Abstract-80

Investigating the Effects of Sacroiliac Joint Mobilisation on Pain, Function, and Disability in Patients with Lumbar Disc Prolapse: A Study Protocol

Aarunee Srivastava, Postgraduate Student, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, MM (DU), Mullana, Ambala, Haryana, India. Sandeep Pattnaik, Assistant Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, MM (DU), Mullana, Ambala, Haryana, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Sandeep Pattnaik,

Assistant Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, MM (DU), Mullana, Ambala, Haryana, India.

E-mail: Physiosandeep94@gmail.com

Introduction: One cause of potentially incapacitating low back discomfort is the lumbar Prolapse Intervertebral Disc (PIVD). Notably, up to 30.7% of individuals presenting with sciatica and low back pain exhibit concomitant Sacroiliac Joint (SIJ) disorder.

Need of the study: While SIJ mobilisation has been proposed as a potential therapeutic approach for these cases, further rigorous investigation is imperative to elucidate its efficacy in managing lumbar PIVD.

Aim: The purpose of this study protocol is to outline the methodology for a clinical trial to investigate the efficacy of SIJ mobilisation in improving pain, function, and disability in patients with lumbar PIVD.

Materials and Methods: This proposed study intends to employ a single-group pre-test-post-test quasi-experimental design. Participants will be of both genders, aged 30-50 years, with acute, unilateral lumbar PIVD. Individuals with chronic PIVD, disc

protrusions, or sequestrations will be excluded. A sample size of 45 participants is estimated, accounting for a 20% dropout rate. Baseline data, including demographics and outcome measures, will be collected prior to the intervention. Participants will receive six sessions of SIJ mobilisation, administered on alternate days. The intervention will consist of posterior-anterior and extension glides, with 30 glides per set and 30 seconds of rest between sets. Core strengthening exercises, including pelvic bridging and adductor ball squeezes, will be incorporated as well. Outcome measures will be assessed at baseline and after the sixth session. These include the Visual Analogue Scale for pain intensity, the Timed Up and Go test for functional mobility, and the Oswestry Disability Index for assessing disability.

Keywords: Intervertebral Disc, Low Back Pain, Intervertebral Disc Displacement, Sciatica.