

Management Algorithm for SI Joint Complaints. Consensus Guidelines.

Chief complaints:

- Low back pain (below L5)
- Pelvis/buttock pain
- Hip/groin pain
- Lower extremity pain (numbness, tingling, weakness)
- Poor sleep habits
- Unilateral leg instability
- Sitting problems

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
- General symptoms (fever, chill, weight loss)
- Treatment to-date: PT, meds, spinal, epidural, facet, SIJ injections, chiropractic, other

Spine Exam

Hip Exam

SIJ Exam: SIJ Exam: Point to pain while standing (Fortin Test) / Tenderness over SIJ sulcus / Posterior SIJ tender to palpation / Patient not sitting on affected side. Position test (s) to check for pelvic symmetry. Single leg stance test induces pain on supporting side.

SIJ Provocative Tests¹

FABER

Compression

Thigh Thrust

Distraction

Gaenslen's



If pain inferior to L5, negative neurological exam and minimum 3 positive tests, the SIJ is likely pain generator.

Note: Minimum 1 of 3 positive tests must be Compression or Thigh Thrust. Order image-guided diagnostic SIJ injection(s).

Diagnostic SIJ injection

- Posterior & inferior approach
- 22 gauge 5" stylet needle
- 0.25ml contrast medium
- 1.25ml Lidocaine, +/- 0.75ml steroid



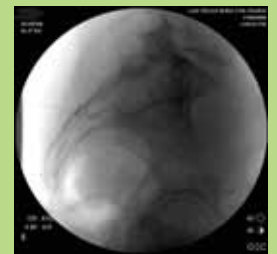
AP inferior SIJ target



AP needle in SIJ pre-contrast



AP needle in SIJ



Lateral needle in SIJ

No Significant Clinical Response

Significant Positive Clinical Response

Repeat Injection 1x

Positive Clinical Response

PT or MIS surgical management as per physician

Other Pain Generators possible

Conservative or MIS surgical therapy depending on length of patient symptoms

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