

Posterior Sacroiliac Joint Ligaments and its Potential Outcome for the Clinician

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The sacroiliac joints (SIJ) is encompassed between two bony structures, the iliac and sacral bone [1]. The first function of the SIJs is to preserve stability, sustained by an important network of ligaments attached to the SIJ [1]. The SIJ also has the aim share vertical forces to the pelvic bone and lower extremities [2] and is an important source for low back pain (LBP) [3].

Kurosawa, Murakami and Aizawa [4] argued that the occurrence of SIJ pain would be underappreciated because no research about SIJ pain coming from posterior SIJ ligaments would have been done. Additionally, the gold standard of SIJ pain is the injection, because it is assumed that the pain in the SIJ is coming from the joint [5]. However the authors also related that the injection were effective in decreasing pain at 2 weeks, but not at not at 8 weeks. According to Friedly, Standaert, and Chan [6], another option for treating LBP is surgery. The authors debated that the implementation of health care treatment in the United States are linked to various items, among which also an augmentation of chronic low back pain (LBP), as different treatment options used, and lastly the beliefs concerning pain [6].

Meucci, Fassa, and Faria [7] reported that the prevalence of LBP among young people aged 30 - 60 years old would be important in Europe as in the rest of the World due to an increase of sedentary work activities such computer or office related. In the United States there is augmentation of health care costs due to the increase of LBP [3,8,9]. One way to perform the diagnosis of SIJ pain are the corticoid injections [5,10], which has a double effect, first to reduce the pain of the SIJ and secondly to evidence the probable cause of SIJ pain [4]. For Cohen, Chen and Neufeld [11] 15% to 30% with SIJ pain have a non-radicular origin.

However, the posterior SIJ ligaments need to be investigated in case of LBP and SIJ pain, or referred lower limb pain. The health care providers (MD, DO, DC, and PT) might need before to apply a meticulous differential diagnosis to exclude other pathology as ankylosing spondylitis, disc herniation, or fractures, and therefore to also incorporate the posterior SIJ ligaments assessment too. Thus, in order to ensure and optimize the best evidence based treatment of LBP, and pelvic pain. More research is required concerning the potential pain referral maps of posterior SIJ ligaments.

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