**Minimally invasive surgery could relieve patients of back pain.**

The story focuses on the 80 percent of Americans that will suffer back pain in their lifetime, and a particular type of back pain — SI Joint (sacroiliac) Syndrome.  Now I wouldn’t consider SI joint pain a “back” or spinal issue because the muscles that act upon the sacrum belong to the pelvic and hip category, but I’m not even going to be picky on this point.  I am, however, going to nit-pick the term Minimally Invasive when talking about the new surgery, SI joint fusion.

Yep.  With just a couple of rods and three incisions, your sacrum can be ***permanently connected to your pelvis*** for reduction in pain.

**“The procedure works because it stops the joint from moving, and it’s only movement which brings on the pain,” says Dr. Graham Smith.**

Correct me if I’m wrong, but this sounds a lot like the Hey Doc, It Hurts When I Do This, Then Don’t Do That philosophy of medicine.  Anyone else get that?

Let’s back up a second to an experience you may have had with a broken bone and cast or sprain and sling.  For those who have had rigid structures limiting their joint movement while healing, do you remember the day the cast came off and how the muscle atrophy (shrinkage) was so easy to see when comparing the “fused” and mobile appendages?  Here’s the thing with muscles,  **they need movement at the joints in order to maintain tone, tissue health, and fluid content**.  No joint movement, no muscle tone.

Now let’s talk about the sacroiliac joint.  This joint is supposed to have free, non-friction generating movement.  Just like movement of the knee keeps the quadriceps, hamstrings, and calves healthy, the movement of the sacrum keeps the glutes and pelvic floor healthy.  In fact, sacroiliac pain comes from unbalanced muscular-force between the glutes and pelvic floor, and the resulting pelvic floor hyper-tension on the sacrum.  The solution is restoring the function to minimize friction, not fusion.  Fusing this area will not only create core-musculature atrophy, it will cease natural motion of a body part.  Natural motion that was probably important, if your body developed a joint there.  Important movements like child birth, reproductive organ support, pelvic and abdominal support, digestion, and walking.  You know, those types of things.  Do you have SI Joint pain?  Check your butt.  Don’t see one?  Get one.  Your SI Joint will thank you.

Sooo, back to Minimally Invasive.  This term is a misnomer.  An incisions may be small, but the long-term affects of a fusion result in a progressive and accelerated degeneration of all tissues around the location of the fusion.  Most people do not clearly understand the role of the pelvic floor, sacrum, and gluteal muscles in supporting practically ALL human body function.  If they did, they would not be so quick to fuse this area, creating a “limp” in the core muscles that lasts FOREVER.  Minimally Invasive my butt.  My strong butt at that.

Dr. Graham is not incorrect when he says that movement brings on the pain, but **not moving is not an option** for those of us who know that our body is a self-winding clock.  Fuse a joint, limit your time.  Pain with movement is a signal to be heeded.  The signal is saying, The way you are moving is doing you harm.  The muscles on your frame are not supporting you.  You can fix the way you move, or, you can just lie down now.  Which makes more sense?