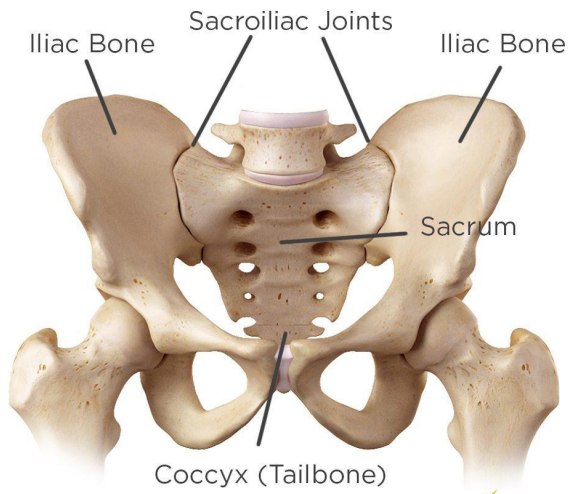


SACROILIAC JOINT DYSFUNCTION

The sacroiliac (SI joint) is located in the pelvis. It links the iliac bones (pelvis) to the sacrum (lowest part of the spine above the coccyx (tailbone)). It is one of the essential components for shock absorption to prevent impact forces during walking from reaching the spine. Like any other joint in the body, the SI joint can become damaged or its support ligaments can become loose or injured. This can lead to SI joint dysfunction or pain.



Causes:

SI joint pain is caused by hypermobility (too much movement) or hypomobility (too little movement) of the joint. There are also traumatic causes and unknown causes for the pain.

When the joint is hypermobile, abnormal joint movement and alignment is a consequence of weakened ligaments that are overly stretched and postulated as the source of pain. The weakened ligaments can be caused by trauma, hormone imbalances (like pregnancy), or hip muscle imbalances.

Conversely hypomobility (too little movement) of the sacroiliac joint can also cause dysfunction. The joint "locks" due to degenerative changes or inflammatory diseases (such as rheumatoid arthritis).

Symptoms:

People can feel problems anywhere from the upper leg to the lower spine. This can include lower back pain, buttock pain, upper leg pain, groin pain, or hip pain. Pain can range from a dull aching to a sharp stabbing pain. Symptoms also worsen with prolonged or sustained positions (for example, while sitting, standing, or lying down). Pain can be reported to increase during sexual intercourse and menstruation in women.

Diagnosis:

A variety of tests during physical examination may help reveal the SI joint as the cause of pain. Typically imaging studies like x-rays, CT scans, and MRI scans will be normal unless there are arthritic or degenerative changes. The most relied upon diagnostic method is to inject the SI joint with local anesthetic (and sometimes steroid) under fluoroscopy (x-ray guidance). If symptoms significantly decrease, then the possibility increases that the SI joint is either the source, or a major contributor, to the symptoms.

If symptoms do not change with the injection, then it is less likely that the SI joint is the cause or the medication did not get into the joint.

Treatment:

Typically, SI joint dysfunction improves with physical therapy as well as a continuation of stretching and strengthening exercises taught by a physical therapist or trainer. In addition, a steroid/anesthetic injection under fluoroscopy (x-ray guidance) can help decrease the pain and inflammation of the SI joint to help with the physical therapy. As a last resort, minor surgery may be considered for stabilizing the loose joint by fixation.

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