



**Section XIII – Axial Anatomy**  
**SIJ Anatomy**  
Timothy Ganey  
Saturday, April 22, 2017  
12:00

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**SI – A patient perspective**



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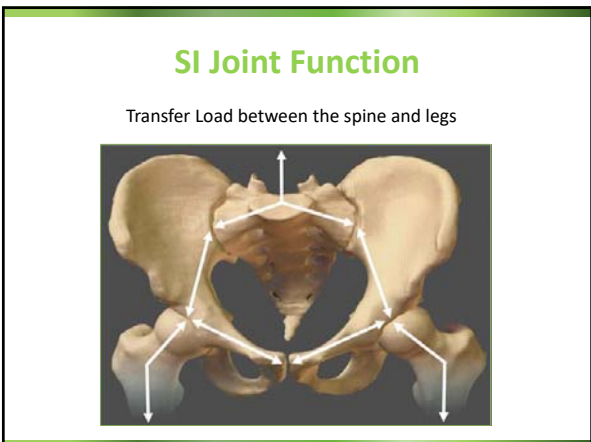
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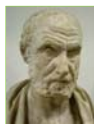
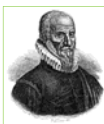
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### Historical Overview

- Hippocrates 460-377BC
- Vaesalius 1514-1564
- Pare 1634



*"SI Joint only mobile during pregnancy"*

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### Sacroiliac Articulation

- Sacroiliac joints are true synovial joints
- Subject to various forms of arthritis and degenerative processes.
- Rotate 3–5° in the younger subject – they may be susceptible to mechanical trauma.
- Fibrosis takes place between the cartilage surfaces after the fifth decade of life
- Range of movement decreases as fibrous ankylosis increases by the seventh decade

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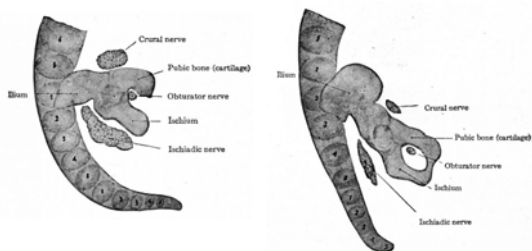
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PETERSEN, H.: Untersuchungen zur Entwicklung des menschlichen Beckens. Arch, f. Anat. u. Physiol., Anat. Abth., 1893.

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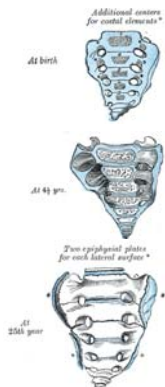
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## Embryology

- 35 centers of ossification.
- Each sacral segment is formed by five ossification centers
  - one primary center that forms the body
  - four secondary centers that form the superior and inferior epiphyseal plates and the two halves of the vertebral (neural) arch.
- The first 3 sacral segments have a pair of costal elements that project anterolaterally to form the alae. Two epiphyseal plates on each side of the sacrum form the lateral aspect of the bone, including the auricular surface that articulates with the ilium.
- The fusion of the costal elements and auricular surfaces of the sacral alae does not begin until puberty and fusion of the vertebral bodies does not commence until near the end of the second decade.




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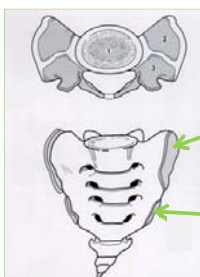
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## Lateral Epiphyseal Consolidation



The lateral epiphyses and costal elements fuse completely by age 22, the S3-S4 and S4-S5 segments fuse by age 22, the S2-S3 segment fuses by age 23, and the S1-S2 segment may not fuse until the fourth decade of life or later .

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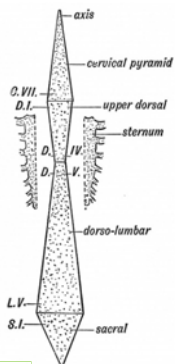
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## Pyramids of the spine



Keith, A. [Human Embryology And Morphology](#) (1921)  
Longmans, Green & Co.:New York.

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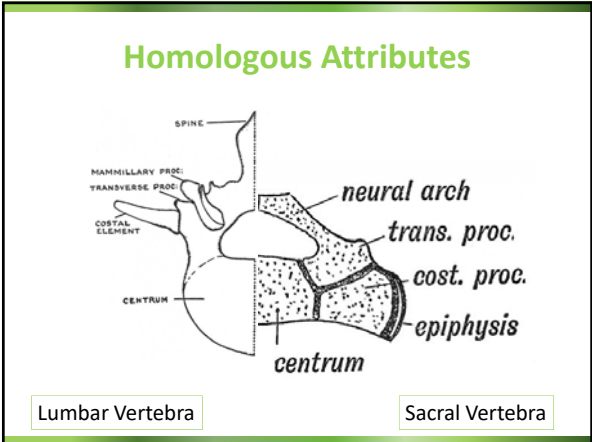
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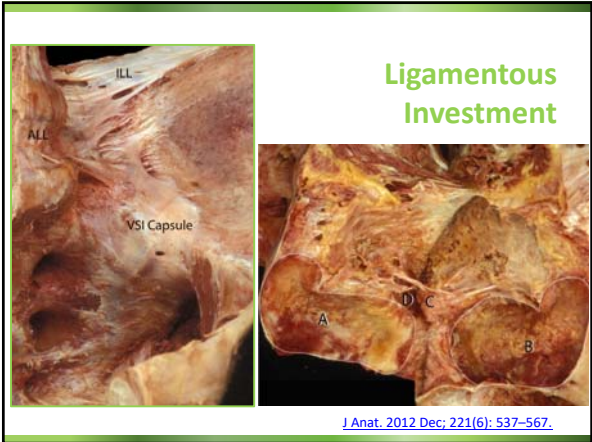
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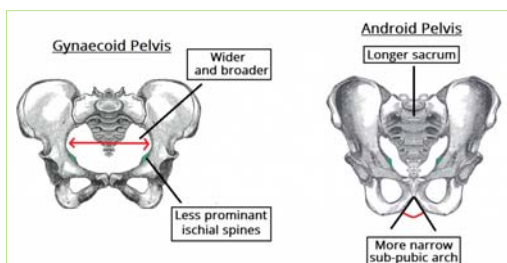
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## Gender Variation




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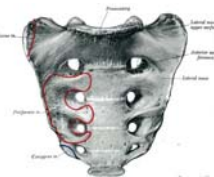
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## Muscular Attachments

### Anterior Surface

- **Piriformis:** Originates from S2 – S4 level of the pelvic surface. Due to its attachment at the trochanter of the femur, it is able to externally rotate, abduct, extend and stabilize the hip joint.
- **Coccygeus** muscle inserts on the lower sacrum. It gives support to the contents of the pelvic cavity and due to its attachment to the coccyx, is able to flex the bone.
- **Iliacus** – although it primarily arises from the iliac fossa, it also has fibers originating at the ala of the sacrum. Its distal attachment to the lesser trochanter of the femur allows it to flex the thigh at the hips and stabilize the hip joint.




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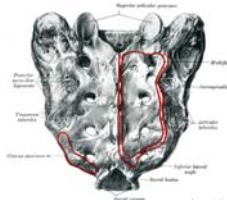
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## Muscular Attachments

### Posterior Surface

- **Gluteus Maximus**
- **Multifidus lumborum** – the deepest muscle arising from the sacrum. Some of its fibers cover the upper two sacral foramina. This muscle attaches to the transverse processes of the superior vertebrae and is therefore able to help stabilize the spine.
- **SacroSpinalis** – partly arises from the posterior sacrum and the sacrospinous ligament. It is essential in achieving extension and lateral bending of the head and vertebral column.




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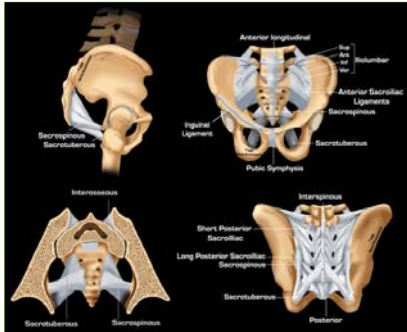
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### Sacral Ligaments



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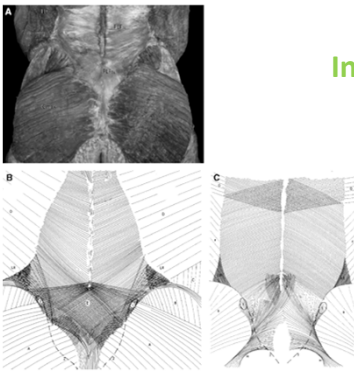
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### Fascial Investment



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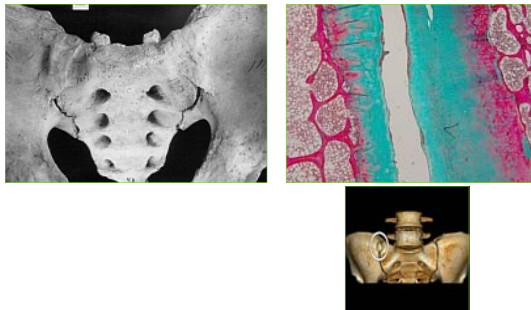
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### Sacrum – Iliac Articulation



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### Pathology

- Nutation/counternutation – rotation-translation displacement
- Proprioceptive, Nociceptive, Mechanoreceptive
- Inflammation, Irritation
- Anatomical evolution

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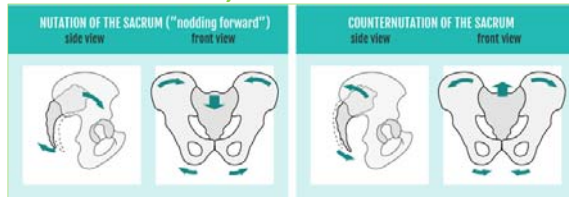
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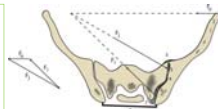
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### Nutation, Counternutation



Bi-Pedal Posture  
 Adapting Lumbar Lordosis  
 Form and Force Closure – strain generation  
 Shear Mechanical Reaction  
 Force Closure trumps Form Closure



Adapted from Snijders, 1995

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**Nutation – “nodding”**



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**Nutation – “nodding”**



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**Interaction between erector spinae and pelvic floor muscles – stabilizing SI joint.**



Illustrator – Chris Macivor

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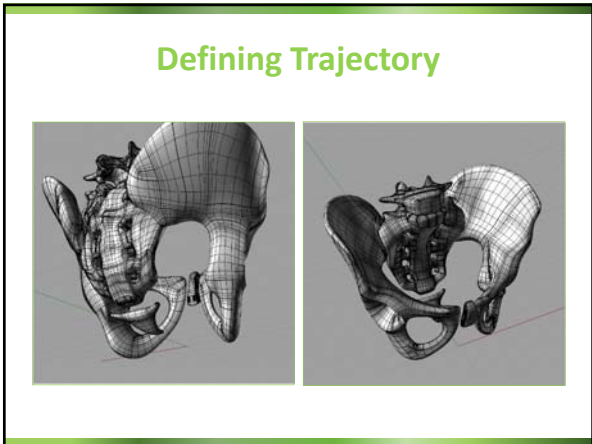
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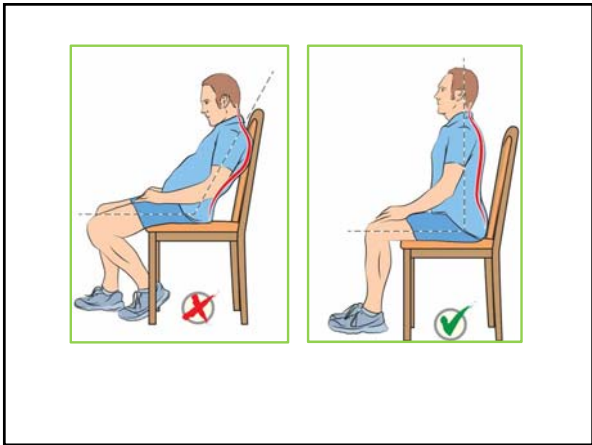
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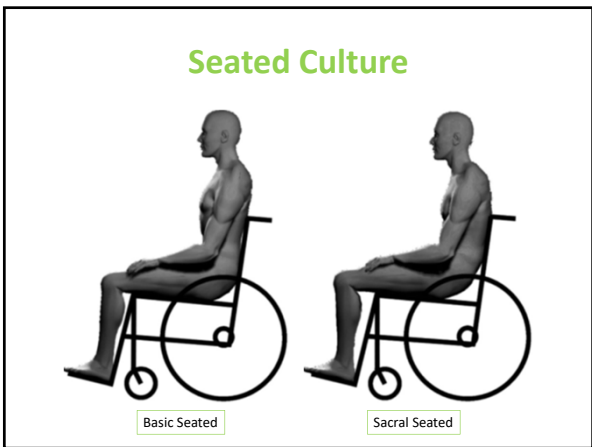
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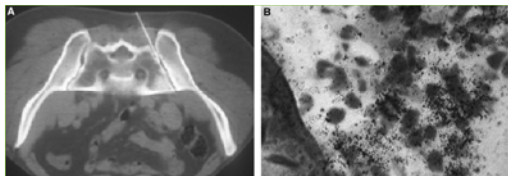
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## TNF- $\alpha$ Cytokines



(A) Computed tomography (CT) guided sacroiliac biopsy specimens from patients with active AS; (B) provided specimens with TNF $\alpha$  mRNA (black spots).<sup>5</sup> Adapted and reprinted, with permission from the authors and Wiley-Liss, Inc, a subsidiary of John Wiley and Sons, Inc, from reference 5.

J Braun et al. *Ann Rheum Dis* 2002;61:iii51-iii60

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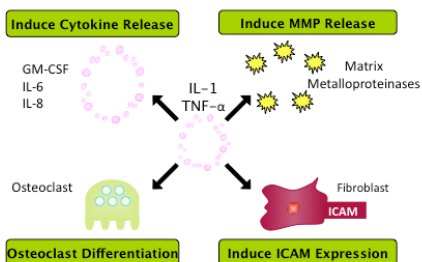
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## Pro-Inflammatory Cytokines



Choy EH, et al. *N Engl J Med*. 2001;344:907-916; Doan T, et al. *J Clin Pharmacol*. 2005;45:751-762; McInnes IB, et al. *Nat Clin Pract Rheumatol*. 2005;1:31-39.

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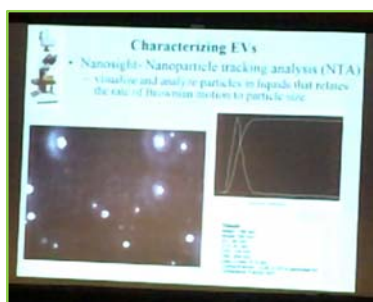
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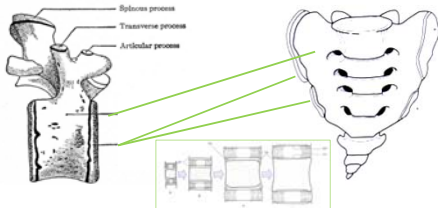
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### Summary

Anatomical –Diminution of secondary centers

Inflammation – Response

Nocioception – Pain



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Thank you

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