## Objective

While it is reasonable to consider that the “problem” is where the pain is, sometimes greater searching within the kinematic chain is needed with unresponsive case. Generally the lower kinematic chain is considered stressed in an ascending manner, foot-knee-hip-pelvis, due to gravitational influences. A 30-year-old female presented at this clinic with chronic (6-month duration) severe foot pain that was unresponsive to prior care. The patient was prior treated by a physical therapist and podiatrist, which included her wearing therapeutic “boot” full time and taking Prednisone daily, yet neither the boot or medication gave her any relief nor her pain and disability was incapacitating.

## Purpose/Aim

The body’s closed kinematic chain affects the body in ascending and descending directions suggesting that when treating refractory conditions looking beyond the local source of discomfort or dysfunction in these unresponsive cases may be indicated.

## Methods

Since the patient was not having any relief from care to her foot directly or other parts of her kinematic chain were assessed and evaluated. Sacro Occipital Technique (SOT) assessment noted that the patient had a sacroiliac joint (SIJ) hypermobility syndrome with pelvic torsion, called a “Category Two.”

## Results

After the first office visit she was able to walk without the boot and had significant pain reduction. By four weeks of care she only noted minimal discomfort after being weight-bearing for over 8-10 hours during the day. As she incrementally increased her weight-bearing she was able to be fully functional during standing and walking. Of interest is that she never noticed any significant SIJ pain though would note a worsening of her foot condition when she would remove her SIJ support belt. As she was weaned from care and her support belt, her SIJ stability improved and supportive tissue further recovered.

## Conclusion

This case demonstrates how the lower kinematic chain has a relationship to the pelvis-hip-knee-foot in an ascending and descending manner. With refractory SIJ imbalance an pain it may be indicated to assess the knee and foot and with refractory foot pains it may be indicated to assess the SIJ for any dysfunction.