

Ep. #325 - SI Joint As A Messenger: What Your Shoulders, Rib Cage and Hips Are Saying



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With your host:
Susi Hatelly

[From Pain to Possibility](#) with Susi Hatelly

Introduction 00:00:01 You're listening to From pain to Possibility with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain, and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi 00:00:22 Welcome and welcome back. I'm so glad that you're here, because we're digging into the SI joint, and I haven't spoken about the SI joint in a really long time, so it's super fun to be here sharing about the SI joint. And this is also an episode that's opening up into a refined program that I'm running on Power of Pure Movement: the SI joint. And it really is going to be helpful for yoga teachers who are working with clientele with SI joint issues, and you want to come at it from a compensatory standpoint; or if you're someone with an SI joint issue and you're wanting to have an upleveled look at the way that you're moving relative to your SI joint, I think you'll really, really like the course.

Susi 00:01:06 You can learn more about it over at functionalsynergy.com/sij as in "SI joint." Alright, so let's get rolling into segment one as: the SI joint as a messenger. And not surprisingly I'm going to start by reframing the pain pattern. So many people come into a movement or a yoga therapy session saying things like, my SI joint is out again, or it's locked up and I need to stretch it out. And for a long time, that's how the SI joint has been talked about as something finicky, unstable or prone to dysfunction. But when we really look at its structure and function, I think a much clearer and more hopeful picture emerges. I like to think that the SI joint isn't misbehaving. It didn't wake up one day to decide to give you or your students a really hard time. It is trying to communicate though. If you look at it, the SI joint is not a joint designed for big motion. In fact, it's meant to move just a few degrees, barely perceptible, and its primary role isn't movement at all; it's load transfer.

Susi 00:02:13 It acts as a powerful translator between what's coming down from the spine and ribcage, and what's moving up from the legs and feet. And because of where it sits at the intersection of upper and lower body forces, it often becomes the first place where compensation can show up, not because it's weak or unstable, but because it's absorbing the ripple effect of something else. That's why reframing it as a messenger, not a mistake, can be a game changer. So when we think about this statement of my SI joint is out, here is why I think it misses the mark. There's a long history of yoga and fitness and manual therapy that says things like your SI joint is out or it's misaligned, and it gives the impression that something has shifted dramatically and needs to be pushed, cracked, or put back in. The SI joint, though, is a strong reinforced structure, and it's supported by powerful ligaments, dense fascia, and muscle groups that span from the core to the hips. It's not something that pops out of place easily, and in most cases, what feels like it's out is actually a protective holding pattern.

Susi 00:03:22 Sometimes it's braced pelvic floor or gripping obliques. Other times it's shallow breath that reduces dynamic stability, or a rotated rib cage that subtly tugs on the lumbar spine. So the SI joint might end up trying to hold things together. Not necessarily because it's failing, but perhaps because it's working overtime. It's the choice of compensation. So the pain is the signal, not necessarily an injury; a signal of strain, of imbalance or of disconnection. So

when we take this a step further, we can think that the SI joint doesn't act alone. I love this idea because when people have SI joint issues, it really can feel lonely but the reality is it's actually part of a system wide conversation. What happens with breath? The diaphragm, the shoulder girdle, the arches of the feet? All of it affects the sacrum's ability to really nestle and stabilize between the ilium. If the upper body is bracing, if breath is shallow or the lumbar fascia is taut from the tension of the lats or the QL, these are all examples that can contribute to impacting the sacrum's capacity.

Susi 00:04:39 If the legs aren't moving well in the hip sockets, the ilia might rotate or compensate, placing stress on the joint. So what can often be labeled as C dysfunction may actually be a sign that something else in the system isn't coordinating, and the SI joint is maybe trying to absorb the fallout. It's a different way of thinking about it, perhaps. So let's kind of think about moving from stuck to systemic. So instead of stuck, I'm wondering how overcompensating lands for you? Or instead of unstable, how does a lack of coordination land? Or instead of weak, maybe there's something around overburdened? These are just examples, and I really want to make sure that I'm not making you wrong. I mean, I'm not, but I don't want this to land as that. What I'm doing is providing these other opportunities to view this SI issue as a messenger issue, and the opportunity to bring awareness elsewhere. So if it's not simply stuck, unstable or weak, which really sounds very static and unmovable, where there's an overcompensation or a lack of coordination or something that's overworking, now we've got something that's more verb oriented, more doing oriented, things that can change.

Susi 00:06:07 It shifts your role from fixer to listener. It gives us an opportunity to understand or to touch into what the SI joint is trying to communicate. And what we might notice, and this is not an exhaustive list by any stretch of the imagination, but we might start to notice breath patterns that are shallow or uneven; or rib cages that flare; or a lumbar spine that flattens during certain movements; or legs that swing around, rather than sliding through easily, that sagittal plane; or shoulders that grip when they should float. So then now, if that's happening or any other number of things, we start to see that the SI joint isn't so isolated or even lonely. It's revealing a pattern. So as we get more and more into this episode, we're going to explore the rib cage and shoulder girdle and the planes of movement; form and force closure; legs and pelvis co-creating patterns; and how to read pattern from a system level observation. The SI joint, I think my bottom line here is: it doesn't need to be rescued.

Susi 00:07:12 It does need to be understood as part of a whole coordinated whole. So let's start by listening to the messenger. In this next segment, we're going to be digging into the connection of ribcage and shoulder girdle, which can be hidden players in SI joint function and dysfunction. So if the SI joint is in fact a messenger, then the ribcage and shoulder girdle can be two of the biggest sources of messages it ends up carrying, not because they're inherently dysfunctional, but because they influence how force travels through the spine and how pressure is managed through the breath, movement and coordination. And when those elements go off track, the pelvis can respond. So let's explore with breath. The diaphragm attaches to the lower ribs and connects through intra abdominal pressure systems to the pelvic floor. If the diaphragm isn't moving well, or if we're shallow breathing, breath holding or flaring the ribs, the sacrum and

the Ilea might experience asymmetrical loading. We can also add in shoulder positioning. Right? If the lats or the obliques or the lumbar fascia are creating an issue that impacts the functional bridge that they're meant to create between the arms and the pelvis, that can pull right through the spine and into the pelvis.

Susi 00:08:27 So it's not uncommon to see SI joint flare up traceable to some relationship of a shoulder girdle that has a level of dysfunction itself. It might be elevated or protracted, it may just might be that the blades don't move really well in the rib cage, or the arms don't move well in the shoulder socket, whether that's in flexion or extension, or how that shoulder in the rib cage move. The beauty of yoga poses for this is that we have our arms moving and our ribcage moving in all sorts of different directions. There's multiple planes of movement. Let's look at a twist. Right? The rib cage might be involved in a twist, but then the arms are then involved in, with the blades, a retraction and protraction. So we can start to see things traceable to how that relationship is happening, between how the blades are moving into retraction and protraction, how that's connecting to the arm and the hand resting on the opposite leg, as an example. Right? We start to see how the thoracic spine plays into this.

Susi 00:09:26 The key here is that how "further up the chain" is functioning, can impact the way the pelvis responds to load. And so if it's off center, the SI joint can become a translator of that distorted message and often can become the container for it. So let's explore this now in terms of planes of movement. And plane in this 3D map. Rather than trying to fix what's wrong because I inherently don't believe that things are actually wrong, I think sometimes they're misapplied or they're compensating but boy oh boy, is it clever the way that someone's compensating but rather than fixing, I like to ask three questions. And they really help me be curious and exploratory and help my eyes zoom in and zoom out to see these relationships. These questions are: What's actually moving? What's not moving? And what *should* be moving? So like, "what's moving that should be" is another way to ask that question. "What's moving that shouldn't be?" and "What should be moving that isn't?" These questions invite some deeper observation skills through the three planes of movement: sagittal, frontal and transverse.

Susi 00:10:49 Not that we're looking for dysfunction, but as a map of possibility. So through the sagittal plane, which is forward and back, we get to see which direction are the leg bones moving, for example, or is the pelvis moving, and is that the intent of any given movement? The frontal plane is side to side. Transverse plane is rotational. The key here is we need to first step into: what's the intended movement? What plane does that intended movement in? And then when we watch a person move, are they moving through the planes in that intended way? And if not, which plane are they deviating through or out of? Where are they utilizing one plane more than the other when they should be using that first plane primarily? So instead of correcting though, and this is important because it's very easy when you start to see someone move through a plane that they shouldn't be, it's easy to get into correcting, but instead of doing that, I observe the choreography. Because remember, to me, when people compensate, it's so clever and so creative.

Susi 00:11:55 And as I watch this, I let the planes show me where movement is fluid, where it's restricted, and perhaps where that SIJ, that SI joint might be picking up slack that it didn't sign up for. All in all, the body reveals patterns and my job is to notice, not diagnose. Which leads us into segment four, which is where we get into form and force closure and the full body conversation. So form and force closure are concepts of mechanics that exist at every joint. So every joint has form closure and every joint has force closure. And in the relationship to the sacroiliac joint this is the bony stability including the ligaments. And oftentimes how it's described is the sacrum is nestled between the ilia like a keystone. Force closure is more dynamic; we got muscles and fascia and breath working together to co-create support. It's not tension, it's responsiveness. I often like to think of it like being this embrace. All of this tissue, muscle, fascia and breath working together to create this embrace between the two ilia and the sacrum.

Susi 00:13:08 When femurs stop moving well on the pelvis, when the ilia start compensating, or when hip joint movement is not happening the way we want it to, we might get more pelvic movement and then instead of a smooth gait pattern, we might get a lot of torque. So in these cases the SIJ in some people might try to hold this mismatch. Right? So when those femurs, when those thigh bones stop moving well in the hip socket, or when the ilia start compensating, when there's more pelvic motion than hip joint motion, that's what I'm talking about. The SI joint might be the one that holds the mismatch. And I'm saying "might" entirely on purpose, because not all poor hip movement or dysfunctional hip movement or a pelvis that moves more than the hip, it doesn't all lead to SI joint issues. For some people, the same mechanics can lead to a neck problem or a foot problem, or a knee issue. So it's really, really important for me to not go, oh, look, that function is not happening at the hip, that means it's got to be an SI thing.

Susi 00:14:16 Not at all, because it's all the way the body dissipates and transfers load. Different people will have similar mechanical issues, but it will be expressed and spoken about differently in their body. If we carry on from here, from the original statement of the femurs moving in the hip sockets, or where there's less hip joint movement and more pelvic joint movement, I want you to now to consider layering in the rib cage. When the breath is shallow or intra abdominal pressure falters and the pelvic floor then braces or the obliques grip and the spine compensates. We now have more bracing, more "held" ness. This is where I tend to step away from exercises or theories that are asking for more stabilization. Because what I'm seeing in the situation like this is that stabilization has been attempted, but it's showing up more so as bracing. I want to help facilitate more coordination, more coherence. I want to help facilitate better leg movement in the pelvis, better hip joint movement, and better hip joint movement without that compensatory pelvic movement.

Susi 00:15:37 I want to help the ribs and pelvis to reconnect. I want to help force closure to become a more of a conversation and not a command. So this leads us into re patterning and utilizing small shifts. The key here is, I really want this to land, that when I'm helping someone repattern, I'm not trying to fix anything. I'm helping someone remember, I'm helping their body reconnect. And that remembering starts with clarity, right? We can't change anything we're not aware of. And as we grow awareness, we become clear on what's working and what's not

working. So we can begin with how those leg bones move in the hip socket. We can see how the ribs and pelvis connect. Instead of cueing a whole bunch, we can notice more. The bottom line here is the SI joint doesn't need saving. It does need space to participate again. The pain that it's expressing isn't failure, it's feedback. The body isn't broken, it's protecting. So our job isn't to override it, but rather invite it back into rhythm.

Susi 00:16:50 So ask the questions of like, what's working that should be? What's working that shouldn't be? Or what's happening that shouldn't be? And what's not working that should be? Where are things going well? Where are things going awry? What's missing? Where is the compensation? Allow the planes of movement to show you the path. And trust when the message is heard that the system will reorganize itself quietly, wisely, often with ease and a lot faster than you might believe. If this is something you want to dig into more with me, I am running a program on the SI joint. It's Power of Pure Movement. It's really digging into and exploring how the SI joint can find a place of ease. It's coming at it from not a "let's correct the movement here" because there's nothing actually wrong, there's certainly something available to change, but we get to reposition, we get to tune in, we get to grow our interoceptive and proprioceptive awareness. And as we do, and we really see what's going on, that's when we can start to make some significant shifts.

Susi 00:18:02 If you'd like to join me, you can come on over at functionalsynergy.com/sij. I would love love love love to show you what works so well for my clientele. Take good care. Hey, there. Are you really keen to learn more about anatomy of biomechanics, neuro mechanics, gait, rest, recovery and strength? Are you ready to move yourself from being a yoga teacher in towards a therapeutic teacher or even a yoga therapist from a biomechanical standpoint, where you can really grow your ability to see and impact your students and clients? Well, the I Love Kinesiology program is where it all lives, and I would love for you to join me and dig into and improve your capacity as a yoga teacher. You can learn more over at functionalsynergy.com/ilc.