

**Sacroiliac (SI) Joint Dysfunction** – mechanical dysfunction (hypomobility or hypermobility) of one or both of the sacroiliac joints.

**Synonyms:** Sacroilitis, SI joint syndrome, SI segmental dysfunction.

**Symptoms** include low back pain, usually on one side. Symptoms may radiate down into the buttock and leg, but normally not below the knee. The pain is typically located near the posterior superior iliac spine (PSIS). The pain is often described as burning, or stabbing, but can feel more like a dull ache if the symptoms are chronic.

**How is it diagnosed?**

The sacroiliac joints are load bearing joints. They don't move much, except at the extreme ends of their range of motion. This can make diagnosing through physical examination difficult, but not impossible. X-rays and imaging procedures are, in general, not indicated. The location of the pain, along with a careful patient history can help rule out other causes of low back pain. Research has indicated that SI joint pain may be responsible for anywhere from 5 to 30% of low back pain cases.

**How is it treated?**

The sacroiliac joints, like the rest of the joints of the body, can become Hypomobile / restricted / stuck or hypermobile / loose / unstable.

- Chiropractic mobilizations/manipulations along with deep tissue therapy and other modalities can help free up hypomobile joints.
- Joint hypermobility is often addressed through core stabilization exercises and pain reduction modalities including but not limited to: cryotherapy, electrical stimulation, topical analgesics, etc... A SI joint belt may be beneficial.

**Alternative treatments.**

NSAID's, muscle relaxers, corticosteroid injections. Injections can be both therapeutic and diagnostic. If injections into the SI joint relieve your symptoms, it's likely that the SI joint was your primary pain generator. The effectiveness of the injections range from minimal to significant in the short term, but are generally no better than conservative treatment in the long term.

**Prognosis** is excellent. Complicating factors include previous recurrent episodes of back pain, and duration of current episode.

**Duration of care:** *Approximately 10-12 visits spread out over 4 to 6 weeks.*