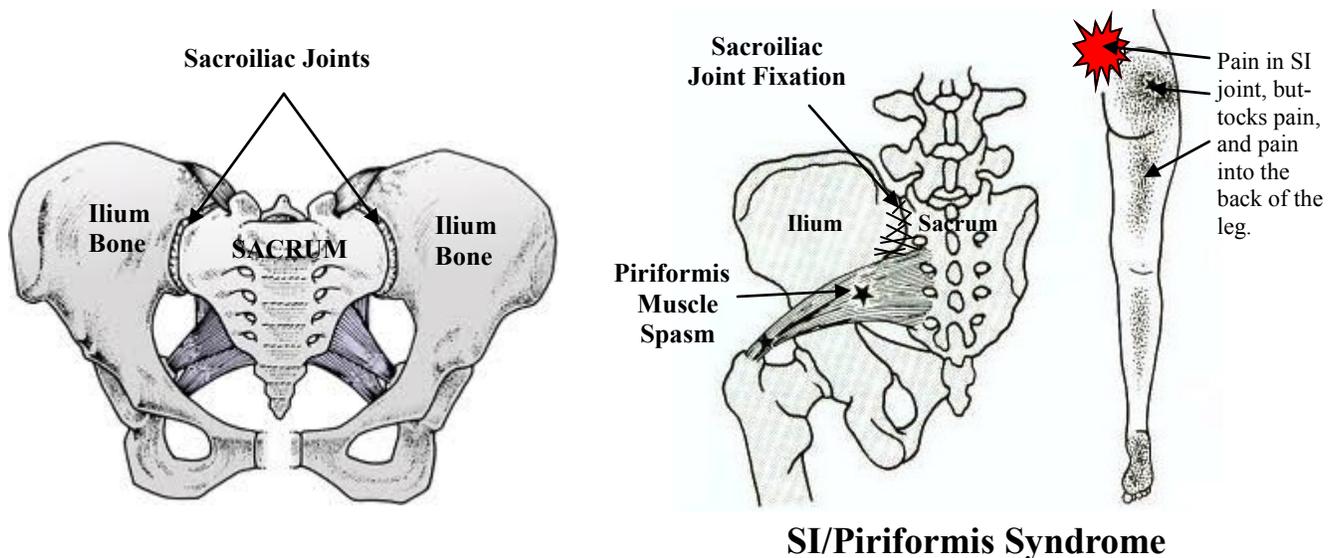


SACROILIAC (SI) JOINT DYSFUNCTION & PIRIFORMIS MUSCLE SYNDROME

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Signs and Symptoms:

- The SI/Piriformis Syndrome may be caused by twisting, bending, or lifting that strains the low back/hip area or there may be no history of trauma at all—it may develop over time as a result of postural stresses.
- The pain is usually located in the low back (on one side) and may radiate into the buttocks, hip, and posterior thigh. The right side is more commonly affected than the left.
- The pain is primarily due to **swelling**. Muscles in the low back and buttocks (especially, the Piriformis Muscle) can **spasm** and also be a source of pain. **Scar tissue** is laid down as the body attempts to heal. The combination of **spasm, swelling, and scar tissue (the 3 S's)** can restrict the motion in the SI joint to the point where it locks up and starts to function abnormally (very similar to the pathology of the Frozen Shoulder Syndrome). This process of restriction/fixation/malfunction is called **Joint Dysfunction** and the fixation itself can now become a source of irritation that perpetuates more spasm, swelling, and pain. According to **Dr. William H. Kirkaldy-Willis, MD**, orthopedic surgeon and professor at the University of Saskatchewan in Saskatoon, the *DYSFUNCTION IN THE JOINT IS THE FIRST PHASE OF ARTHRITIS*.
- It is hard to diagnose SI/Piriformis Syndrome medically. The fixation (due to spasm, swelling and scar tissue) does not show up on imaging (x-rays or MRIs) nor does it elicit positive results with classic orthopedic/neurological testing. **The fixation is not seen, rather, it is felt.** Palpaters of the spine (chiropractors and osteopaths) have been taught to feel the muscles and joints of the spine—areas of dysfunction feel tight in the muscle but also restricted or stuck in the joint.
- If the SI joint fixation is not treated properly, the sciatic nerve may become involved. Irritation of the sciatic nerve causes severe radiation of pain into the leg ("**sciatica**"). A herniated disc in the low back can also cause sciatica so it is important to have a doctor do testing to differentiate the diagnosis. I have personally experienced SI/Piriformis induced sciatica four times in my life.



SI/Piriformis Syndrome

SI & PIRIFORMIS SYNDROME (continued)

Treatment:

- The **most effective treatment** for an acute onset of SI/Piriformis Syndrome is **gentle manipulation of the SI joint** (usually done by a chiropractor or osteopath), **ice and anti-inflammatories to relieve the swelling**, and **exercises that stretch the Piriformis muscle**. In all four episodes where my SI/Piriformis Syndrome progressed into full-fledged sciatica, my pain did not go away until I received SI joint manipulation. *But in those severe cases, I needed medical intervention (pain meds, stronger anti-inflammatories and in one instance, epidural steroid injections) to help decrease the swelling and pain.* In severe cases, medical and chiropractic co-management can be extremely beneficial.
- Having a kink in your SI joint is like having a thorn stuck in your foot. It's not going to get better on its own. It's not going to respond to rest, ice, heat, or medication. Healing does not start until someone pulls out the thorn.
- Manipulating a joint to get the kink out (by breaking up scar tissue and restoring joint motion) is like pulling the thorn out. It is a manual procedure that has to be done in order to allow the healing process to begin.
- People can respond wonderfully to treatment and can even perform measures to prevent flare ups, but **the nature of this beast is for it to come back over and over again.** **The recurrent nature is probably due to the inherent weakness of the scar tissue and the failure of people to fully comply with their preventive measures.**
- Because of the likelihood of this syndrome to recur, treatment has to include **strengthening and stabilization of the low back and pelvic core musculature.** If your chiropractor is treating you but never prescribes strengthening exercises for your back and core, find a good physical therapist (PT) in your area. They are experts at strengthening and core stabilization. If your MD has referred you for PT and your condition is not responding or getting worse, find a good chiropractor to do the SI joint manipulation. Doing the exercises before getting the kinks out would be like trying to go jogging with the thorn still stuck in your foot.
- The stresses and strains of daily living can cause the dysfunction process to recur and the SI joint can slowly become fixed again over time. One may have SI joint dysfunction/fixation with minimal to no swelling and, as a result, there may be no symptoms (almost like getting a cavity without the toothache). Eventually, with the abnormal wear and tear exhibited by the dysfunctional joint, you can get irritation, swelling, and the pain starts again. **We now have studies that show that preventative check-ups (having your spine checked for dysfunction/fixation and treated with manipulation) can actually prevent acute flare-ups.** It's like going to your dentist's office to have your teeth checked, cleaned, and cavities filled in order to prevent a toothache from ever occurring. Once a month treatments are the current recommendation for spinal maintenance.

The Recipe for a Healthy Spine:

- Stretching Exercises—daily
- Pressure Point Therapy—daily
- Strength and Stabilization Exercises—3-4x/week (if not daily)
- Spinal manipulative therapy—once a month or once every couple of months
- Ice and Anti-inflammatories—when you have a flare-up of pain