Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

CT MEASUREMENT OF THE MOTION AND INCLINATION ANGLES OF THE SACROILIAC JOINT IN GERMAN SHEPHERD DOGS WITH AND WITHOUT LUMBOSACRAL REGION PAIN, AND IN GREYHOUNDS

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Veterinary Science

at Massey University, Manawatu,

New Zealand.

Fritha Saunders

2013

Abstract

Objective – To develop an *in vivo* method to measure inclination angles and motion of the sacroiliac joint using CT, in two performance dog breeds, of which only one (the German Shepherd dog) has a predilection for diseases that cause lumbosacral region pain. Correlations were assessed in German Shepherd dogs between the presence of lumbosacral region pain and changes in these variables.

Animals – The study was comprised of 10 working German Shepherd dogs and 12 racing Greyhounds without history or evidence of lumbosacral region pain or neurological abnormalities, and 6 German Shepherd dogs with histories and examination findings consistent with lumbosacral region pain.

Procedures – CT scans were performed in flexed, neutral and extended positions. Lines placed on flexed and extended volume rendered images were used to measure motion of the ilium relative to the sacrum. Inclination angles (joint angle from a reference line placed in the dorsal plane) of the synovial and ligamentous joint components were measured on transverse plane images at a cranial and caudal location. Coefficients of variance were calculated.

Results – Coefficients of intra-observer variance ranged from 0.17-2.45%. German Shepherd dogs without lumbosacral region pain had greater rotational motion, and a more sagittally aligned cranial synovial joint component than Greyhounds. German Shepherd dogs with lumbosacral region pain had more rotational motion and X-axis translational motion than German Shepherd dogs without pain.

Conclusions and Clinical Relevance – A new method for measuring the motion and inclination angles of the sacroiliac joint, using CT has been presented. Small amounts of sacroiliac joint motion may be consistent with buffering of high frequency vibrations. The breed differences found may be linked to the German Shepherd dog's predilection for lumbosacral region pain. Differences in sacroiliac joint motion between German Shepherd dogs with and without lumbosacral region pain may be related to the presence of pain. There may be a causative relationship between diseases of the lumbosacral junction and increased sacroiliac joint motion. Further studies are needed to assess the motion and inclination angle variables, and to investigate these hypotheses.

Preface

This thesis explores the ranges of motion (rotational and translational), and the inclination angles, of the sacroiliac joint in two large, working dog breeds (German Shepherd dogs and Greyhounds). It assesses correlations between these variables in German Shepherd dogs with and without lumbosacral region pain.

Approval for the use of the dogs was obtained from the Massey University Animal Ethics Committee.

Acknowledgements

I would like to extend my sincere thanks to my supervisors, Angela Hartman, Nick Cave, Erica Gee and Andrew Worth, for giving me the opportunity to delve into this area of research, and for guiding my explorations into the research process. I would like to express my gratitude for their support, guidance, encouragement and commitment to the project. Their belief in me has helped me to achieve wonderful things over the last year.

My special thanks to Karl Hartman and Janis Bridges for their work on this project, and for their continued help, patience and encouragement throughout the year. Their support and good humour were invaluable.

I would also like to thank Alex Davies for sharing his insights and ideas on this topic with me.

I would like to acknowledge the New Zealand Police Dog Section of the New Zealand Police, and Greyhound Racing New Zealand for the use of the dogs and their cooperation and assistance in the performance of this study.

Table of Contents

Abstract	ii
Preface	iii
Acknowledgements	iv
Table of Contents	v
List of Figures	viii
List of Tables	xi
List of Equations	xii
Abbreviations	xiv
Chapter One: Literature Review	1
1.1. Proposed functions of the sacroiliac joint	1
1.2. Anatomy of the sacroiliac joint	1
1.3. Inclination angles of the sacroiliac joint	5
1.4. Motion of the sacroiliac joint	7
1.4.1. An <i>in vitro</i> technique to measure sacroiliac motion in dogs	7
1.4.2. Techniques to measure sacroiliac motion <i>in vivo</i>	7
1.4.2.1. Horses	7
1.4.2.2. Humans	9
1.4.3. Summary of <i>in vivo</i> motion methodologies	10
1.5. Mechanisms, and diagnosis of sacroiliac pain	12
1.5.1. History of sacroiliac pain in humans and horses	12
1.5.2. Innervation of the sacroiliac joint	12
1.5.3. Diagnosis of sacroiliac joint pain	13
1.5.3.1. Humans	13
1.5.3.2. Horses	14

1.5.3.3. Dogs	14
1.6. Evidence of degeneration of the sacroiliac joint	15
1.6.1. Dogs	15
1.7. Relationships between sacroiliac, lumbosacral and coxofemora	l joints in dogs
	18
1.8. Imaging of the sacroiliac joint	19
1.9. German Shepherd dogs: use as working dogs	23
1.10. Conclusion	23
1.11. Research questions and hypotheses	24
1.11.1. Research questions	24
1.11.2. Null Hypotheses	24
Thesis Outline	26
Chapter Two: Unaffected dog study	27
2.1. Introduction	27
2.2. Materials and methods	32
2.2.1.1. Breed selection	32
2.2.2. Dogs	32
2.2.3. CT scan procedure	33
2.2.4. Motion	36
2.2.4.1. Motion methodology development	36
2.2.4.2. Measurement performance	38
2.2.4.3. Range of motion calculations	41
2.2.4.4. Definitions	48
2.2.5. Inclination angles	49
2.2.5.1. Inclination angle methodology development	49

2.2.6. Measurement performance	54
2.2.7. Statistical analysis	55
2.3. Results	56
2.3.1. Study design	56
2.3.2. Method validation	57
2.3.3. Motion	57
2.3.4. Inclination angles	58
2.4. Discussion	60
2.5. Conclusion	64
Chapter Three: Affected dog study	66
3.1. Introduction	66
3.2. Materials and methods	67
3.2.1. Study group selection	67
3.2.2. Measurement methodologies	67
3.2.3. Statistical analysis	68
3.3. Results	69
3.3.1. Dogs	69
3.3.2. Motion	73
3.3.3. Inclination angles	75
3.4. Discussion	76
3.5. Conclusion	81
Chapter Four: Conclusions	83
References	86

List of Figures

Figure 1-1 Images of the sacroiliac joints showing the crescent-shaped synovial joint
component (S), and the ligamentous joint component (L). A) Volume rendered image
of the left sacroiliac joint surface after removal of the left ilium from the image. B) A
transverse slice image through the sacrum (Sa), ilia (II) and sacroiliac joints3
Figure 1-2 Transverse section through the sacrum and ilium showing ridges with
complimentary depressions (arrows) in the sacroiliac joint
Figure 1-3 Transverse slice image through the equine sacrum and ilium showing the
oblique orientation of the sacroiliac joint4
Figure 1-4 Schematic representation of the measurements performed by Breit and
Kunzel (2001) to determine the inclination angles of the sacrum. They measured the
dorsal and ventral transverse diameters of the sacrum (double-headed arrows) and
calculated the inclination angle (α Sac) of the sacral wing i.e. the angle of the surface of
the sacral wing with the sagittal (vertical) plane. A) Representation of a more oblique
inclination angle. B) Representation of a more sagittal inclination angle6
Figure 1-5 A technique used to measure motion between the ilia using computed
tomography, where PSIS is the posterior superior iliac spine, and ASIS is the anterior
superior iliac spine, from Bussey MD, Yanai T, Milburn P. (2004). A non-invasive
technique for assessing innominate bone motion. Clinical Biomechanics 19(1), 8711
Figure 1-6 Lateral radiograph of the lumbosacral spine, sacroiliac joint and pelvis. The
sacroiliac joint lies between the ilia (star) and the sacrum (circled)20
Figure 1-7 Symmetrical ventrodorsal view of the pelvis displaying the left and right
sacroiliac joints (circled) and the right ilium (star). Note the faeces within the rectum
overlying the left sacroiliac joint21
Figure 2-1 Measurements of the inclination angles of the synovial components (S) and
the ligamentous components (L) of the sacroiliac joint at the caudal location measured
from the reference line (R). 1) The inclination angle of the right caudal ligamentous
component; 2) the inclination angle of the right caudal synovial component; 3) the

inclination angle of the left caudal synovial component; 4) the inclination angle of the left caudal ligamentous component
Figure 2-2 A schematic representation of the inclination angles of the sacrum: A) representation of a more oblique inclination angle B) representation of a more sagittal inclination angle
Figure 2-3 Computed tomography positioning for the flexed position; lateral view34
Figure 2-4 Computed tomography positioning for the extended position; lateral view .35
Figure 2-5 Computed tomography positioning for the extended position; caudal view.35
Figure 2-6 A volume rendered image was targeted until the midline of the sacrum was displayed. A line was placed along the ventral surface of the dorsal sacral lamina37
Figure 2-7 The rendered image was expanded until the ilium was again visualised overlying the sacrum, and a line was placed on the ilium
Figure 2-8 Placement of the ilial and sacral lines on the volume rendered computed tomography images of the ilium and sacrum
Figure 2-9 Display image of the ilial and sacral lines upon which measurements were performed
Figure 2-10 Measurements performed on the ilial and sacral lines using ClearCanvas Workstation. An angle marker (dotted line) was placed over the ilial and sacral lines (solid black lines) to determine the angle (degrees) of their intersection point. Measurements were made of the distances (cm) from the intersection point to the cranial point of the sacral line (S_1) , the caudal point of the sacral line (S_2) , the cranial point of the ilial line (I_1) , and the caudal point of the ilial line (I_2) . The sacral line was set as the X-axis, with the Y-axis set perpendicular to the X-axis
Figure 2-11 Schematic diagram of the calculations performed to determine the coordinates of the pivot point of the flexed and extended ilial lines (X_p, Y_p) relative to the origin $(0,0)$
Figure 2-12 Schematic diagram of the calculations performed to determine the X-axis

Figure 2-13 Schematic diagram to determine calculations to convert X ₁ ',Y ₁ ' relative to
the origin, for situations where the ilial and sacral lines fall between the origin and
X_p, Y_p (A), where the ilial and sacral lines both fall on the far side of X_p, Y_p (B), and
where the cranial and caudal points fall on either side of $X_p, Y_p(C)$ 47
Figure 2-14 Lines were placed along the sacroiliac joint space, and along the ventral
surface of the sacrum, along a tangent to the left and right ventrolateral sacral edges.
The location of osteophyte on the ventral sacrum in some dogs (arrow) which produced
variability in marker location51
Figure 2-15 Lines were placed along the sacroiliac joint space, and along the dorsal
surfaces of the wings of the sacrum. 52
Figure 2-16 The lowest points in the dorsal sacral laminae (arrows) were used to
position a reference line
Figure 2-17 Transverse section through the sacroiliac joints with two inclination angle
markers on the right sacroiliac joint showing potential variation in placement of marker
along the axis of the joint space54
Figure 2-18 Distribution of average rotational motion vs. weight in German Shepherd
dogs and Greyhounds62

List of Tables

Table 2-1 Raw data averages for the rotational and translational motion variables in
German Shepherd dogs (GSD) and Greyhounds (GH). These averages do not take into
account the interaction between rotational motion and bodyweight which is described
by the model estimate equations in Table 2-258
Table 2-2 Parameter estimates and their standard errors from a mixed-effects linear
regression model of rotational motion and the inclination angle of the cranial synovial
component of the sacroiliac joint in German Shepherd dogs (GSD) and Greyhounds
(GH)59
Table 3-1 History, orthopaedic examination, neurologic examination and CT scan
findings of the German Shepherd dogs affected by lumbosacral region pain (LS =
lumbosacral)70
Table 3-2 Average values and standard deviations for the rotational and translational
motion variables in affected German Shepherd dogs and unaffected German Shepherd
dogs (GSD = German Shepherd dog)
Table 3-3 Parameter estimates and their standard errors for the mixed effect linear
models of rotational motion, X-axis translational motion and Y-axis translational
motion in affected German Shepherd dogs and unaffected German Shepherd dogs (GSD
= German Shepherd dog)74
Table 3-4 Parameter estimates and their standard errors for the mixed effect linear
models of the inclination angle of the caudal ligamentous component in affected
German Shepherd dogs and unaffected German Shepherd dogs

List of Equations

(180- ϕ_F) Equation 1	42
$(\phi_F - \phi_E)$ Equation 2	42
$\frac{a}{\sin A} = \frac{b}{\sin B}$ Equation 3	42
$\frac{d}{\sin(180 - \phi_F)} = \frac{ds}{\sin(\phi_F - \phi_E)}$ Equation 4	42
$d\sin(\phi_F - \phi_E) = ds\sin(180 - \phi_F)$ Equation 5	42
$d = \frac{ds \sin(180 - \phi_F)}{\sin(\phi_F - \phi_E)}$ Equation 6	42
$X_p = d\cos\phi_E - ds$ Equation 7	42
$Y_p = d \sin \phi_E$ Equation 8	43
$r^2 = a^2 + b^2 \qquad \text{Equation 9}$	43
$r^2 = dx_r^2 + dy_r^2 \qquad \text{Equation } 10$	43
$dx_r = X_p - X_{I1F}$ Equation 11	43
$dy_r = Y_p - Y_{I1F}$ Equation 12	43
$r = \sqrt{dx_r^2 + dy_r^2}$ Equation 13	43
$r = \sqrt{(X_p - X_{I1F})^2 + (Y_p - Y_{I1F})^2}$ Equation 14	43
$X_1 = c \cdot \cos \phi_E$ Equation 15	43
$Y_1 = c \cdot \sin \phi_E$ Equation 16	43
$ (X_n \pm X_1)(Y_n \pm Y_1) $ Equation 17	46

$dx_1 = X_{I1E} - X_1$	Equation 18	46
$dy_1 = Y_{I1E} - Y_1$	Equation 19	46

Abbreviations

CT Computed tomography

GSD German Shepherd dog

GH Greyhound dog

MRI Magnetic resonance imaging

SIJ Sacroiliac joint