

Correcting Pelvic Rotation Around the Long Axis: Adjustment Protocol

Paul Hunter, DC

The pelvis can be considered a ring that can misalign on the sacrum rotating around the long axis. The following is a description of an adjustment that helps to correct sacroiliac rotation around the long axis. It is a unique procedure I have used daily for the past 10 years. This adjustment is easy to master and will be a useful tool in the chiropractor's repertoire for the correction of the pelvic subluxation complex.

Presentation

After adjustment of the low back, [sacroiliac joints](#), thoracic area and/or ribs, there still remains sacroiliac joint restriction. Active prone leg extension is weaker or compromised on one or both sides. Motion palpation of the sacroiliac joints using passive prone leg extension detects hypomobility on one or both sides.

The configuration of the sacroiliac joints can be described using the posterior-inferior iliac spine (PSIS), per Gonstead listings. The sacroiliac PSIS is found to be exteriorly rotated on one side (EX) and interiorly rotated (IN) on the other side. Palpation of sacroiliac space between PSIS and sacrum on leg extension will be open or wider on the EX side – closed or narrower on the IN side. Palpation tip: The lighter the touch, the better you will detect the EX and IN sides.

The PSIS of the EX ilium is also rotated anteriorly and superiorly (ASEX), and posteriorly and inferiorly on the IN side (PIIN). The PIIN ilium will present with a shorter leg length on that side and longer leg length on the ASEX side. The overall finding is rotation of the sacroiliac joints around the long axis, with the listing ASEX on one side and PIIN on the other.

Note: This adjustment is not used for the listings PIEX / ASIN on the respective sides because of the orientation of the joint planes. If the leg-length difference is negligible (minimal AS/PI) with EX / IN, this adjustment may be applicable.

Most often, this adjustment is indicated when, after using the usual methods of correction (i.e., side-posture and/or drop-piece adjustment), there remains sacroiliac fixation or restriction. This adjustment can also be used to correct the pelvis alone, especially when the patient does not tolerate or respond well to the side-posture adjustment for the listings ASEX / PIIN.

What You're Looking For

- Restriction of active leg raising while prone on one or both sides
- Sacroiliac space between PSIS, and sacrum wider on one side (EX) and tighter on the other side (IN)
- Sacroiliac rotation such that leg length is longer on the EX side (ASEX) and shorter on the IN

side (PIIN)

Setup and Consent

Patient placement: Patient is prone on an adjusting table equipped with a pelvic drop-piece. The crest of the ilium is approximately 5 cm caudad to the level of the gap between the thoracic and pelvic drop-piece.

Doctor placement: The doctor stands facing the patient on the side of the ASEX ilium at approximately waist level.

Contact point: Inform the patient that you will be placing your arm under their waist at the level of the beltline. This will be at least 3 inches or more cephalad to the symphysis pubis.

The dominant arm reaches under the waist at the level of the anterior superior iliac spine (ASIS), with hand contact and fingers wrapped around the anterior portion of the iliac crest and ASIS of the PIIN or IN ilium. Fingers are pointing slightly caudally and medially on the PIIN or IN ilium side. The other hand is contacting the ilium on the ASEX side or EX side, lateral to the sacroiliac; fingers directed caudally and medially with fleshy pisiform resting in the iliac notch.

Note: You must obtain informed consent for the arm positioning under the waist after informing the patient that the procedure is to correct their pelvis. First show the patient where your arm is going to be placed; then get consent (initial beside brief outline of procedure, "permission to perform adjustment for pelvic rotation around the long axis").

The Adjustment

The adjustment involves dropping the pelvic piece using 3-5 lbs of pressure, two to three times, with emphasis on correcting the EX and IN rotation, while also correcting for AS and PI on the respective sides. Place the pelvis in slight rotation to untwist the rotation around the long axis on the ASEX / PIIN sides.

The post-check for this adjustment, if successful, will show a significant improvement in active leg-raising ability while lying prone - greater than the improvement from the side-posture or drop-piece adjustment alone.

Your hand placement, position of the pelvis, use of the drop-piece, and the fact that the pelvis is floating in a non-weight-bearing position, allow an effective shearing force through the sacroiliac joint. The beveled surfaces of the sacroiliac joints and the line of drive through the joint plane line are very amenable to correcting the Gonstead listings in four directions simultaneously.

Author's note: Contraindications for this adjustment include pregnancy, hernia, abdominal disease, abdominal cancer, and acute lumbar subluxation.

NOVEMBER 2014