

AUTHOR RESPONSE

We appreciate Mr. DonTingy's comments regarding the systematic review of the movements of the sacroiliac joint. Mr DonTingy has provided much effort in the examination and treatment of the sacroiliac joint (SIJ) and we deeply respect his contribution to this area of musculoskeletal medicine. Nonetheless, comments such as those stated by Mr. DonTigny and others we have similarly encountered during clinical practice are the fuel that fired our investigation into the true movements of the sacroiliac joint.

In response to including the values from the Smidt et al¹ article; we included only and all studies that used RSA methods of measurement since this is considered the gold standard for assessing motion in the SIJ². We excluded all studies that utilized mathematical modeling, computerized modeling and/or skin markers. The use of skin markers has demonstrated questionable reliability, validity and generalizability. The Smidt et al¹ article referred to by Mr. DonTingy used skin markers to measure motions of the SIJ. The methods employed by Smidt

et al¹ article were replicated by Stureson et al² with RSA methods and demonstrated values nearly 10 times as low. We and Stureson et al² both feel that the values obtained by Smidt and colleagues¹ are associated with inaccuracies in measurement, not functional movement.

The use of symmetry or movement methods as described by Mr. DonTingy to determine sacral asymmetry are still commonly employed in clinical practice and are based purely on clinical judgment, not science. These methods to diagnose SIJ dysfunction have little if any reliability or validity³.

Correcting dysfunction of the SIJ remains questionable. X-rays measure 2 dimensional motions and would not accurately reflect the true movements of the 6 degrees of freedom of the SIJ. Others have investigated whether manipulation affects the position of the SIJ. Utilizing RSA methods, Tullberg et al⁴ found that manipulation of the SIJ did not alter the position of the sacrum in relation to the ilium.

In regard to Mr. DonTigny and others with similar clinical concepts, we re-

spectfully suggest that the proof is out there and it's time to accept it.

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