**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.
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.\(^1\) The Szadek study indicated the thigh thrust and the compression tests both have good singular diagnostic validity.\(^2\)

---

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