Diagnostic Algorithm for SI Joint Pain

Chief Complaints:
• Low back pain (below L5)
• Pelvis/buttock pain
• Hip/groin/thigh pain
• Sensation of lower extremity: pain, numbness, tingling, weakness
• Sitting problems
• Pain with position changes or transitional motions (i.e., sit to stand, supine to sit)
• Poor sleep habits due to pain
• Feeling of leg giving way or buckling

History:
• New onset or chronic low back pain +/- trauma
• Previous lumbar surgery
• Post-partum pain
• Description of pain
• Onset and duration of symptoms
• What makes it better/worse
• Treatment to-date: PT, meds, spine injections, other

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SI Joint Exam: Point to pain while standing (Fortin finger test) / Tenderness over SIJ sulcus / Posterior SIJ tender to palpation / Patient not sitting on affected side. Single leg stance test may induce pain on supporting side.

SI Provocative Tests
- Distraction
- Thigh Thrust
- FABER
- Compression
- Gaenslen’s

If pain inferior to L5, negative neurological exam, and minimum of 3 positive provocative tests the SIJ is likely a pain generator and image-guided, diagnostic SIJ injection(s) should be ordered. Start with the Distraction Test, which has the highest single positive predictive value.

Diagnostic SIJ Injection
- Posterior & inferior approach
- 22 gauge styletted needle
- 0.25ml contrast medium
- 1.25ml local anesthetic

For more information, please visit www.si-bone.com

3. Fluoroscopically-guided injection photos courtesy of Joseph Schifini, MD.

The iFuse Implant System® 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

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