

# My Wife's Back

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†Dr. Fred died 30 December 2018. This is one of his final papers.

If the title of this story has you wondering, my wife hasn't left me (at least not yet). She does, however, have a longstanding, unusual, and sporadically debilitating problem with her back.

The problem started abruptly more than 30 years ago, at age 46, while she was dressing. Upon raising her right leg to step into her skirt, she experienced excruciating pain across her lower back and collapsed onto the floor. For the next 3 weeks, she spent most of the time in bed, loaded with analgesics, sedatives, and muscle relaxants. In addition to the pain, she complained of an inability to stand straight and of tilting to the right. For several years thereafter, she suffered many similar episodes, all of which incapacitated her from several days to several weeks. During each attack, she tilted to the right, and the pain was always most intense in a pinpoint area over the right sacroiliac (SI) joint. The pain never radiated, but it worsened whenever she tried to wear a back brace or attempted to perform conventional back exercises.

Repeated physical examinations by reputable consultants disclosed no neurologic impairment and no clear-cut explanation for her complaints. A gamut of laboratory studies, together with bone scans and plain films of the lumbosacral spine and pelvis, yielded normal findings. In contrast, computed tomograms and magnetic resonance images (MRI) of the lumbosacral spine showed a bulging disc at L4-5 on the right. The diagnosis alternated between low-back strain and disc disease.

With time, the episodes occurred more frequently, and pain often appeared over the left SI joint as well. Seemingly innocuous movements, such as sneezing, getting into and out of cars, bending over to pick up a newspaper, twisting to load the dishwasher, or reaching for a book, could cause her back to go out. Even between attacks, her back still ached, which prompted her to move cautiously.

Eventually, the pain and tilting became relentless, and my wife and I became increasingly frustrated and desperate. Considering that medical care had failed, we sought advice from a neurosurgeon, hopeful that surgical intervention might provide palliation and possibly a cure. Although follow-up MRI had shown regression of the previously documented bulging disc, the neurosurgeon believed that disc disease was the cause of my wife's difficulty. So, with our consent, he scheduled an operative date.

On the eve of the planned operation, I was struggling with second thoughts about the procedure. Consequently, I took the pertinent medical material to the home of a trusted orthopedic colleague for his take on the matter. After hearing the details of the case and reviewing the imaging studies, he rendered a stunning opinion.

"Herb," he said, "your wife has subluxation (partial dislocation) of her SI joints, which isn't amenable to surgery but can be managed effectively with specialized physical therapy and patient education. Most doctors and many physical therapists aren't familiar with this disorder; some, in fact, argue that it doesn't exist. Nevertheless, I learned about it from a visiting physical therapist who conducted a seminar on the subject several years ago. As a result of that seminar, I have been able to diagnose subluxated SI joints in 22 patients, 20 of whom are young women."

The next morning, my wife didn't go to the operating room. She went, instead, to my colleague's office for an official evaluation. What unfolded was a sight to behold. When my wife was standing, her posterior superior iliac spine on the affected side appeared to be higher than its counterpart. When she was supine, her leg on the affected side appeared to be longer than its mate. Then, through the artful use of physical maneuvers, my colleague carefully, and ever so gently, reduced the ailing SI joint. The immediate results were amazing: both posterior superior iliac spines now appeared to be equal in height, the legs appeared to be equal in length, my wife could stand straight without tilting to either side, and she could move without pain.

Soon after that memorable office visit, my wife flew across the country to the physical therapist's clinic. She spent a week there learning how to reduce her subluxated SI joints by herself, to practice the twice-daily exercises that help to keep those joints in place, and to understand the kinds of movement that usually precipitate an attack.

Except during the early years of her affliction, my wife has enjoyed long periods of pain-free existence. But her back still goes out, often for no apparent reason. On some occasions when the usually effective therapeutic maneuvers have failed, the painful SI joint has spontaneously reduced itself. Three times during sleep, for example, my wife has rolled to one side, suddenly felt a severe pain in her back, and then heard a pop, after which she was pain-free. That same sequence—pain, pop, no pain—also occurred once when she was making the bed.

To keep the problem at bay, my wife won't sit for more than a few minutes in chairs or seats that don't support her buttocks and back comfortably. Accordingly, she doesn't go to certain restaurants, can't ride in many makes of cars, and avoids most sporting events. And recently, when an attack had lingered tenaciously, she made a second trip to the physical therapist's clinic. Three days under his care turned the tide in her favor once again.

Looking back on my wife's back, she and I are forever indebted to the physical therapist and the orthopedist who brought her back—back from having relentless pain; back from being frustrated and filled with despair; back from fearing spinal surgery; and back, almost, to her normal self.