

# Sacral Torsion About an Oblique Axis

## *A New Approach to an Old Problem*

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*This chapter is an in-depth exploration of sacral torsion and sacroiliac joint dysfunction. It presents a model of nomenclature, evaluation, and treatment that is much more user-friendly than the traditional model. For those who do not want to dig deeply into the historical and theoretical reading, but do wish to learn the clinical application, you will find the latter part of the chapter that starts with **Torsion Evaluation** will suffice.*

Manual therapy applied to the sacroiliac joint (SIJ) encompasses a variety of types of movement dysfunction, and it may include a variety of pain presentations. In this chapter, SIJ dysfunction (SIJD) will be defined thus: Sacroiliac joint dysfunction is a movement dysfunction in which movement within the SIJ, or going through the SIJ, is altered, possibly causing pelvic posture to be altered and provoking proximal or distal pain. The pain may be intrinsic to the SIJ, or extrinsic – for example, from sacroiliac ligaments and other proximal soft tissue.

Due to the proximity of the lumbar and sacral nerve supply, pain patterns can be unclear. True SIJ pain is not always clearly demarcated. Furthermore, the SIJ and lumbar spine are inextricably linked and, therefore, I deny distinct and separate SIJD without lumbar segmental involvement. In contradistinction to much of the general literature, asymmetry is not a

necessary prerequisite for the definition of SIJD, as symmetrical and treatable hypomobilities and hypermobilities do exist.

A frequently reported sacral movement dysfunction is named “sacral torsion about an oblique axis,” which is also known as “sacral torsion,” or simply as a “torsion.”<sup>1,2</sup> Torsions do meet the above definition of SIJD, and they are the focus of this chapter. I also include my method of evaluation and treatment for sacral torsions.

There are other axes and other types of sacral dysfunction that will not be detailed in this chapter. These include forward-bending and backward-bending restriction, pure rotation on a vertical axis, pure side-bending, and posterior glide.

Some patterns that might be predicted do not actually appear to exist, or are extremely

rare, such as anterior glide, side-glide, and dorsal plane tilt (imagine a pinwheel axis to differentiate from side-bending).

My work is a distinct enhancement from the traditional evaluation and treatment paradigm, and is, therefore, referred to as the *Hesch Method*.

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