

DIAGNOSIS OF SACROILIAC JOINT PAIN

PATIENT SYMPTOMS	 COMPLAINTS Pain when sitting/ lying on affected side Dull ache below L5, often unilateral Buttock pain, may radiate to thigh/groin Pain worse climbing stairs or hills 	 HISTORY/RISK FACTORS Fall, misstep, twisting, MVA Previous lumbar fusion Anatomic variations (e.g., leg length inequality) Age 62+ Postpartum
SI JOINT DYSFUNCTION SUSPECTED	 PHYSICAL EXAMINATION General back pain exam to rule out other diagnoses Sacral sulcus tenderness on palpation Patient points repeatedly near the PSIS (Fortin Finger Test)² 	 PROVOCATIVE TESTS³ Tests: Compression, Thigh Thrust, FABER Distraction and Gaenslen's Valid if three or more tests are positive At least one test should be compression or thigh thrust.
OPTIONAL	 RULE OUT POTENTIAL ALTERNATIVE PAIN General back pain exam to rule out other diagnoses Sacral sulcus tenderness on palpation Patient points repeatedly near the PSIS (Fortin Finger Test)² 	 GENERATORS Tests: Compression, Thigh Thrust, FABER Distraction and Gaenslen's Valid if three or more tests are positive At least one test should be compression or thigh thrust.
SI JOINT DYSFUNCTION PRESUMED	 DIAGNOSTIC SIJ BLOCK^{4,5} Fluoroscopic-guided, intra-articular injection Low-volume anesthetic (e.g., 2 ml) with contrast Positive result is ≥ 75% pain reduction Repeat injection for confirmation 	

CONFIRMED

SI JOINT DYSFUNCTION CONSERVATIVE MANAGEMENT (> 6 MONTHS)

- Medications, braces, SI belts •
- Orthotics (e.g., for leg inequality)
- Physical therapy, manual manipulation
- Therapeutic SI injections

FAILED CONSERVATIVE MANAGEMENT

• With SI joint dysfunction confirmed, and at least six months conservative therapy, the patient may be a candidate for SI joint fusion surgery using SacroFuse.

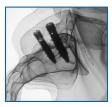
FAILED CONSERATIVE MANAGEMENT

SURGICAL ARTHRODESIS

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The SacroFuse system allows for true arthrodesis of the sacroiliac joint.





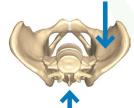


PROVOCATIVE TESTS FOR SACROILIAC JOINT PAIN

The following provocative tests have shown substantial diagnostic validity for sacroiliac pain if three or more tests are positive³. At least one test should be Compression or Thigh Thrust. The tests are considered positive if they reproduce the patient's same pain.



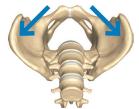




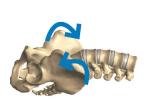












- DePalma, et al. Multivariable Analyses of the Relationships Between Age, Gender, and Body Mass Index and the Source of Chronic Low Back Pain. Pain Medicine 2012; 13: 498-506. 1.
- 2. Fortin JD, Falco FJ. The Fortin finger test: an indicator of sacroiliac pain. Am J Orthop. 1997 Jul;26(7):477-80.
- 3. Szadek KM, et al. Diagnostic validity of criteria for sacroiliac joint pain: a systematic review. The Journal of Pain. 2009: 10:354-368
- 4. Lorio MP. Rashbaum R. ISASS Policy Statement Minimally Invasive Sacroiliac Joint Fusion. Int J Spine Surg. 2014;8. 5. North American Spine Society (NASS). NASS Coverage Policy Recommendations. Percutaneous Sacroiliac Joint Fusion. June 2015.
- Available at: https://www.spine.org/PolicyPractice/CoverageRecommendations/
- AboutCoverageRecommendations

COMPRESSION TEST

This maneuver applies compression across the SI joints.

- 1. Patient is lying on their side with hips and knees flexed.
- 2. Apply a downward force to the patient's iliac crest.

THIGH THRUST TEST

This maneuver applies a sliding/shearing to the SI joint.

- 1. Patient is supine.
- 2. Consider placing a hand under the sacrum for support.
- 3. Apply a downward force to a vertically aligned femur.

FABER TEST (FLEXION, ABDUCTION AND EXTERNAL ROTATION)

This maneuver applies a tension to the anterior aspects of the SI joints.

- 1. Patient is supine.
- 2. Place the patient's foot of the affected side on the opposite knee.
- 3. Place a hand on the opposite iliac crest.
- 4. Apply a downward abduction force to the patient's knee.

DISTRACTION TEST

This maneuver applies a tension to the anterior aspects of the SI joints.

- 1. Patient is supine.
- 2. Apply a cross-arm posteriorly directed force simultaneously to both ASIS.

GAENSLEN'S TEST

This maneuver applies a counter-rotation/torsion to the SI joints.

- 1. Patient is supine.
- 2. One leg hangs off the exam table, the other is bent at the knee.
- 3. Apply an extension force to the hanging leg while simultaneously applying a flexion force to the bent leg.

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