THE BENJAMIN INSTITUTE PRESENTS

Debilitating Orthopedic Injury Sampler #1

Low Back:
Sacroiliac Dysfunction

Presented by Dr. Ben Benjamin

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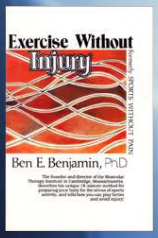
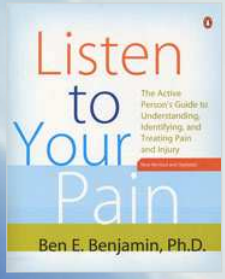
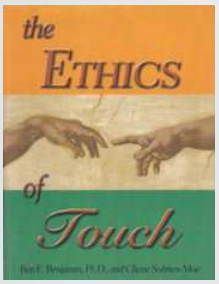
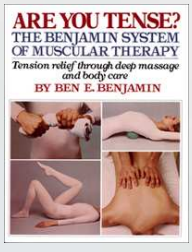
Instructor: Ben Benjamin, Ph.D.









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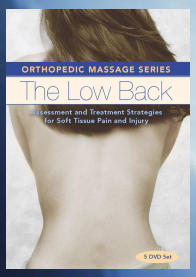

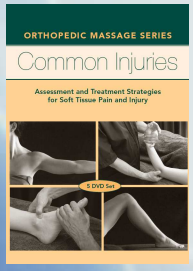

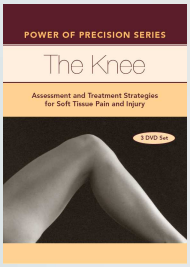

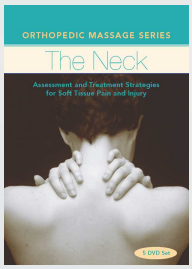

drben@benbenjamin.com

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Thank You

Webinar Goal

Explore the assessment and treatment of one of the most common low back pain problems

Logistics

- Time: 1 hour
- Schedule:
  - Presentation 30–40 min
  - Questions 15–20 min
- Ongoing questions: Use Question box. If I don't get to your question, ask me on my Facebook page after the webinar.

www.Facebook.com/BenjaminInstitute

Questions to Keep in Mind

1. How many layers of sacroiliac ligaments are there?
2. What is the most common referred pain pattern when the sacroiliac ligaments are injured?
3. What are the two assessment tests that will most likely be painful with this condition?
4. What does sciatica really mean?
5. Which position puts more stress on the discs and ligaments in the low back?

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Anatomy

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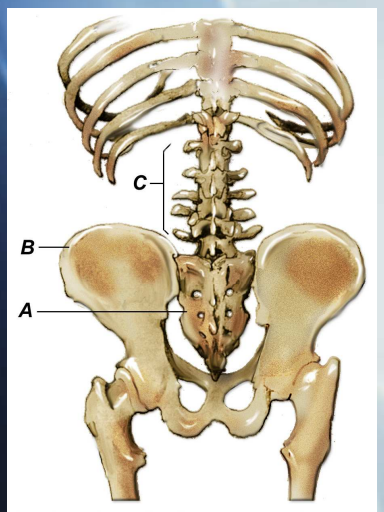
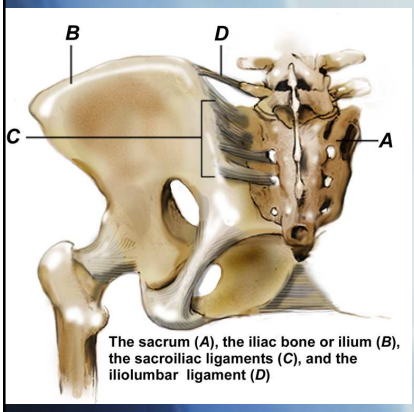
Anatomy of the Low Back: Sacrum



The lower back showing the sacrum *(A)*, the ilium *(B)*, and the lower-back vertebrae *(C)*

- Keystone arch
- Intersection between trunk and pelvis
- Vulnerable area in human beings

Low Back Injuries

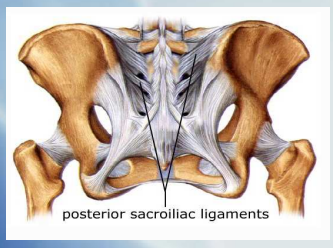


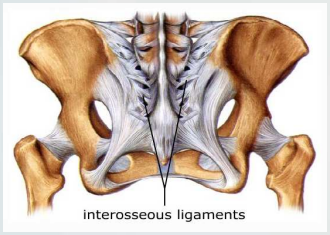
The sacrum (*A*), the iliac bone or ilium (*B*), the sacroiliac ligaments (*C*), and the iliolumbar ligament (*D*)

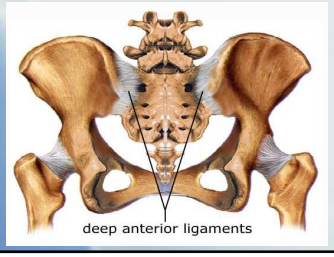
- Most commonly injured part of the body
- Most common low back injury: sacroiliac ligament sprains

Anatomy of the Sacroiliac Ligaments

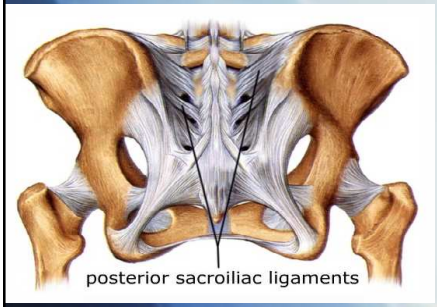
- Three layers: posterior, interosseus, deep anterior







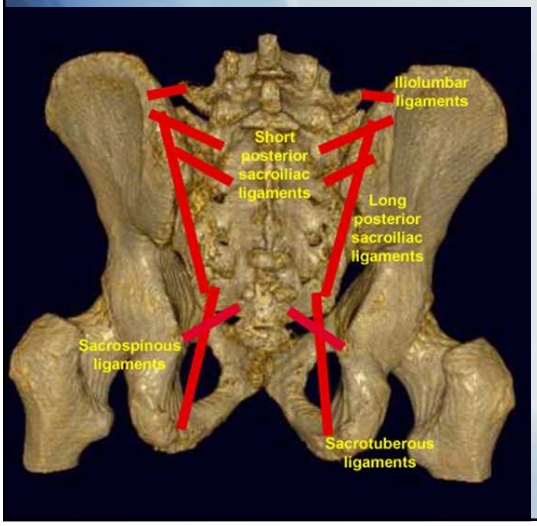
Anatomy of the Sacroiliac Ligaments



Posterior sacroiliac ligaments:

- Short (upper)
- Long (lower)

Anatomy of the Sacroiliac Ligaments



Posterior sacroiliac ligaments:

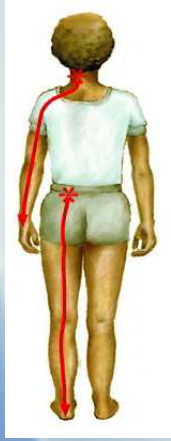
- Short (upper)
- Long (lower)

Referred Pain

Definition: Pain felt at a distance from its source.

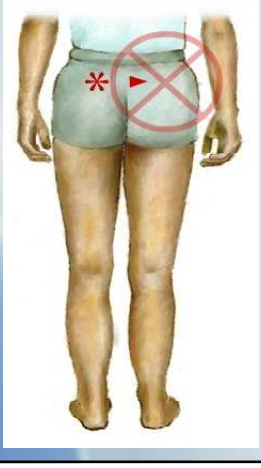
Four Rules of Referred Pain

Rule #1. Pain refers distally.



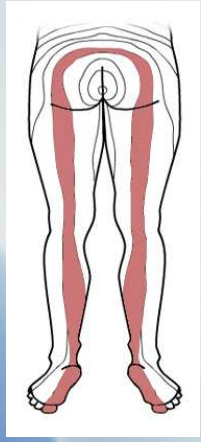
Four Rules of Referred Pain

Rule #2. Pain does not cross the midline.



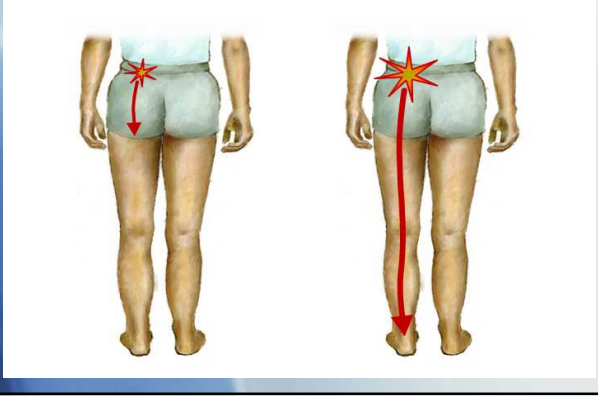
Four Rules of Referred Pain

Rule #3. Pain is referred within the dermatomes.



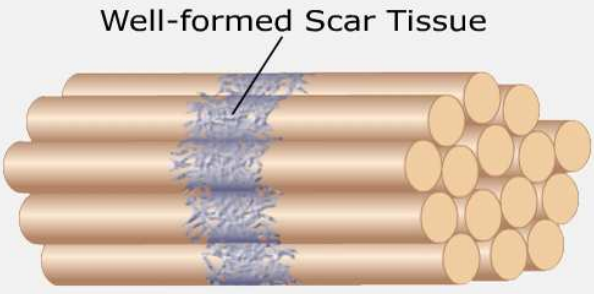
Four Rules of Referred Pain

Rule #4. The distance the pain refers is directly proportional to the severity of the injury.

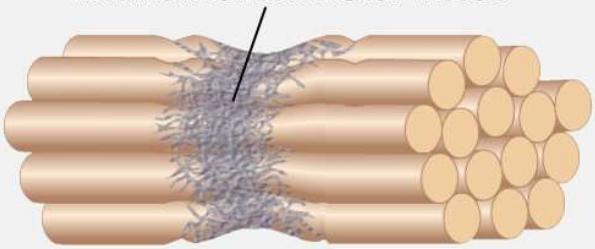


Assessment

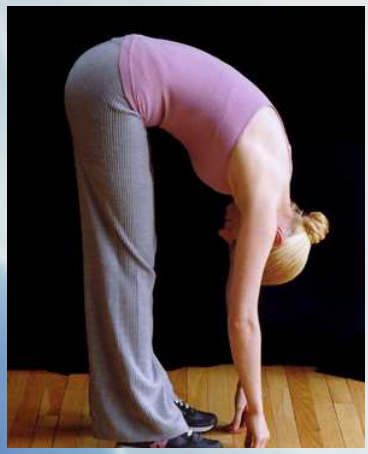
FORMATION OF NORMAL SCAR TISSUE



FORMATION OF ADHESIVE SCAR TISSUE

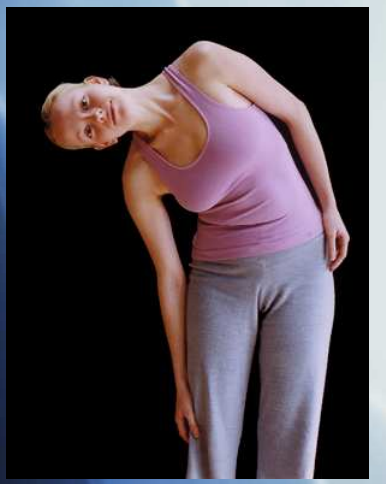


Test 1: Active flexion



Test 2: Active extension

Test 3: Side-flexion



Test 4: Hip flexion

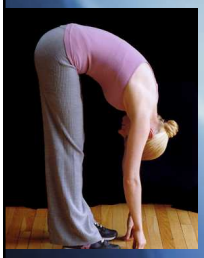
Test 5: Medial rotation of the hip

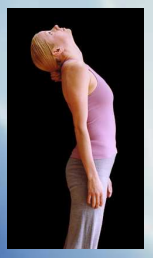
Assessment Tests

See the Video:
The video will be available on your webinar link along with the webinar recording.

Theory

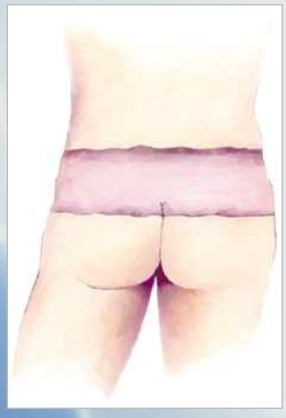
Assessment Test Results for Sacroiliac Ligament Sprains



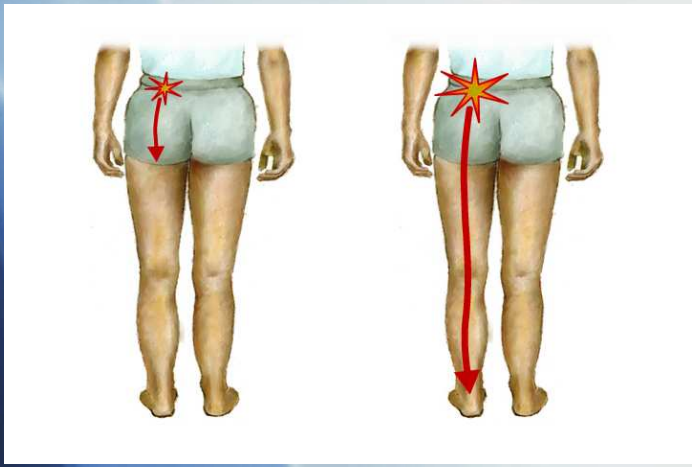


- Flexion and/or extension are generally painful
- Side-flexion is sometimes painful
- Hip flexion and medial rotation are not painful

The most common referred pain pattern for Sacroiliac Ligament injury



Referred Pain Patterns for the Sacroiliac Ligaments



Sciatica

Definition: Pain down the thigh, or down the thigh, low leg, and foot

Sciatica

Four Typical Stories

1. Sudden onset, then no pain
2. Slow onset with increasing frequency of painful episodes
3. Excruciating pain, fixed in deviation, slowly diminishing over time.
4. Chronic pain, either mild or very severe that remains

Four Typical Stories

1. Sudden onset, then no pain

Four Typical Stories

2. Slow onset with increasing frequency of painful episodes

Four Typical Stories

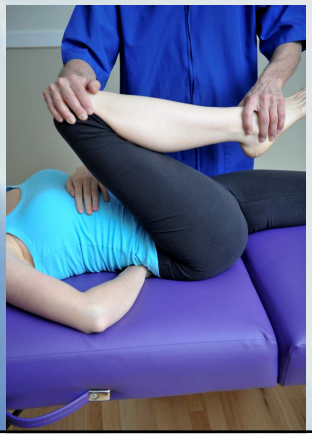
3. Excruciating pain, fixed in deviation, slowly diminishing over time.

Four Typical Stories

4. Chronic pain, either mild or very severe that remains

Differentiating Sacroiliac Ligament Injury from a Hip Injury

Test with the client's fist under the back



Differentiating Sacroiliac Ligament Injury from a Hamstring Injury

Pain on Resisted flexion

Differentiating Sacroiliac Ligament Injury from Disc Injury

Disc Injuries	Ligament Injuries
2–5% of back injuries	90% of back injuries
Unilateral weakness at a specific nerve root level	General weakness in the legs due to disuse
May involve reflex changes at L3, L5, S1, and S2	Reflex changes very rare
Referred pain within the dermatome that is more distal	Referred pain within the dermatome that is more proximal
Asymmetrical pain limitation	Pain and limitation on articular movements
No pain on palpation, unless ligaments are injured	Local and referred pain on ligament palpation

Differentiating Sacroiliac Ligament Injury from Disc Injury

Disc Injuries
2–5% of back injuries
Unilateral weakness at a specific nerve root level
May involve reflex changes at L3, L5, S1, and S2
Referred pain within the dermatome (distal)
Asymmetrical pain limitation
No pain on palpation, unless ligaments are injured

Differentiating Sacroiliac Ligament Injury from Disc Injury

Ligament Injuries
90% of back injuries
General weakness in the legs due to disuse
Reflex changes very rare
Referred pain within the dermatome (proximal)
Pain and limitation on articular movements
Local and referred pain on ligament palpation

Direct & Indirect Causes of Pain

Examples:

- Direct — ligament sprain
- Indirect — misalignment, chronic contraction, movement habits, etc.

It is important to address both types of causes.

Treatment

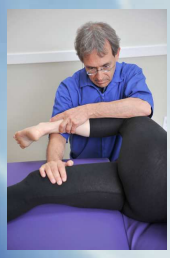
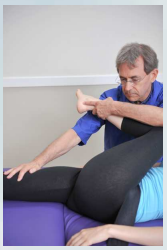
Friction Therapy of the Sacroiliac Ligaments

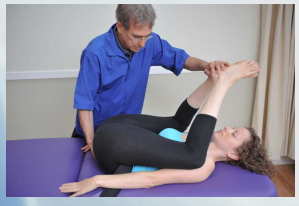
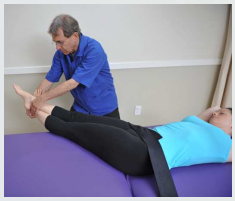
Watch the video from your Webinar Link

Myofascial Therapy

Massage Therapy

Flexibility Exercises

Strength Exercises





Correct Movement Patterns

Photo by Dede Hatch

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Referrals

- Alexander Technique or Feldenkrais practitioner
- AIS practitioner to increase flexibility and strength
- Stretched out ligaments = prolotherapy (Ongley Institute: www.theongleyinstitute.com)

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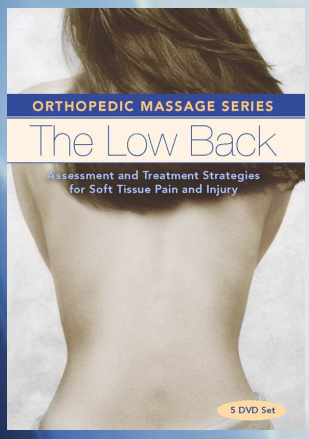
Special Offer



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Unraveling the Mystery of Low Back Pain

1. **Sacroiliac Dysfunction**
2. **Client History and Treatment Options**
3. **Iliolumbar Ligament Sprains**
4. **Sacrotuberous Ligament Sprains**
5. **Supraspinous Ligament Sprains**
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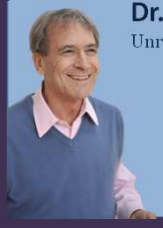

Dr. Ben Benjamin

Unraveling the Mystery Series:

- Low Back Pain
- Cervical Pain
- Shoulder Pain
- Knee Pain
- Ankle Pain
- Hip & Thigh Pain

Whitney Lowe

- Orthopedic Approaches to Upper Body Disorders
- Orthopedic Approaches to Lumbo-Pelvic Pain

Carole Osborne

- Pregnancy Massage 101

Tom Myers

- Anatomy Trains: Clinical Applications of Myofascial Meridians
- Beyond Good Posture: Fascial Release for Structural Balance

Tracy Walton

- Massage in Cancer Care
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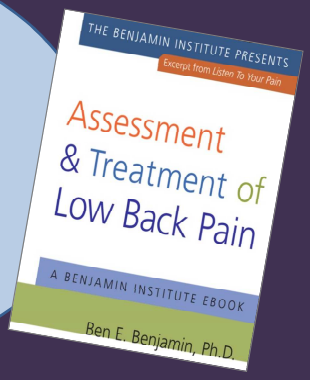

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