

New insights concerning sacroiliac joint posterior ligaments and related low back and pelvic pain

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Abstract

The sacroiliac joint (SIJ) is structured by articular surfaces between the sacral and the iliac bones. The SIJ embraces different functions because it connects the spine with the pelvis, which permits the soaking up of vertical forces from the spine and, thus, transferring vertical forces to the pelvis and lower extremities. The first goal of the SIJ is to preserve stability that is partly done by the muscles surrounding the SIJ and realized by various procedures, encompassing a large complex of ligaments connected to the SIJ. The range of motion of the SIJ is evaluated to be around 2 to 4 degrees. 35 muscles attached to the sacrum bone or innominate work together in synergy with the fascia and ligaments to move and ensure the stability of the trunk and lower extremities.

The SIJ is an essential source of pelvic and low back pain (LBP), which should be considered in the differential diagnosis of pelvic and LBP. The prevalence of SIJ pain tends to be underappreciated because no research has been done concerning the SIJ posterior ligaments. In the United States and the rest of the world, there is an increased prevalence of LBP and its associated costs. In Europe, augmentation of LBP cases in an adult population is due to sedentary activities such as working with a computer.

Marcucci, Alexandre, and Matthews, in a pilot study composed with a sample of 20 patients, after applying two different osteopathic release techniques on the posterior SIJ ligaments, a reduction of the pain in 18 patients, in which 12 had no pain anymore, and 6 had only a reduction of the intensity of pain. In two cases, the applied techniques did not produce any effect. There is the necessity to investigate the potential function of SIJ posterior ligaments at generating LBP as the potential impact of cluneal nerves in the differential diagnosis of LBP.

Biography

Sergio Marcucci has completed his DHSc at the A T Still University, College of Graduate Health Studies, Mesa, USA. He received his MSc from A T Still University of Kirksville USA, and his DO from Sutherland College of Osteopathic Medicine, Belgium. He is practicing osteopathic medicine for 18 years. He had 20 oral presentations and one poster presentation. He has published 10 papers in reputed journals and has been serving as a reviewer board member of four reputed journals.



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