

# **Sacroiliac (SI) Joint Diagnosis and Injections**



**Determining if the  
SI joint is the cause of  
your lower back pain**

## DIAGNOSING THE SI JOINT

Sacroiliac (SI) joint pain can be extremely painful and debilitating, and may dramatically affect your quality of life. To allow your doctor to accurately diagnose SI joint pain, it is important to document your symptoms and the history of your pain. During a physical examination, a variety of tests such as the Fortin Finger Test (you pointing directly to your SI joint pain, image below) and SI joint provocative tests can be performed to help determine whether the SI joint is contributing to your symptoms.



X-Rays, CT-scans, and/or MRIs may also be helpful in the diagnosis of SI joint-related issues and other conditions such as lumbar disc, facet or hip problems. It is important to remember that more than one condition can co-exist with SI joint disorders.

If your physical exam and provocative tests are positive for SI joint pain, the next step is to confirm it with a diagnostic SI joint injection.

## SI JOINT INJECTIONS

There are two types of injections, diagnostic and therapeutic. *Diagnostic injections* help identify the problem. *Therapeutic injections* help treat the problem.

A **diagnostic injection**, also known as a pain block, is typically performed in an office setting by a pain management specialist or surgeon while you are awake. Under fluoroscopic or CT guidance, your doctor will inject a small amount of short-acting local anesthetic into the SI joint to see if there is immediate pain relief.

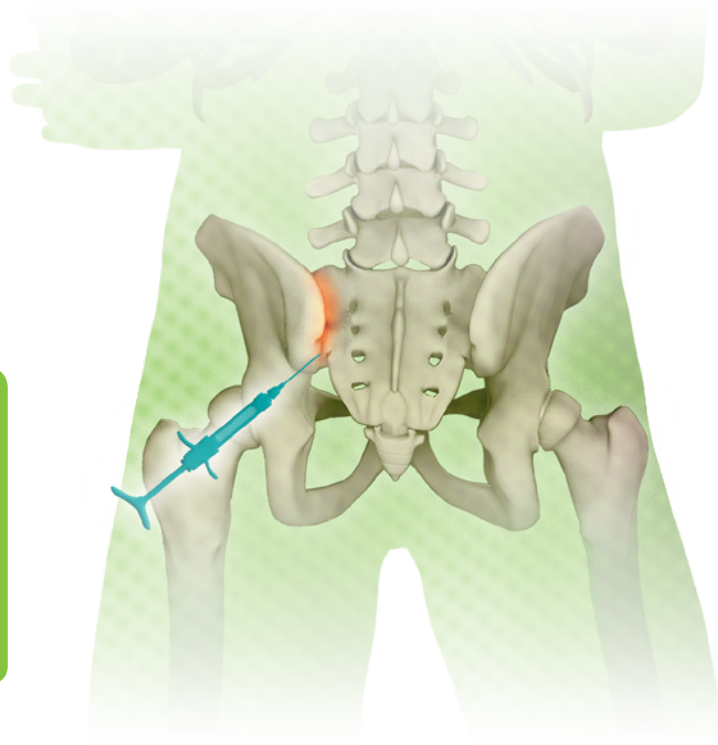
Before the injection, your doctor will ask you to rate your pain (see PRE-Injection side of attached assessment card) and may have you perform activities that cause your pain such as walking or sitting. Shortly after the injection, you will be asked to rate your pain again (POST-Injection) and perform the same activities. If you get at least 50% pain relief, the SI joint may be a primary source of your lower back pain. A second injection may be performed to confirm a positive first result.

It is important to note that once the local anesthetic from the injection wears off, your symptoms will most likely return, typically in 2 to 8 hours. **This does not mean the diagnostic injection is negative or did not work.**

If you had less than 50% pain relief, the SI joint is less likely to be the primary cause of your pain and other pain sources should be considered.

It is important to document your pain before and after the injection, so your doctor can better diagnosis your condition. Use the tear off sheet to record and illustrate your pain PRE and POST diagnostic injection.

A **therapeutic injection** is performed like a diagnostic injection but includes an anti-inflammatory steroid with the goal of treating your symptoms and providing longer relief. Improvement of your symptoms may be temporary, lasting weeks or months, and therefore may need to be repeated several times a year.

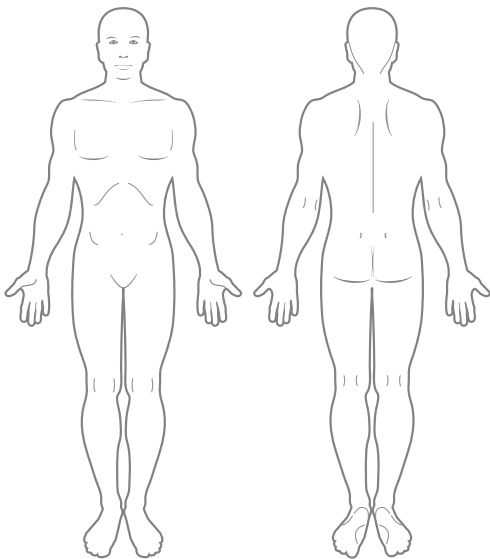


# PAIN PRE-INJECTION ASSESSMENT

Referring physician .....

Date ..... time .....

*Please mark the figure with an "x" everywhere you have pain*



Worst ever  
SI joint pain

**/10**

SI joint pain  
today

**/10**

*Shade the circle that corresponds to your pain and describe your pain in the remarks:*



10



9



8



7



6



5



4



3



2



1



0

*Worst Pain  
Imaginable*

*No Pain*

Remarks .....

.....

.....

.....

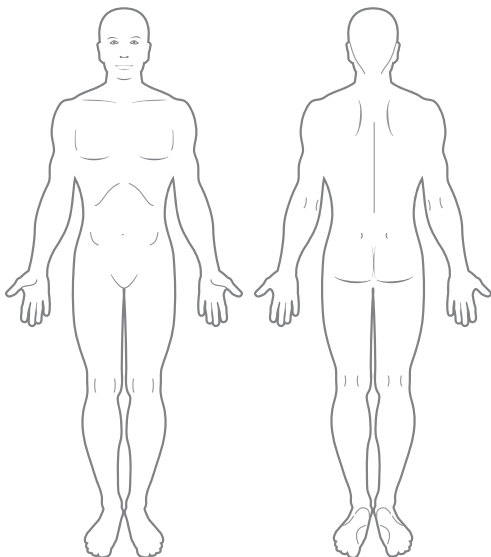
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# PAIN POST-INJECTION ASSESSMENT

Referring physician .....

Date.....time .....

Please mark the figure with an "x" everywhere you have pain

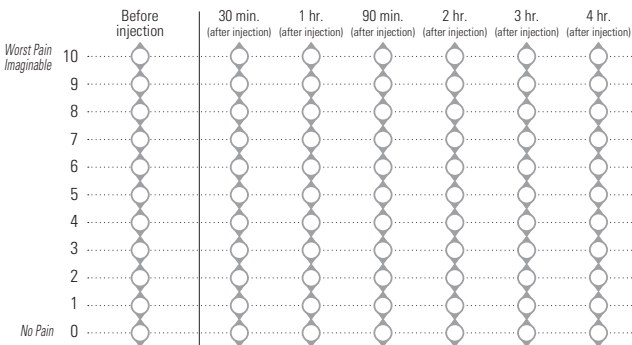


**Time of Injection**

Worst ever  
SI joint pain

SI joint pain  
today

For each time period, please shade the circle that corresponds to your SI joint pain level and include any remarks:



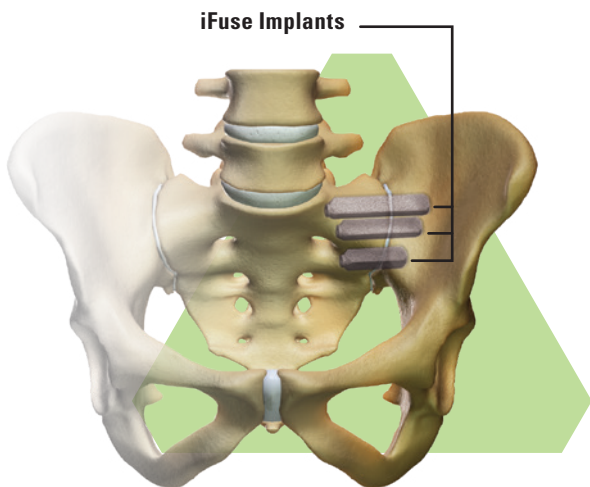
Remarks .....

.....

.....

## TREATMENT

Once the SI joint is confirmed as a source of your symptoms, treatment can begin. Typically, patients begin with oral medications (NSAIDs, opioids, etc.) along with physical therapy and activity modifications. A pelvic belt may also help to provide stability. If pain continues, procedures such as therapeutic SI joint steroid injections and/or radiofrequency ablation of the nerves could be treatment options. If lasting pain relief is not achieved, surgical options, such as minimally invasive surgical fusion of the SI joint with the **iFuse Implant System**<sup>®</sup>, may be considered.



The iFuse Procedure is done through a small incision and typically involves insertion of three small, triangular, titanium implants across the SI joint. The procedure takes approximately one hour and is designed to stabilize and fuse the SI joint. Clinical studies have demonstrated that treatment with the iFuse Implant –available since 2009– improved pain, patient function, and quality of life.

## LEARN MORE

Speak to your doctor or visit **si-bone.com**, to learn more about sacroiliac (SI) joint pain symptoms, diagnosis, and treatment. You can also view patient videos and learn how the **iFuse Implant System** has made a difference in patients' lives.

For more information  
please contact us at  
**1-866-737-2510, [info@si-bone.com](mailto:info@si-bone.com),**  
or visit **[www.si-bone.com](http://www.si-bone.com)**

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)

**SI-BONE<sup>®</sup>** | **iFuse Implant System<sup>®</sup>**  
Minimally Invasive Sacroiliac Joint Surgery

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