

# “Evidence-Based Diagnosis and Treatment of the Painful Sacroiliac Joint” Laslett M. *J Man Manip* 2008;16:142–152.

It was with great interest in which I read the clinical perspective, written by Mark Laslett<sup>1</sup> and the invited commentary inscribed by Peter Huijbregts<sup>2</sup>, published in issue 3 of JMMT. I found the summative information comprehensive yet explicitly directed toward examination. As indicated by the invited commentary of Peter Huijbregts, I think it's time that our research foci, efforts, and energy related to the sacroiliac joint take a different direction. It's time to address the most effective intervention strategies for the SI.

If we carefully dissect what we currently know and don't know, with relation to the sacroiliac joint, the imbalances are compelling. There is little disagreement that the SIJ movements are minute and that a clinician's ability, through palpation, to diagnose the pain is often unreliable. Recent research by authors such as Laslett<sup>1</sup> et al, have identified tests that improve our pre-test probability in identifying patients who suffer from an SIJ dysfunction. Other findings have supported that some patients (certainly not all) benefit from injection-therapy, when performed by well trained clinicians. What we don't know is the best method to conservatively “treat” sacroiliac dysfunction for the garden variety patient that most clinicians see on a daily basis. There is a paucity of research in this area and archaic, currently over-utilized, or inappropriate examination methods may actually muddy our options for interventions. Our focus should be less on identifying a positional fault or movement dysfunction (it's time to drop the concepts of “hypo or hyper” mobility)

through palpation and simply treat the joint by returning it to its' normal relationships then outcomes may be enhanced. Past authors have identified the optimal position for stability, a relative nutation of the sacrum and a relative posterior rotation of the ilia<sup>3-13</sup>. Our goal should be restoring normal movement and improving the patient's innate ability to stabilize in this optimum position. The best mechanisms for this goal should be our dedicated concentration. We are currently involved in a study to see the effectiveness of one such approach and look forward to completing it and reporting our findings.

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