

## Let's Get Something Straight!

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A short leg measured in the prone or supine position does not mean the patient has a posterior-inferior (PI) ilium subluxation, and a long leg does not necessarily mean there is an anterior-superior (AS) ilium subluxation. The subluxation, even if present, would be in the sacroiliac (SI) joints, not the legs. A PI process involves the ilium rotating posteriorly, projecting the acetabulum superiorly and shortening the leg functionally - as possibly determined by leg-length examination. The PI process does not mean there is a short leg on that same side.

Why go to the legs to determine if a subluxation is present in the SI joints or upper cervical spine? Why not go directly to the SI or upper cervical joints and make direct assessments? Going to the legs is akin to calling Sally on the phone to find out if Jim is home, when all you had to do was call Jim, or go to his house, which is next door. The problem is that the assessment of SI joint motion requires more time and skill, but not really much more time.

Procedures I have been taught over the past 25 years include:

1. motion palpation of the PSIS landmarks, when the patient is seated and bending forward at the waist (A PSIS that does not move upward, or lags in motion, represents a potential PI subluxation. It may not be subluxated, however; for it may be an adaptive segmental antalgia. It is a strong sign!);
2. motion palpation of the PSIS landmarks while the patient is standing and alternately raising each knee (A PI-subluxated ilium will move or rotate downward at the PSIS landmark; an AS fixation subluxation will not.);
3. prone palpation and visual inspection of the pelvis bilaterally, especially the PSIS levels (A lower PSIS level may correspond with a PI ilium subluxation, but it also may correspond to a lumbar disc antalgic positioning.); and
4. leg-length inspection.

No single test can positively prove the existence of a PI ilium subluxation. In my experience, most cases are left-sided and involve the shorter leg (functionally), but they may not be primary. The ilium may look and function like a PI, but it may be an adaptive reaction to an AS fixation on the other side (usually the right side); a protective reaction to a lower lumbar disc lesion; a reaction to a scoliosis; or an upper cervical dysfunction. To base a conclusion on a leg length is like building a bridge without a blueprint; it is not safe, and surely does not reflect the intelligence of someone who has completed years of professional school.

I hope that in the future, our pre- and postgraduate training includes more detail and competence in the examination, determination and correction of SI joint problems. I would like to see a better balance in the development of intellectual, perceptive and tactile skills.

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