Twitter Thread by Laurence Badgley



Laurence Badgley
@BadgleyLaurence

HYPERMOBILE YES! These are exact postures chosen by hypermobile patients with unilateral sacroiliac joint disorder & low back pain on that side. One leg bolsters the other so as to hold up the hemi-pelvis on side the SIJ is subluxing; because it hurts to sit on that buttock.

> You might also be hypermobile, just sayin'... \U0001f609
>
> — Oh TWIST! (@H2OhTwist) December 8, 2020

Another posture that attends unilateral sacroiliac joint disorder in hypermobile people is the Trendelenberg posture. This is to sit flexed forward with elbows on both knees. When brought to their attention, many are apologetic, “I know I shouldn’t slouch”.

The Trendelenberg posture is in fact the wisdom of the body finding the most comfortable position; in this seated bent over position the femurs leverage each sacroiliac joint into an anatomical neutral station; so joint ligaments are not stretched.

Standing posture liked in low back pain due to unilateral sacroiliac joint (SIJ) disorder: keep same-side leg straight & slightly flex knee on stable SIJ side; posture that lowers normal hemi-pelvis down & horizontal with loose sagging side. Body likes horizontal pelvis platform

People with sacroiliac joint (SIJ) disorder sleep restlessly like “rotisserie chicken”, but favored sleeping posture is on the non-subluxing-SIJ side; whereby injured loose SIJ floats upward; better if subluxing-SIJ-side leg is thrown up & over husband, dog, or large body pillow.

Driving auto, people with unilateral sacroiliac joint (SIJ) disorder put weight on buttock on non-injured non-subluxing side or pillow under injured SIJ side; over time seat becomes worn on one side. Left-injured SIJ lean on console. Right-injured lean on left door-window ledge.

People with injured subluxing sacroiliac joints with chronic low back pain never accept invitations to sporting events with bleachers; they cannot tolerate sitting on a hard seat for more than 10 minutes.

People with unilateral sacroiliac joint injury, subluxation, & pain often have chronic sciatica pain radiating into the same-side buttock and/or to same-side posterior thigh down to the knee. Radiation of pain into same-side groin and/or anterior thigh is

unique to SIJ disorder.

People with leg pain & sciatica through posterior thigh to calf & to foot usually have vertebral spine disk injury & obtain back pain relief by lying down. Those with sacroiliac joint disorder have increased low back pain when they lay down; as pelvic girdle ring hits mattress.

As a bony pelvic girdle ring with a loose sacroiliac joint meets ground force of sleep surface, the force translates around the ring to the loose joint, painfully stretching injured ligaments of this joint; preventing deep refreshing sleep; arousing daytime fatigue & depression.

People with the most injured & loosest sacroiliac joints experience a “giving away”phenomenon of the associated leg; they find themselves on the ground as the leg goes suddenly weak. This often occurs going up & down stairs or down inclined driveways & slopes.

I believe I am first one to ever describe this phenomenon (conference Antwerp, 10/2019). Explanation: leg lifts to step, SIJ subluxes, foot hits ground, forces joint to close asymmetrically, suddenly impinging contiguous (to ventral joint sulcus) sciatic nerve; stunning it.

A suddenly-stunned sciatic nerve causes the leg it serves to become temporarily & transiently paralyzed (paretic). The person suddenly finds themself on the ground without any warning. Some of these sufferers even break bones. Can be serious.

Problem with recognition of this non-rare problem is that the diagnosis is clinical & reliant on history & physical exam. Subluxing sacroiliac joints cannot be discovered by common X-rays & most doctors do not know how to make the clinical diagnosis of sacroiliac joint disorder.

CONCLUSION: a common occurrence in persons with hyper-mobility is injury to sacroiliac joint ligaments of the pelvis; the largest joints in the axial spine. Body postures & functions that occur when back & pelvis move provide clues to the underlying bio-mechanical disorders.

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