Facilitated positional release (FPR) of sacrum

**Brief description:** FPR of the sacrum is a short treatment that places the sacrum in a neutral position, then abducts and flexes the leg before applying a compression during exhalation.

**Physician position:** Stand on the side of the dysfunction (side of restricted ILA)

**Patient position:** Prone with a pillow under the abdomen to keep the sacrum and lumbar spine in a relatively neutral position and another pillow under the ipsilateral thigh to serve as a fulcrum

**Hand positioning:** Place one finger in the sacral sulcus of the affected side and the heel of that hand on the ILA. Place your other hand on the distal leg to control the leg.

**Technique:**

1. With your hand in the monitoring position on the SI joint, move the ipsilateral leg into abduction until you feel a softening under your monitoring finger.
2. Now flex the hip by gently pushing the leg towards the floor.
3. Ask the patient to take a deep breath in and apply a pressure on the ILA superiorly towards the head as the patient exhales. (Force should be parallel to the table.)
4. Return the patient to neutral.

**Models:** Biomechanical
Sacral rock – Sacrum

Brief description: Sacral rocking encourages the natural motion of the sacrum in order to improve physiological movement of the sacrum.

Physician position: Standing

Patient position: Prone or lateral recumbent

Hand positioning: Place your hands so that you cover the entire sacrum with one heel of your hand on the apex and the other at the sacral base.

Technique:

1. Place your hands over the sacrum with the patient in either the prone or lateral recumbent position.
2. Feel for the motion of the sacrum with respiration.
3. Encourage the physiologic motions of the sacrum by applying pressure on the base with exhalation and on the apex with inhalation.
4. Repeat until you feel that the sacrum is moving better with respiration.

Models: Biomechanical
Technique name: Sacral MET forward sacral torsion/rotation
Region of the body: Sacrum

Brief description: To treat a sacral dysfunction with a muscle energy technique (MET), place the patient into their barrier and have them push against isometric resistance into their freedom. For a forward sacral torsion/rotation dysfunction the patient will be in the Sims position and will push up towards the ceiling.

Physician position: Standing

Patient position: Lies axis side down and then goes into Sims position (patient hugs the table)

Hand positioning: Use one hand to monitor the sacro-iliac (SI) joint and the other hand to maneuver the patient.

Technique:

1. With the patient lying with the axis side down, ask them to hug the table.
2. Next, flex the patient’s legs up until you feel motion at your monitoring hand.
3. With the patient’s legs off the table, gently press down on the ankles until you engage the barrier at your monitoring hand.
4. Ask the patient to push up while you apply isometric resistance.
5. Repeat steps 3 and 4 a total of 3 times while re-engaging the barrier each time.
6. Give a final passive stretch by engaging the barrier one more time (apply downward pressure to ankles).
**Models:** Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral

**Other notes:** In order to remember the treatment position for a forward vs backward sacral torsion/rotation dysfunction, use the mnemonics FSU and BLU. FSU = FORWARD sacral torsion/rotation, SIMS position, and patient pushes UP; BLU = BACKWARD sacral torsion/rotation, LATERAL recumbent position and patient pushes UP.
**Technique name:** Sacral MET backward sacral torsion/rotation  
**Region of the body:** Sacrum

**Brief description:** To treat a sacral dysfunction with a muscle energy technique (MET), place the patient into their barrier and have them push against isometric resistance into their freedom. For a backward sacral torsion/rotation dysfunction the patient will be in the lateral recumbent position and will push down towards the floor.

**Physician position:** Standing

**Patient position:** Lying axis side down

**Hand positioning:** Use one hand to monitor the sacro-iliac (SI) joint while utilizing the other hand to maneuver the patient (you will need to switch hands during the technique).

**Technique:**
1. Begin with the patient lying on their side with the axis side down.
2. While monitoring with your cephalad hand, use your caudal hand to flex both legs up towards the patient’s head until you feel motion at your monitoring hand.
3. Now ask the patient to extend their bottom leg while you hold their top leg up.
4. After the bottom leg is straight, hook the foot of the top leg behind the popliteal fossa.
5. Switch hands so that you are now monitoring with the caudal hand.
6. Use your cephalad hand to grasp the patient’s shoulder and rotate them until you feel motion at your monitoring hand.
7. Ask the patient to grab the table with the hand opposite you.
8. Switch hands again and grasp the top leg with the caudal hand.
9. Grasp the top leg and place it off the table so that you can push the leg down.
10. While applying isometric resistance, ask the patient to try to push their leg up.
11. Repeat step 10 a total of 3 times while re-engaging the barrier each time (push the leg down a little further each time).
12. Give a passive stretch by bringing the leg down further.

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**Models:** Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral

**Other notes:** In order to remember the treatment position for a forward vs backward sacral torsion/rotation dysfunction, use the mnemonics FSU and BLU. FSU = FORWARD sacral torsion/rotation, SIMS position, and patient pushes UP; BLU = BACKWARD sacral torsion/rotation, LATERAL recumbent position and patient pushes UP.
Technique name: Sacral MET unilateral sacral flexion dysfunction
Region of the body: Sacrum

Brief description: For a unilateral flexion dysfunction of the sacrum, you can use a muscle energy technique (MET) along with respiration to encourage better movement of the sacrum. Use the patient’s breathing to help engage the barrier while resisting the freedom of motion.

Physician position: Standing on the side of the deep sulcus and posterior ILA (inferolateral angle).

Patient position: Prone

Hand positioning: Place the thenar eminence of your cephalad hand on the posterior ILA. Also place one finger of the same hand in the deep sulcus. Use your caudad hand to abduct and internally rotate the ipsilateral leg.

Technique:
1. With the patient prone, place the thenar eminence of your cephalad hand on the posterior ILA. Also place one finger of the same hand in the deep sulcus.
2. Now use your caudad hand to grasp the ipsilateral leg. Abduct and internally rotate the leg in order to gap the SI joint.
3. Next, have the patient take a breath in. This will cause the sacral base to come posterior and the ILA to go anterior. Encourage this motion by adding pressure to the ILA.
4. As the patient exhales, resist the motion of the sacral base to go anterior while the ILA goes posterior.
5. Repeat steps 3 and 4 for a total of 3-4 times.

Models: Biomechanical, Respiratory-Circulatory, Neurological, Metabolic-Energy, Behavioral