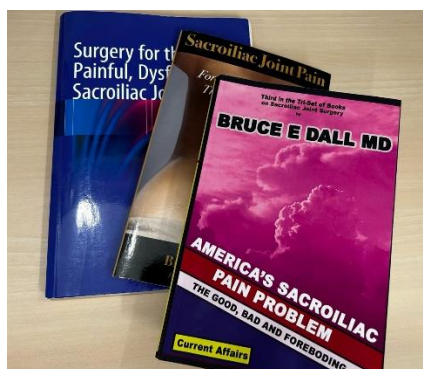


## **“AMERICA’S SACROILIAC PAIN PROBLEM- THE GOOD, BAD AND FOREBODING” Bruce E Dall, MD**

**A truly great book! I strongly recommend this book for every medical specialist for SIJ care. -Daisuke Kurosawa, MD**



As soon as I started reading this book, entitled “America’s Sacroiliac pain problem”, I felt a tremendous passion between the sentences, and I would rather read this book than do other tasks.

As surgeons, we examine, diagnose, and choose surgical treatments with great certainty as clinicians, and we are extremely happy when our patients get better. It brightens our lives. I am glad that I chose this profession, and I am glad that I have worked hard to improve my skills.

I will also focus on education to pass on the knowledge I have gained in my life to future generations. Even after I disappear from the stage, more excellent surgeons will grow up and contribute to the treatment of patients in their time.

We are being robbed of these pleasures of a surgeon's life by industry.

Dr. Dall's warning is important. I remember visiting the U.S. and being disappointed when I asked the surgeon who was performing sacroiliac fusion with the latest devices about the pathology of the sacroiliac joint (SIJ), but nothing in that surgeon's experience answered my questions. The surgeon did not seem to be a true SIJ surgeon, just a factory worker putting in devices. On the other hand, there are several true SIJ specialists in the world with great experience, including Dr. Dall and my boss, Dr. Eiichi Murakami. I would like to take the baton of clinical experience under the guidance of the SIJ specialists I believe in (many of whom have overcome long years of suffering along with their patients) and pursue the pathology of SIJ on the shoulders of these giants. I also would

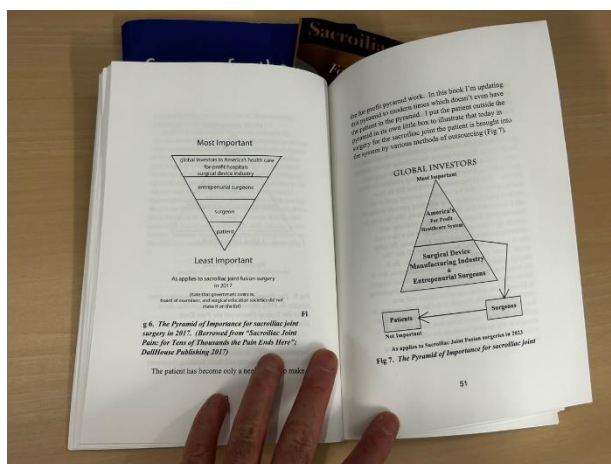
like to research SIJ as much as I can in my lifetime and pass it on to the future.

It is good that SIJ dysfunction/pain is being recognized worldwide with the cooperation of industry. On the other hand, we must not allow ourselves to be swallowed up by the financial incentive of industry and allow its temporary pleasures to rob us of the preciousness of the surgeon's work.

Dr. Dall spent the 1980s through the 2020s as an active SIJ specialist and saw the changes in the medical community and industry during that time. His book brings to life the breath of change of that era. Fortunately, surgeons in Japan can still be proud to be surgeons. However, it is also true that there are a number of glossy academic societies that have been created in close relationship with the industrial world. Some of these societies are so confused, with the same abstracts presented over and over again, that it is no longer clear what the purpose of each society is.

I understand the adventurous spirit of trying out new instruments as they become more sophisticated, and the desire to make a name for oneself by being the first to use them. However, as a surgeon, when I think about strategies for my patients, I think about what treatment I would recommend if my family were that patient.

I would want their SIJ pain treated with painless manual therapy, not surgery. Is there anyone who is a good physical therapist? We discuss whether to have the surgery or not, decide to have the surgery, pay a lot of money for it, and then, if my family are not cured, it must be hurtful. If, page 50, Fig. 6 in this Dr. Dall's book is true, the patient is just a victim.



I was impressed by Dr. Dall's description and interpretation of the many patients with SIJ dysfunction who have improved with manual therapy using thrust. This is a perspective that only a surgeon who has seen the real-life effects of conservative therapy can provide. Besides, his description of patients who committed suicide due to SIJ pain was very tragic. These descriptions show how Dr. Dall has been on the side of patients and thought about their lives together so far.

There are 25% of cases that cannot be successfully treated with SIJ surgery.

I have also had a several number of patients who did not demonstrate improvement of their symptoms although I have taken the diagnostic process all the way to the surgery. It is much to my lifelong regret, but I don't know what else I could have done at that time. Occasionally, the care of the SIJ leaves such unfulfilling feelings and requires the patience of the surgeon.

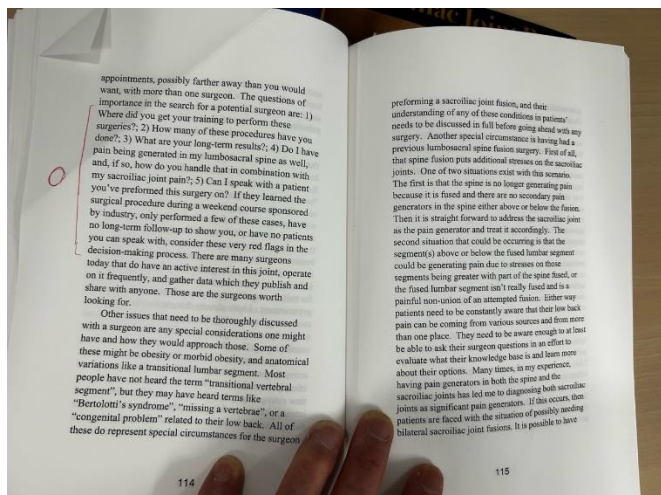
This is a feeling that my supervisor, Dr. Murakami, has experienced, and I am sure that all other true SIJ surgeons have experienced to a greater or lesser degree. I respect them because they are physicians who have faced this and are still working on the SIJ without running away from it.

We in Japan and other Asian countries should be very aware of the need to spread education so that surgeons do not become an industrial priority. I am glad to know from this book the reality in the U.S. of why pain clinicians and physical therapists do not refer patients to surgeons. The words "revolving door" and "cash cow" appear throughout the book. This situation in chronic pain management is also tragic.

Ideally, pain clinicians, physical therapists, and surgeons should work together to educate both themselves and patients about sacroiliac joint care, and patients should first receive trusted conservative treatments. The patient should be referred to a surgeon at the appropriate time when the pain clinician or physical therapist determines that the patient is at their limit.

This continuum of patient-centered sacroiliac care is necessary. Patients will be happier if they can be seen consistently by a trusted team from conservative therapy to surgical treatment and postoperative pain management and rehabilitation.

In the U.S. today, patients cannot trust any information as long as they are passive. I would never want to receive medical care in the U.S. Patients need questions list for their surgeon as Dr. Dall mentioned (p. 114), and need a network of patients to help each other.



A surgical registry is important to get to the truth, but the industry is not going to cooperate. Could patients do the registry themselves, and could a non-profit organization like SIMEG manage it, answer questions, refer patients to facilities, and provide other support?

I feel Dr. Dall's full body cry at the end of the book in his recommendations to industry and academia. It is a great book indeed.

I would like to share this book with the leaders of the academic community in Japan and with my colleagues in Indonesia and Thailand.

Really great book you have left us, many thanks Dr. Dall!

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