Chapter 6 – Management Protocols

1

Sacro-Iliac Syndrome
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Management Protocol

**TYPE OF CONDITION:** Acute or Chronic

**MECHANISMS OF INJURY**

1. Direct Trauma: Sprain/strain, contusions. Examples can include:
   a. fall down steps, slip on ice: ischial tuberosity contusion
   b. rear-end MVA: SI sprain on same side as braking foot
   c. broadside MVA: fracture/contusion of lateral pelvic ring
   d. stepping in hole/off curb: sprain due to pelvic rotation

2. Indirect Trauma: chronic conditions and overuse syndromes. Examples can include:
   a. skeletal asymmetry: abnormal wear, degeneration
   b. excessive forces transmitted from lower extremity: (long jumper, dancer, figure skater): hypermobility of SI
   c. excessive forward flexion: sprain/strain
   d. couple motions of flexion and lateral bending: sprain of superior band of ilio-lumbar ligament

3. Weakened abdominal musculature can lead to:
   a. pelvic instability
   b. postural changes which place excessive stress soft tissues
   c. hyperlordosis: stress facet joint of lower lumbar spine

**COMPLICATING FACTORS**

Phases may be prolonged by complicating factors which may include diabetes, lack of exercise, failed surgical procedures, history of previous injury, etc.

**MANAGEMENT PLAN**

**PHASE 1:** Acute Traumatic / Acute Exacerbation

**Plan of care may include:**

1. Specific chiropractic adjustments to the lumbar spine and lower extremity
2. Ice: 15-20 minutes, 3 times daily (see Chapter 4 - 1). Provide patient with Cold Therapy handout
3. EMS: IFC at 80-120 Hz for 15-20 minutes until resolution, can be used hourly (see Chapter 4 - 4)
4. Postural/body mechanics education
5. Myofascial therapy
6. Instruction for activities of daily living (ADLs)

**Time Frame:** 3-5 days

**Goals:** Upon re-examination: Decrease pain and inflammation, reduction of subluxations

**PHASE 2:** Sub-Acute

**Plan of care may include:**
1. Specific chiropractic adjustments to the pelvis and related subluxations
2. Ice and EMS concurrently, daily as follows: 2-3 times per week at 1-150 Hz for 15-20 minutes
3. Ultrasound 3-5 times per week for 5 minutes (see Chapter 4 - 3)
4. Rehabilitative Exercise (see Chapter 5)
   a. Passive range of motion as indicated
   b. Active range of motion as indicated
   c. Manual resistance exercise
   d. Follow upgrade criteria for stage 3 chronic

**Time Frame:** 1–2 or 1–3 weeks

**Goals:** Upon re-exam: 50% reduction in pain and inflammation, restoration of range of motion, reduction of subluxations

**PHASE 3:** Chronic

**Plan of care may include:**
1. Specific chiropractic adjustments to the pelvis and associated subluxations as needed (1-2 times per week to once every 2 weeks)
2. Rehabilitative exercise (see Chapter 5)
   a. Resisted active exercise
   b. Balance, coordination, and proprioception

**PHASE 4:** Reconditioning

**Plan of Care**
1. Specific chiropractic adjustments to the pelvis and associated subluxations
2. Incorporation and retraining of job/sport specific skills
3. Return to work/play (light duty/drill and light contact)
4. Progression/maintenance of aerobic conditioning
5. Evaluation of candidacy for orthotics and possible prescription
6. Home program of therapeutic exercise

**Time Frame:** Up to 12 weeks post-injury, follow up assessments every 2 to 6 weeks until maximum patient improvement

**Goals:** Upon re-exam: 100% reduction of pain and inflammation, improved strength, improved stability, restoration of function, improved skills, and improved kinesthetic awareness, reduction of subluxations.

**LIGHT DUTY WORK/PLAY CRITERIA**

1. Minimal aggravation of symptomatology
2. Minimal chance of increased structural damage or re-injury

**RETURN TO WORK/PLAY CRITERIA**

1. Complete resolution of pain at rest
2. Minimal aggravation of symptoms during work/play
3. Restoration of function to pre-injury status or maximal stability

**References Consulted**


