## Diagnostic Algorithm for Sacroiliac Joint Pain

### Patient Symptoms

1. **Complaints**
   - Intolerance with sitting or lying
   - Dull ache below L5, often unilateral
   - Buttock pain, may radiate to thigh / groin
   - Pain worse climbing stairs or hills

2. **History/Risk Factors**
   - Fall, misstep, lifting, twisting, MVA
   - Previous lumbar fusion
   - Anatomic variations (e.g. leg inequality)
   - Female, age 62, postpartum

### SI Joint Dysfunction Suspected

2. **Physical Examination**
   - General back pain exam to rule-out other diagnoses (e.g. McKenzie Examination\(^2\), straight leg raise, lumbar MRI)
   - Sacral sulcus tenderness on palpation and repeated pain pointing near the PSIS (Fortin Finger Test)

### Provocative Tests\(^3\)

- Tests: Compression, Thigh Thrust, FABER, Distraction and Gaenslen's. Valid if 3 or more tests are positive. At least one test should be compression or thigh thrust.

### Rule-outs and Red Flags

- Facet joint arthropathy
- Hip joint dysfunction
- Sciatica, disc disruption, stenosis
- Arthritis, spondylarthropathies
- Fractures (e.g. coccyx, insufficiency fractures)
- Bertolotti’s syndrome
- Infections and tumors
- Enteric conditions (e.g. appendix, IBS)

### SI Joint Dysfunction Presumed

3. **Diagnostic SIJ Block\(^4\)**
   - Fluoroscopic-guided, intra-articular injection
   - Posterior-inferior approach
   - 2.5ml max, includes 0.5ml contrast
   - Repeat injection for confirmation, >75% relief

### SI Joint Dysfunction Confirmed

4. **Conservative Management (>6 months)**
   - Medications, braces, SI belts
   - Orthotics (e.g. for leg inequality)
   - Physical therapy, manual manipulation
   - Therapeutic SI injections

5. **Disabling Pain**
   - With SI Joint Dysfunction confirmed, and at least 6 months conservative therapy, the patient may be a candidate for SI Joint surgery using the Simmetry\(^\circ\) system.

### Disabling Pain

6. **Surgical Arthrodesis**
   - The Simmetry\(^\circ\) system allows for true arthrodesis of the sacroiliac joint.\(^5\)
Provocative Tests for Sacroiliac Joint Pain

The following provocative tests have shown good diagnostic validity for sacroiliac pain if three or more tests are positive\(^3\). At least one test should be compression or thigh thrust. The tests are considered positive if they reproduce the patient’s same pain.

### 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 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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5. Rx only. Please review the Instructions for Use for indications, contraindications, warnings and precautions.

This material is provided as an educational resource. Refer to standard diagnostic publications for further information.

Fluoroscopically-guided SIJ injection image courtesy of Adam J. Locketz, MD, DABPMR.

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