



EPISODE 009 — THE UNSTABLE PELVIS

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SHOW NOTES



Spinal Column Radio host,
 Dr. Thomas Lamar

Title: The Unstable Pelvis

Episode Number: 009

Host: Dr. Thomas Lamar

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Description:

If you ever “put your back out” and find that the old standby treatments that have helped you in the past, stop working... you may be suffering from the often, well-disguised, “Unstable Pelvis.”



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Transcript:

Spinal Column Radio, episode number nine.
Coming up on Spinal Column Radio — The Unstable Pelvis



[intro theme music]

Welcome back to another exciting and information packed episode of Spinal Column Radio. My name is Dr. Thomas Lamar, chiropractor and Dad of 6. And this is the podcast that gets you to think. To think about your health in a whole new way. We're the podcast for your backbone... the podcast *with backbone*. Who knew that spinal education could be this much fun?

We'd like to invite you to visit our podcast website at spinalcolumnradio.com where you can learn more about us, check out our world-renown "What's a Podcast?" page, and can access the show notes for this episode. Also, we encourage you to leave comments and ask questions through our website, or, if you prefer, you can email me using DrLamar AT spinalcolumnradio DOT com.

[transitional sound effect]

Hey, before I launch into our episode today, I want to take a moment to thank everyone out there for listening to Spinal Column Radio. Our listenership is slowly growing — and of course we're excited about that. But we'd like to reach more people....so this is where you can help! Help us get our message out to as many people as possible by telling your friends, your family, and those in your sphere of influence all about us here on SpinalColumnRadio.com.

You know, one of the great things about doing a podcast from a tiny town such as Kingston, Washington, is that a podcast has a global reach... And that means that we are able to have listeners not only from our own neighborhood, but listeners from literally all around the world... And that is what our statistics map is showing us. And just for fun, I am going to post a recent snap shot of our map in the show notes just to give you an idea of who else is listening along with you. And, real quick, I'd like to say hello to whoever it is that is sitting out there on the equator off the coast of Africa.. I know you've been checking us out every once in a while, and I'd just like to say hello and thanks for listening. It says you are from an unknown area. So Logan and I would love it if you could send us an email at [DrLamar @ spinalcolumnradio.com](mailto:DrLamar@spinalcolumnradio.com) to say hello and to give us a little more information about yourself. Are you on an island, a boat, or an oil rig?... help us settle the bet.... whatever the case, it would be fun for us to hear from you.... and actually, that goes for any of you out there listening — especially if Kingston, Washington is a decent distance away... drop us a line at [DrLamar @ spinalcolumnradio.com](mailto:DrLamar@spinalcolumnradio.com), or leave a comment in the show notes. And, depending on how that goes, I just might read your comment or email in a future episode... especially the guy on the equator.

[transitional sound effect]

Imagine having a nasty episode of back pain. Perhaps you've had it before. Figuring it will get better on its own, you rub stuff on it, pop some pills, stretch, and give it some time. To your delight, it is starts to feel better... but then you... fill in the blank (reach for something, step wrong, twist, get out to of the bath tub... whatever) and BANG!!... your back goes into spasm and you

frustratingly return to square one. “Okay,” you think, “time to call in the professional — I’ve had enough of this misery.” So it’s off to your friendly (blank’s) office for an appointment.

The problem is that the medication your doctor prescribed, the stretch your physical therapist coached you on, the massage your massage therapist gave you, or the adjustment your chiropractor performed.... didn’t do much to help... well maybe at a little at first... but then you did something like before (you reached for something, stepped wrong, twisted or got out of the bath tub) and BANG!!... your back went into spasm and you were back to square one. More of the same is delivered from your provider of choice with lackluster results.

Eventually, though, you muddle through and “get better.”

Ah yes, sounds like we have a case of the “Stealth UNSTABLE PELVIS.”
... Thanks Logan.

This is a condition that I see “skate under the radar” in so many cases. Primarily because at first it’s so well disguised. At first it presents like your typical “garden variety” mechanical lower back pain. Muscles are in spasm and the spinal joints are locked. But in actuality, this clinical picture is *not* the problem, but rather the *solution* that your body has done its best to come up with — a *solution* not for joints that are bound up and not moving correctly, like we chiropractors are known for focusing our efforts on, but, rather, a *solution* for joints that are too loose.

We chiropractors call these joints “hypermobile” — as opposed to “hypomobile.” And the joint, in particular, that I am referring to for our topic today is the sacroiliac joint. “Sacro” for sacrum — the triangular bone at the base of the spine — and “iliac” for ilium — which is a bone in the pelvis. So, we have two sacroiliac joints, and they basically are the linkage of the pelvis to the spine. Now these are joints that don’t seem like much to the casual observer. After all, they really don’t move much — compared to other joints. Actually the joints swivel more than anything else and are what give the rear-end that classic side to side movement when one walks.....

[Pretty Woman digression sound effect]
... forgive the digression.

If the ligaments that hold these joints in position are subjected to events such as a quick slip and fall, or a situation in which one of the joints is “over-leveraged” such as pushing a heavy box to the side with your leg, or the unique stresses that pregnancy and childbirth have to offer, the ligaments that hold this joint together can over-stretch, they can sprain, they can rip and this in turn causes the joint to literally come out of place. And when this happens, you feel like... well you feel like you are “falling apart.” Moving is so difficult and there is often a feeling of weakness.

So, in response to this instability, the body goes into a sort of “Emergency Response Mode” — calling “All hands on deck!” to do whatever it can to offer some stability to this wobbly joint. As a result, muscles all throughout the neighborhood will go into spasm in an attempt to brace the unstable joint and other joints will lock up in an attempt to take some of the stress off the area. But, all too often these areas of tightness and joint locking become “smoke screens” and distractors for the doctor or therapist... leading them down the wrong diagnostic path.... And that’s why I refer to it as the Stealth UNSTABLE PELVIS, and it’s why it is missed by so many practitioners.

It is also why a massage or a chiropractic adjustment with the *intent* of working on what seems like typical back pain, doesn’t produce great results... And the reason why this is, is that the adjustment and/or the massage literally goes to work to *undo* these support mechanisms that your body has done its best to set up to hold you together. So, when the massage therapist, for

example, skillfully causes that spastic muscle to turn off — or when the chiropractor unlocks that stuck joint — in essence what you are doing is telling that little boy that has his finger in the dike to move on along, and as he pulls his finger out, the dike crumbles like a house of cards.

Now for some patients, we can arrive at this diagnosis without this seemingly “wrong turn”... but for many people, the problem has been present for so long that years and years of compensation make it very difficult to discern... and it's not until we start unraveling some of this compensation that the true problem begins to surface. So not necessarily a bad thing when this happens, but rather a *turning point* of getting on the right track.

Okay, so we've identified that you have an “unstable pelvis”... we could also call it a sacroiliac sprain. So the question is, what do we do about it... obviously we don't pull out the typical tools. Instead, we turn to a chiropractic technique know as Sacro Occipital Technique... or S.O.T. for short. By placing special adjusting wedges — known as sacral blocks — under the pelvis in a precise way, we can literally lift the pelvis up in certain areas and allow gravity to pull the wayward sacroiliac joint back into place. In essence we are “reseating” the joint. With the joint back in place, we will often fit the patient with a specialized sacroiliac belt to literally hold the pelvis in its appropriately adjusted position. By holding it in position over a series of weeks and carefully monitoring the patient's progress — making adjustments when necessary — the ligaments can begin knit back together and heal with the joint in the appropriate position.

Now, I cannot emphasize just how important the sacroiliac joint is... and I have a couple of extreme stories from my “patient vault” to help illustrate this.

... Because, not only is the sacroiliac joint responsible for acting as a weight-bearing foundation for our spine to rest on, but it is intimately involved with the bones of the skull in helping to pump cerebral spinal fluid throughout the brain and spinal cord. Let me explain further. Within the body, we recognize different rhythms or pulses. We have the heart beat rhythm, the respiration (or breathing) rhythm, and then there is another type of rhythm that is now on science's “radar,” and we are learning more and more about it... and that is the rhythm or the pulse of the flow of cerebral spinal fluid.... about 10 to 12 times per minute.

Well, one of the drivers of this Cerebral Spinal Fluid Rhythm is what we call the Cranial Sacral Pump. And what this is, is the cranium (or skull) working in concert — much like a teeter totter — with the triangular bone of the sacrum at the base of the spine. So, what happens, is the plate-like bones of the cranium (we have eight) move subtly... like tectonic plates shifting in the earth.. then they “lock”... and the subtle movement then shifts to the opposite end, the sacrum, via the sacroiliac joints.

Again...think of the teeter totter analogy... because this is important. There's a “rule” that the Cranial Sacral Pump must follow. And that is when one end is moving (either the cranium or the sacrum) the other end must be “locked”.... sort of like the teeter totter. Essentially when one end of the teeter totter is up in the air and “free” the other end is on the ground stabilizing things. Such is the case with the Cranial Sacral Pump. That is, if the sacrum is moving, the cranium is locked. And when the cranium is moving, the sacrum is locked. If both ends are allowed move at the same time, the body literally goes into a “tail-spin.”

So, here's what happens often. Let's say someone takes a hard slip and fall and they sprain their sacroiliac joint... making for an UNSTABLE PELVIS. Well, that makes the sacroiliac joint *loose* and unable to naturally “lock” as it plays teeter totter with the cranium. Therefore, because the body does not want both the sacrum and cranium moving at the same time, the cranium, in this case, will go into chronic “lock down.”

What this means, is that this can be a seemingly odd cause of headaches. It also means that other things that are far removed from the obvious back pain can crop up... further confusing the clinical picture if the culprit of an unstable pelvis still remains at large.

Things like balance and coordination problems, jaw pain, neck pain, ear pain, mechanical pain in the side of the chest, groin pain, thigh pain... also we can see problems with the knees, ankles, and feet. People will complain of fatigue, menstrual issues, emotional upset, bed wetting, and, like I mentioned before... headaches. Clearly this is a joint that needs our attention if it is in disrepair.

Okay, now for the stories I promised you... and both, while extreme, do a good job of demonstrating just how influential this joint can be. Logan... to the vault!

[transitional sound effect]

The first story is about a woman who had many chronic musculoskeletal problems. She had seen many doctors previous to me and now was going to try chiropractic at our office. Well, as it turned out, we proved to be quite helpful. But because of the chronic nature of her problems, we were only able to improve upon her condition — not necessarily bring about full resolution. So, in other words, under chiropractic care her function improved and pain levels dropped.... but she was never 100%. Well, one of the things that she complained of was headaches... and again, the chiropractic care proved helpful in this area. Now, mind you, I was not the only doctor or practitioner that she was seeing. In addition to me she regularly saw her primary medical doctor, a physiatrist (which is a medical doctor who specializes in physical medicine) and a massage therapist.

Well, one day she came in complaining that her headaches were acting up. But unfortunately, the adjustments to her upper neck were not helping like they once had. All of the practitioners did their best to help.

Well, it wasn't until she came in one day with the back of her head shaved, did the gravity of her situation hit me. She explained that the headache pain was so bad that she had to shave the back of her head so that she could apply Biofreeze to the base of her skull. Well, needless to say, at this point I was in contact with the medical team, and we were ordering up special imaging (CAT scans) to make sure that she did not have a brain tumor or something.... because this was not your typical headache.

Well the CAT scans came back showing no detectable problems... so good news there... but the question as to what was going on remained.

It was at this point that one of the doctors suggested Cranial Adjusting. Well, I thought that was a pretty good idea... especially coming from a medical doctor. Now, I mentioned the Sacro Occipital Technique is a way that we help the unstable pelvis.... well this technique is very comprehensive and can address a whole host of things, including cranial adjusting... remember the Cranial Sacral Pump we were talking about earlier... well, the bones of the skull, of the cranium, can be adjusted. They move very much like the gears of a clock in relationship to one another — and we are not talking about massive movements here, but subtle movements that ultimately aid in the flow of cerebral spinal fluid. Well, these cranial bones, these plates, can certainly get stuck and jammed, from a good bump on the head, as an example. And, when this happens, headaches most certainly result.

Well, this was multiple years ago, and I was still pretty new at the Sacro Occipital Technique... and Cranial Adjusting is not something that you just pick up in a weekend, it requires a lot of

practice and a lot of work. So my confidence level in the area was low. Or, at least to be fair, given the severity of her case, I wanted my patient in the hands of someone who had more experience in the technique. Well, SOT is not the *only* technique out there that utilizes cranial adjusting.... as a matter of fact, Cranial Sacral Therapy is a very well-known technique used by many and can be very effective... Actually, the two techniques share a lot of commonalities. A major difference of the two techniques though is that SOT is a chiropractic technique that is practiced by, well, chiropractors. Cranial Sacral Therapy, on the other hand, is a technique that can be practiced by chiropractors, medical doctors, nurses, massage therapists, physical therapists, dentists... basically any health care provider.

Okay, so she was sent off to a cranial sacral therapist — who happened to be a massage therapist — to address her cranium, and I continued to work on her spine. Well, as she went through her treatments with this other provider, I was asking how her headaches were. And, unfortunately, she would report that they were not much better, and that after the cranial therapy she would actually feel worse.

Now, for those of you who have never experienced cranial adjusting, I just want to give you a picture of what it is like. It is actually a very subtle adjustment. There is sustained, light pressure that is applied to the skull in precise areas to help restore normal cranial motion. And actually, it can be quite relaxing. But what it is not, is a large dynamic maneuver, like we often see often with other chiropractic techniques of the spine.

Okay... so this patient was getting *worse* with the cranial adjusting... very frustrating... She still had her headaches and was not getting better.

And, then something “clicked” in my brain. Do you remember how I said that the cranium and the sacrum work like a “teeter totter” to perform the action of the Cranial Sacral Pump? And that while one is locked, the other is moving... and the two trade-off... basically ping-ponging back and forth? And that the body has a special “rule” and that both the cranium and sacrum cannot be “unlocked” at the same time or the body will go into a tail spin? You remember that? Well, it occurred to me that perhaps she had... you guess it... an UNSTABLE PELVIS that was causing her cranium to be in a constant state of jammed up “lock down.” and thus causing her chronic headaches. And BINGO, that’s what she had! ...And it was a doozy. Ironically, back pain was not something that was high on her list of complaints. So, sure the cranial sacral therapist — who is very skilled by the way — was getting the bones of the skull to move, but she was not recognizing *why* they were *locked* up in the first place.

So, we stopped the cranial adjusting. And I set out to stabilize her pelvis... which, as it turns out, was so chronically unstable, and was filled with scar tissue over the years and years of compensation, that it took a little longer than usual. But when it finally healed and stabilized.... then, *and only then*, was it safe to go in and free up the jammed cranial bone movement with Cranial Adjusting... which, with my new-found confidence, I went a head a did myself... and with that, the headaches disappeared.

Actually, a lot of this patient’s chronic problems improved after that.

[transitional sound effect]

One more patient story to demonstrate the importance of the sacroiliac joint... and this one will underscore just how important it is with balance and coordination.

A truck driver patient of mine — and he’s probably listening on the road right now — had a work injury in which he, among other things, sprained his sacroiliac joint — prompting an UNSTABLE

PELVIS. With some work and the assistance of a physical therapist, we were able to get him stabilized and doing considerably better ... And then, while the ligament was still in the process of healing and strengthening, he unfortunately suffered a set back.... a big one. This is what happened...

...And I know that we can all sympathize with this because we've all done something *like it* before. He was stepping down out of his 18-wheeler truck. Now, his brain knew where the ground was, because he's done this countless times before... or, maybe I should say, his brain knew where the ground *should* have been... because what actually ended up happening, was instead of his foot making the anticipated contact with the ground it went right into a deep pothole. Well, needless to say, this sudden jerk jolted right into his sacroiliac joint, re-tearing the supporting ligaments that had yet to completely heal.

This in turn caused intense muscle spasm and incredible pain and disability. Some how he made it home, and he had his wife drive him to his doctor's for an injection. ... But on the way to the appointment, the pain shot up dramatically... to the point where he had his wife abort their course of action and drive straight to the fire department where he was transported to the hospital.

Well, at the hospital, they took a CAT scan of his hip and pumped him full of pain meds in an attempt to keep him comfortable. Unfortunately, it did little to help. He was completely miserable. He even told me that he was so unsteady on his feet that the nurses put him in red socks... apparently that's "nurse code" for someone that is not walk without assistance. They eventually released him, and his wife drove him straight to our office. Sure enough our exam found him to have an unstable pelvis. Utilizing sacral blocks we were able to "reseat" his joint and moments later he experienced incredible relief.

[transitional sound effect]

Here's the bottom line. The sacroiliac joint does more than waddle your butt from side to side. It literally is the foundation of your spine and plays a key role in pumping the vital cerebral spinal fluid throughout your brain and spinal cord.

But, if the ligaments that secure this joint in place become torn, the joint can literally shift out of position...having far reaching, and sometimes obscure, symptoms. Many people are unknowingly walking around with a chronic unstable pelvis condition right now. How do you know if you have one though?... well, it's hard to tell. But, if you sway from side to side when you stand, or if you find it incredibly difficult to sit still without fidgeting in your chair... you know, crossing your legs... shifting from side to side, crossing your legs again... there's a good chance that something is overly *loose* in your pelvis.

A chiropractor trained in Sacro Occipital Technique has the skill set to help you stabilize this wobbly joint. I have more information in the show notes, but essentially treatment involves "re-seating" the joint with adjusting wedges and then between visits a specialized belt is worn to keep the joint in place — allowing the supporting ligaments to heal. Later, exercises are prescribed to help stabilize the area even further. With this technique, the joint can truly be given a chance to heal — otherwise, most treatment, or non-treatment efforts — for that matter — are merely Band-Aids at best.

[outro theme music]

Dr. Lamar: Well, that will tie a bow on this episode. Hey, speaking of bows and ribbons, this is the last episode that my son Logan will be doing as a 9 year-old. Because the next time we join you, he'll be 10! Happy Birthday son!

Logan: Thanks Dad.

Dr. L: Hey why don't you give the disclaimer a try?

Logan: Okay....Spinal Column Radio would like to remind you that true health comes from the inside out — not outside in. As such, the content of this podcast, along with the show notes and related links, is not intended to cure, diagnose, treat, or prevent any disease. But, instead, is meant to inform and inspire you in asking better questions regarding your health. Since the circumstances surrounding your particular situation are unique, you are encouraged to consult with a Doctor of Chiropractic — or other health care practitioner of your choosing.

Dr. L: Good job! Hey, next time on Spinal Column Radio: "Do You Believe in Chiropractic?"... I don't... And I'll tell you why. That's in two weeks. So, until then, for my soon to be ten year-old son Logan, tweaking the knobs on the sound board, this is Dr. Thomas Lamar, your podcast chiropractor.

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