DOI: 10.7860/JCDR/2025/80478.21688

The Utility of Muscle Energy Technique on Pain and Functional Outcome in Sacroiliac Joint Dysfunction: A Literature Review

Rama, BPT (MPT) Orthopaedics, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.
Amita Aggarwal, Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

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

Dr. Amita Aggarwal,

Professor, Department of Physiotherapy, Maharishi Markandeshwar Institute of Physiotherapy and Rehabilitation, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana, India.

E-mail: amita15pgi@gmail.com

ABSTRACT

Around 15% and 30% of people with mechanical low back pain are found to have Sacroiliac (SI) joint pain. Biomechanical studies specified that postural alterations brought on by tightness in the quadratus lumborum, hamstrings, and other muscles may indirectly impact the SI joint's stability. However, to date, there is limited evidence examining the effect of the Muscle Energy Technique (MET) on SI joint pain and dysfunction. Hence, this review aims to provide general guidance regarding the evidence supporting the usefulness of the MET for pain and function outcome improvement in SI joint dysfunction. Studies reporting MET for pain (0-10 scale) and function (Oswestry Disability Index) outcomes improvements for SI joint dysfunction in the English Language were included. At the same time, exclusion criteria were low back pain without SI joint dysfunction, a language other than English and a follow-up of less than one week. From 2020 to 2025, four databases and literature sources (PUBMED, WEB OF SCIENCE, SCOPUS, EMBASE) were searched with the search terms (“sacroiliac joint”) AND ("muscle energy technique",) resulting in a total of 237 studies. Only relevant data from 12 Randomised Controlled trials that matched the inclusion criteria were included. Three of the 12 studies supported manipulation over MET, the other two supported Mulligan Mobilisation with Movement, and one demonstrated that MET is more effective than Mobilisation with Movement for anterior innominate ilio-sacral correction. Four studies have shown that MET is more clinically beneficial and significantly improves pain and functional status in SI joint dysfunction when used with adjunct treatment, functional task training, and/or lumbopelvic stabilisation exercises. Moreover, one more study indicated that Kinesiotaping and MET were practical management strategies with no significant differences. Overall, evidence has shown considerable variation across selected studies compared to other manual therapies. More extensive clinical research is required to better comprehend the actual effects of this intervention, either by itself or in conjunction with other treatments.

Keywords: Functional status, Joint pain, Manual therapies, Mechanical low back pain, Muscle.