

# SI Joint Provocative Tests



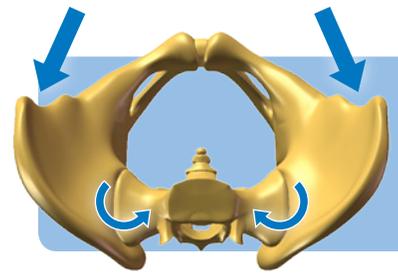
## Distraction

*Applies tensile forces on the anterior aspect of the SI joints*

The patient lies supine and is asked to place their forearm under their lower back to maintain lordosis and to support the lumbar spine.

A pillow is placed under the patient's knees. The examiner places their hands on the anterior and medial aspects of the patient's left and right ASIS with arms crossed and elbows straight.

A slow and steady posterior force is applied by leaning down toward the patient.

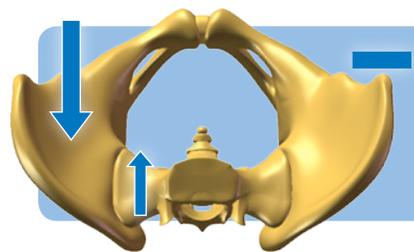


## Thigh Thrust

*Applies anteroposterior shear stress on the SI joint*

The patient lies supine with affected side hip flexed to 90 degrees. The pelvis is stabilized at the opposite ASIS with the hand of the examiner.

The examiner stands on the same side as the flexed leg. The examiner provides steady increasing pressure through the axis of the femur.



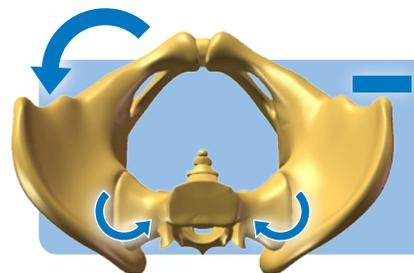
## FABER

**(Flexion, ABduction, External Rotation)**

*Applies tensile force on the anterior aspect of the SI joint on the side tested*

The patient lies supine as the examiner crosses the affected-side foot over the opposite-side thigh. The pelvis is stabilized at the opposite ASIS with the hand of the examiner.

A gentle downward force is applied to the affected-side knee of the patient and is steadily increased, exaggerating the motion of hip flexion, abduction, and external rotation.



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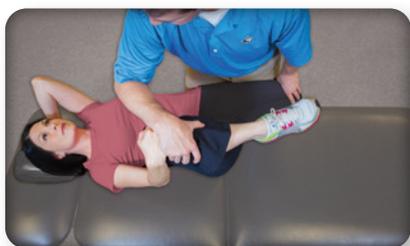
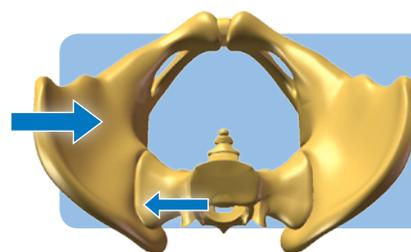


## Compression

*Applies compression force across the SI joints*

The patient is placed in a side-lying position, with the affected side up, facing away from the examiner, with a pillow between the knees.

The examiner places a steady downward pressure through the anterior aspect of the lateral ilium, between the greater trochanter and iliac crest.



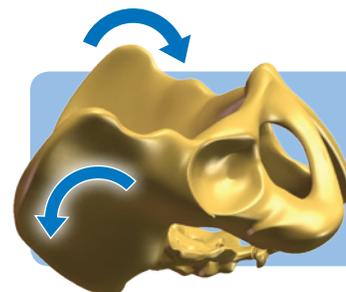
## Gaenslen's

*Applies torsional stress to the SI joints*

The patient lies supine with the affected side leg near the edge of the table. For safety, the patient's shoulders are positioned towards the middle of the table.

The patient then draws the non-affected side leg into full flexion and holds the flexed knee. The examiner stabilizes the leg with their hand placed over the patient's hand. This action keeps the ilium on the non-tested side in a slightly posterior and stable position during the maneuver.

The examiner supports the near-side leg while lowering it off of the table. The examiner then applies a steady downward force to the patient's distal thigh on the affected side while simultaneously applying a steady "hip flexing" force to the patient's knee on the non-affected side.



## General Testing Comments:

- For a test to be positive, it must reproduce the patient's typical pain in their SI joint region.
- **While 1 positive test raises suspicion, 3 or more positive tests would indicate the SI joint as a pain generator.**
- The Laslett study indicates that 3 or more positive provocative tests give 91% sensitivity and 78% specificity.<sup>1</sup> The Szadek study indicated the thigh thrust and the compression tests both have good singular diagnostic validity.<sup>2</sup>

<sup>1</sup> Laslett M. Evidence Based Diagnosis and treatment of the painful Sacroiliac Joint. *J Man Manip Ther.* 2008;16(3):142-52.

<sup>2</sup> Szadek KM, van der Wurff P, et al. Diagnostic validity of criteria for sacroiliac joint pain: a systematic review. *J Pain.* 2009;10(4):354-68.

The iFuse Implant System<sup>®</sup> is intended for sacroiliac fusion for conditions including sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months. There are potential risks associated with the iFuse Implant System. It may not be appropriate for all patients, and all patients may not benefit. For information about the risks, visit [www.si-bone.com/risks](http://www.si-bone.com/risks)