

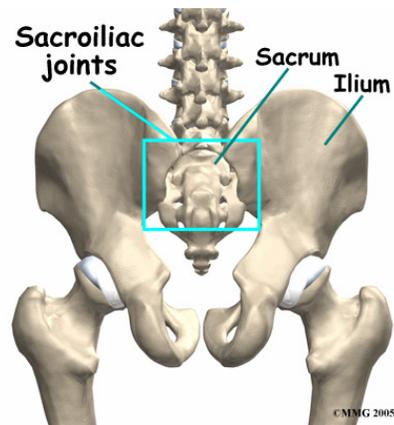
# SpineFAQs

## Sacroiliac Joint Dysfunction

The sacroiliac (or SI) joint is a relatively uncommon source of lower back pain. It is, however, commonly overlooked as a cause of pain, and is also misunderstood.

The SI joint is located on either side of the spine, just above the buttocks. There are two SI joints, and together form the connection of the lower spine to the pelvis. As with the majority of joints in the body, the SI joints have cartilage, joint fluid, and a soft tissue covering called the joint capsule. As compared to other joints, however, because of the way they are shaped, the

SI joints do not move very much. They more or less flex, rather than move. Since they have the same anatomy as other joints, the SI joints are also subject to the same problems that other joints face such as arthritis, infection, inflammation, and sprain.



The importance of the SI joint should not be overlooked. As the main connection between the spine and the pelvis, the SI joints are also a primary connector between the legs and the body. Additionally, the buttock muscles, and the lower spine muscles have attachments on or near the SI joints. Every time we take a step and bear weight on our foot, we are also putting stress through the SI joint. If the SI joint is painful or inflamed, this action can lead to increasing pain. In addition, as we take many steps throughout the day, we repeatedly stress the SI joint. The SI joint is also affected when we roll over in bed, sit, stand and bend over.

The SI joint can also cause sciatica leg pain if it is irritated. The sciatic nerve is made up of several nerves that exit the lower spine. As the sciatic nerve travels down to the leg, it passed directly in front of the SI joint. If the SI joint is inflamed, it can refer pain down the path of the sciatic nerve.

## **What causes SI joint problems?**

The most common cause of SI joint irritation is often a history of a fall onto the buttock or hip. Occasionally as well, being hit on the side of the hip (such as when someone is struck from the side in a car accident) can lead to irritation of the SI joint. The repetitive action of walking, bending, sitting etc. can then continuously aggravate the SI joint. Sometimes, however there is no traumatic cause. Some types of inflammatory arthritis can cause inflammation of the SI joint. People with inflammatory bowel diseases such as ulcerative colitis can develop sacroilitis which is inflammation of the SI joint. People who have had major pelvic trauma can develop degenerative arthritis of the SI joint later in life. Infections can occur in the SI joint as well. These are more commonly seen in the sick or infirmed.

## **What are the symptoms of SI Joint Dysfunction?**

The symptoms are somewhat variable. Most often patients complain of lower back pain, but when pressed they can localize it to the SI joint area. It is often described as aching, deep pain, which is made worse with walking, long standing, rising from a chair, rolling over in bed, or lying on one side. Occasionally people will also complain of sciatica pain down their leg often down the side of the thigh and calf. Most often people find that changing positions help. Anti-inflammatory arthritis medications may help as well. Usually it has been going on for months before the patient seeks care.

## **How can you treat SI Joint Dysfunction?**

Anti-inflammatory medications and physical therapy are the mainstay of treatment. Many times, however, by the time the patient is diagnosed, it has become a chronic problem and management (rather than a cure) is the goal. Focused stretching and stabilization of the hamstring, gluteal, and hip flexor muscles are key to relieving SI joint pain. A sacroiliac support belt may also be recommended to help stabilize the joint. The physical therapy program is NOT the same as that for typical lower back pain. This is why the delay in diagnosis can be very long. Therapy can take many weeks to many months, and often requires regular, life-long attention to keeping stretched out. An SI support belt can also be used.

Occasionally, injections of steroids into the SI joint are part of the treatment. These very powerful anti-inflammatory medications can help to break the

cycle of inflammation. The injections do not, however, replace the need for diligent stretching and flexibility work. Radiofrequency ablation is a newer method of treatment. With this a small needle shaped probe is placed near the joint and the tiny sensation nerves attached to the joint are burned away and destroyed. Finally, it is EXTREMELY RARE that surgery is indicated. If necessary, the joint can be fused together (making it stiff), in order to reduce pain. This is generally reserved for those who have had a traumatic disruption and instability of the joint.