Dynamic Chiropractic

Sacroiliac Patterns Enlarged

Joseph D. Kurnik, DC

Upon examining the sacroiliac joints for motion analysis, one can find three basic patterns when employing the standing knee raise:

1. fixated bilateral ilia in the AS mode;

2. fixated left ilium in the AS mode;

3. fixated right ilium in the AS mode.

For the most part, these patterns appear to represent a compensating protective mechanism for the lower lumbar spine. Quite often, treatment by adjustment or traction to the lower lumbar region will result in complete release of the bilateral and left-sided AS ilium fixations. This will not occur with the right-sided compensating AS ilium fixation. Although it may be associated with a lower lumbar disorder, it will not release upon treatment to the lower lumbar region. Release will occur with treatment and correction of an upper lumbar or thoracic dysfunction; cervical dysfunction may also be involved. Upon correction of the lower lumbar and other spinal disorders or dysfunctions, the right-sided AS compensating fixation will release.

In other cases, the three compensating AS ilium fixation patterns may be present, but not primarily compensating to a lower lumbar dysfunction. They often react and compensate to other spinal disorders. These patterns may be seen with upper lumbar, thoracic, and cervical disorders and dysfunctions. In these cases, there appears to be some reactive stress to the lower lumbar region, requiring adaptive sacroiliac compensating dysfunction. However, there may be only some, little, or no primary lower lumbar subluxation or dysfunction. After treatment to the upper lumbar, thoracic or cervical regions, little or no lower lumbar treatment will be necessary. In other words, coordinated treatment of the lower lumbar spine and other spinal (or nonspinal) levels will be necessary to achieve release of the compensating AS ilium-fixation patterns.

Other exceptional situations do exist with incorporation of the three AS ilium-fixation patterns. Examples include:

1. trauma, such as falling upon the buttocks;

2. thoracic hyperkyphosis;

3. adjusting the ilium as a PI fixation when not needed, resulting in a jammed and traumatic AS fixation.

With trauma, direct sacroiliac jamming and traumatically induced AS ilium fixations may result.

With thoracic hyperkyphosis, there will be extension stress created due to compensating lumbar hyperlordosis, and the result will usually be a bilateral AS ilium-fixation pattern. Some primary lower lumbar rotation or lateral bending fixations may be present. Increasing mobility and flexibility of the thoracic and upper lumbar region in the presence of thoracic hyperkyphosis is a necessity to relieve the stress to the lower lumbar region. This can be achieved in the following ways:

1. adjusting extension fixations;

2. exercises or "therapies" designed to increase thoracic and thoracolumbar extension. Examples of these would be:

    1. health bridges: wooden arcs that one lies upon, which increase extension to the thoracic and thoracolumbar region;

    2. the "rolled-up towel" technique.

Health bridges provide broad extension, but a rolled-up towel placed at multiple levels while the patient is supine can bring more specific extension intersegmental force. Both methods are good, and one or both must be used to add to home care (other substitutes on the market may be available, and just as useful).

One cannot exclude other causes to AS ilium compensating fixations, such as lumbar disc syndromes, compression fractures and deformities, and foot and knee problems. Noncompensating reactive hip problems and disorders may also be a source of continued AS compensations, although they most often result from the AS ilium disorders.

In other references, published in *Dynamic Chiropractic,* I have detailed the mechanisms by which the AS ilium fixations may lead to:

1. hip and groin disorders;

2. anterior knee compartment syndromes;

3. gluteal, thigh extensor/flexor muscular disorders;

4. ischial pain; and

5. ankle and foot disorders.

Joseph Kurnik, DC
Torrance, California