

## The IDSIDS Procedure

Joseph D. Kurnik, DC

IDSIDS (Identify Sacroiliac Dysfunction Source) is a simple procedure that allows you to gain insight into what really is contributing to the low back dysfunction or complaints that you are encountering.

As I have explained in previous articles, the sacroiliac joint is like a computer screen. If you monitor it with motion and static palpation and visual analysis, it can tell you if it is working or not. If it is not working, it is either compensating for another problem, or it has become traumatically or nontraumatically fixated. The positions for compensation or fixation are the AS (anterior superior) or the PI (posterior inferior) positions. Based on my experiences, most of the locked sacroiliac problems are due to gradual compensation for other problems, or the SI (superior inferior) problems are compensations to traumatic injury to other body regions, such as a lumbar disc. This is a big subject and has been discussed at length in previous articles (see Dr. Kurnik's columnist page at: [www.chiroweb.com/columnist/kurnik](http://www.chiroweb.com/columnist/kurnik)).

For the present, however, all you have to do is imagine that you have encountered a unilateral or bilateral sacroiliac joint fixation with the ilia or ilium fixed in the AS position. Let us further imagine that this patient has a hyperlordotic lumbar spine and a thoracic round back syndrome. Consider the possibility of the neck or thoracic spine as the cause of the SI dysfunction. There are many possible causes for SI joint dysfunction, and there is an easy way to decipher the code. It is called the IDSIDS procedure.

The IDSIDS procedure goes like this: Motion palpate and static palpate to identify the levels of spinal dysfunction with hypomobility. Mark these levels with a pen, and identify the sacroiliac pattern before any corrections are made. Let us assume that we are still dealing with the patient in the previous paragraph; there's a bilateral AS ilium fixation (most usual) with a hyperlordotic lumbar spine. You have also identified the following levels of hypomobile fixation: occiput/C-1 (RPS extension), C-1/C-2 (LPS), T-9/10 (extension), L-1/2(extension).

Instead of adjusting the low back, you begin with the top. Adjust each level indicated, and after each adjustment, recheck the SI joint for motion. Determine if an adjustment at each level has an affect upon the SI joint before adjusting the next level. In this case, I have already done the checking for you. Adjusting the upper cervical region caused a 25-percent SI joint release; adjusting T-9 caused another 25 percent SI joint release; adjusting L-1 for extension release caused a 50- percent release in motion; and the SI joints palpated normally. No SI joint adjustment was needed.

Try this method yourself.

*Joseph Kurnik,DC  
Torrance, California*

