

## **DIAGNOSIS OF SACROILIAC JOINT PAIN**

PATIENT SYMPTOMS	<ul> <li>COMPLAINTS</li> <li>Pain when sitting/ lying on affected side</li> <li>Dull ache below L5, often unilateral</li> <li>Buttock pain, may radiate to thigh/groin</li> <li>Pain worse climbing stairs or hills</li> </ul>	<ul> <li>HISTORY/RISK FACTORS</li> <li>Fall, misstep, twisting, MVA</li> <li>Previous lumbar fusion</li> <li>Anatomic variations (e.g., leg length inequality)</li> <li>Age 62+</li> <li>Postpartum</li> </ul>
SI JOINT DYSFUNCTION SUSPECTED	<ul> <li>PHYSICAL EXAMINATION</li> <li>General back pain exam to rule out other diagnoses</li> <li>Sacral sulcus tenderness on palpation</li> <li>Patient points repeatedly near the PSIS (Fortin Finger Test)<sup>2</sup></li> </ul>	<ul> <li><b>PROVOCATIVE TESTS<sup>3</sup></b></li> <li>Tests: Compression, Thigh Thrust, FABER Distraction and Gaenslen's</li> <li>Valid if three or more tests are positive</li> <li>At least one test should be compression or thigh thrust.</li> </ul>
OPTIONAL	<ul> <li><b>RULE OUT POTENTIAL ALTERNATIVE PAIN</b></li> <li>General back pain exam to rule out other diagnoses</li> <li>Sacral sulcus tenderness on palpation</li> <li>Patient points repeatedly near the PSIS (Fortin Finger Test)<sup>2</sup></li> </ul>	<ul> <li>GENERATORS</li> <li>Tests: Compression, Thigh Thrust, FABER Distraction and Gaenslen's</li> <li>Valid if three or more tests are positive</li> <li>At least one test should be compression or thigh thrust.</li> </ul>
SI JOINT DYSFUNCTION PRESUMED	<ul> <li>DIAGNOSTIC SIJ BLOCK<sup>4,5</sup></li> <li>Fluoroscopic-guided, intra-articular injection</li> <li>Low-volume anesthetic (e.g., 2 ml) with contrast</li> <li>Positive result is ≥ 75% pain reduction</li> <li>Repeat injection for confirmation</li> </ul>	

# **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.

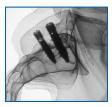
### **FAILED CONSERATIVE** MANAGEMENT

### **SURGICAL ARTHRODESIS**

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





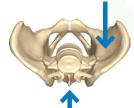


### **PROVOCATIVE TESTS FOR SACROILIAC JOINT PAIN**

The following provocative tests have shown substantial diagnostic validity for sacroiliac pain if three or more tests are positive<sup>3</sup>. At least one test should be Compression or Thigh Thrust. The tests are considered positive if they reproduce the patient's same pain.



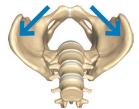




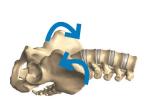












- DePalma, et al. Multivariable Analyses of the Relationships Between Age, Gender, and Body Mass Index and the Source of Chronic Low Back Pain. Pain Medicine 2012; 13: 498-506. 1.
- 2. Fortin JD, Falco FJ. The Fortin finger test: an indicator of sacroiliac pain. Am J Orthop. 1997 Jul;26(7):477-80.
- 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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