Sacroiliac Joint Hypermobility

The sacroiliac (sometimes known as sacro-iliac, or SIJ) joint is a joint that sits towards the bottom of the spine, where the pelvis meets the sacrum. The joint is most easily felt by pressing around the top of the buttock.

The SIJ should normally move just a few millimeters (between 3 and 7mm). However, in some cases the SIJ can become hypermobile. This is most commonly seen in females, and often after child birth. During pregnancy, the ligaments around the pelvis soften to allow the expansion of the pelvis, and this can allow the SIJs to move more than normal. After birth, the ligaments can remain stretched, and softened making the joint move more than normal.

Surrounding muscles and ligaments work to stabilize the sacroiliac joints during any vulnerable or stressful positions. The deep gluteal muscles and deep abdominal core muscles are the most important for stabilizing this joint. However, if the SIJ is hypermobile these ligaments are not stabilizing the joint, and the joint can become stuck at its end of range (known as joint locking), or the joint surface can become inflamed.

The core muscles through their attachment to the iliac bones help to close the pelvis and improve positioning, stability and control of the sacroiliac joints. Contractions of the transversus abdominis muscle significantly supports and stiffens the sacroiliac joints.

Causes of SIJ Hypermobility

- Previous injury to the SIJ or ligaments around the SIJ can cause instability.
- Child birth can cause hypermobility, instability, and joint strain.
- General hypermobility – some people have genetically loose ligaments which creates hypermobility in many joints in the body, including the SIJ.

How to Treat Sacroiliac Joint Hypermobility:

1. **Ice**
   Apply ice to the affected are for 5-10 minutes at a time three to five times per day. Make sure to wrap the ice in a thin towel to prevent any ice burns from occurring.

2. **Anti-Inflammatory Medication**
   Your doctor will probably prescribe anti-inflammatory medication which can help to reduce swelling and pain in the affected area, but a lot of people just find it doesn't get to the spot, and seek other means of treatment.

3. **Crutch**
   A crutch may occasionally be recommended to help alleviate some of the pressure on the affected joint. The load will be switched to the other side and allow the joint time to heal properly. This is most often used in severe cases.

4. **Sacroiliac Belt**
   A sacroiliac belt is worn around the hips to help provide you with stability and allow the joint time to heal.

5. **Therapy**
   Any manual therapist will treat the SIJ. There are a range of treatments that can be used. Osteopaths and chiropractors may use joint manipulation to mobilize the joint. Physiotherapists will often use mobilizations to the joint. Soft tissue therapists will work on the muscles around the buttock and pelvis. Osteopaths and chiropractors will use manipulation to the SIJ. Therapists will also look at the lower back as this can refer pain to the SIJ. In some cases, the bones at the front of the pelvis may need to be checked (known as the pubic symphysis). Physiotherapists will prescribe exercises.

Tips:

- Sacroiliac joint problems tend to return due to an insufficient rehabilitation process.
- Make sure and adhere to the deep abdominal and hip muscle exercises provided to you by the therapist. Engage in these exercises a few times every week.
- The physiotherapist can help you to identify what the best exercises are for your specific situation.
- Beyond addressing muscle control, the therapist will also address issues with your spine, hip and lower limbs to correct any defects.
- Foot orthotics can help to correct any faults in the feet or legs and may be an option if other methods fail.
- Steroid injections to the SIJ can reduce inflammation and provide considerable relief.
- Prolotherapy injections may help to cause fibrosis on the ligaments to reduce mobility.
- Pilates can help stabilize the lower back and SIJ.