the MRI doing the same task. There is an area of the brain, mostly associated with emotion, that goes into a “rest state” when a person is performing a task but it is a more active area when the rest of the brain is at rest. In those with chronic pain, however, this area of the brain does not rest as it should. Dante Chialvo, a researcher at Northwestern University in Chicago, explained the surprise with the findings: “Where we were surprised is the difference in how much brain they [chronic pain patients] used to do the task compared with the healthy group. It was 50 times larger.” This failure of the portion of the brain to go dormant may help explain why people with chronic pain have trouble sleeping, paying attention, and suffer from depression.

## Hospitals and Clinics Using Video Game for Rehab!

Referred to as “Wiihabilitation,” several hospitals and clinics around the U.S. are using the Nintendo Wii game system to make rehabilitation exercises more enjoyable. Though no studies have been done yet on the effectiveness of the systems, “you can certainly make a case that some form of endurance related to strength and flexibility and balance and cardio would be challenged when you play the Wii,” said Lars Oddsson, a researcher who is working with the Sister Kenny Research Center and the University of Minnesota to conduct a study. Doctors who are using and recommending the system – particularly the sports games baseball, bowling, boxing, golf and tennis – find that those who use it forget that they are exercising as the mental challenge of playing the games (and a competitive spirit) makes them want to keep playing. The gaming system is also gaining popularity in retirement communities as the residents are happy to be learning something that may increase interaction with grandchildren, as well as getting some exercise. (*Associated Press*, February 8, 2008.)

## REMINDER: Keep Medications Out of the Reach of Children!!

The U.S. Centers for Disease Control and Prevention (CDC) have conducted a study which found an estimated 7,000 children are taken to the emergency room each year as a result of cough and cold medicines. Nearly 4,700 (two-thirds) of these are children who accessed the medications – both over-the-counter and prescriptions – without supervision; the remainder of the children were hospitalized after having been given the proper doses. The Food and Drug Administration (FDA) recently warned parents to stop giving these medications to children under the age of two; the CDC study, however, found that more than three-quarters (5,250) of the children hospitalized were aged between two and five. Symptoms reported by emergency rooms included hives, itching, drowsiness, and unresponsiveness, among others. The study will be published in the April issue of the journal *Pediatrics*. (*Associated Press*, January 29, 2008.)

**Q:** *I was in an accident several years ago. Can I get help for problems that are that old?*

**A** You are not alone if you suffer lingering pain and stiffness from injuries sustained in a vehicle collision that occurred many years ago. The sudden impact of the accident and the force leveled against the body results in jarring, jostling, and whiplash. These injuries stretch, strain, and tear ligaments and muscles, as well as misalign or jam the vertebrae of your spine, causing nerve irritation and injury.

Injured ligaments and muscles heal with scar tissue much like the scar tissue from a skin cut or surgical incision. As time passes, scar tissue hardens and contracts, inhibiting ligament elasticity and muscle function. Where there is scar tissue, the soft tissue is impaired, inhibiting normal movement of the

vertebrae to which it is attached. This produces strain and nerve irritation that may not present itself at the time of the accident, since scar tissue takes time to build up.

The good news is that modern chiropractic techniques can successfully deal with old injuries. The spine and soft tissues can be rehabilitated through a process of spinal adjustment and specialized ligament stretching, muscle conditioning, nutritional support, and home self-care procedures. Various additional methods of therapy may also be included in your treatment plan. The goal of these efforts is to restore as much normal function as possible, and reduce or eliminate nerve interference and irritation.

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SHOULD BE SHARED.  
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