

# Navigating treatment protocols for sacroiliac joint dysfunction: A comprehensive guide

Ayesha Arshad<sup>1</sup>

Copyright © 2024 The Author(s). Published by Foundation University Journal of Rehabilitation Sciences

Sir,

Sacroiliac Joint Dysfunction is a condition in which there is pain in the sacroiliac (SI) joint that occurs either when they move too much, i.e., hypermobility, or too little which is hypomobility. SI joint pain is the most common pain that is associated with low back pain and pelvic pain. Although this pain is supposed to originate from the lumbar spine, it is proposed that 15–30% of patients who have low back pain (LBP) derive from the Sacroiliac Joint (SIJ).(1) The SI joint is considered a true synovial joint because of the presence of space between the sacrum and ilium that is filled with synovial fluid; and is surrounded by a set of ligaments.(2) Main function of SI joint is to provide stability and it is interconnected with low back, hip, and lower extremity. All of these facts make SI joint a very important joint.

There are different provocation tests used to diagnose SI joint pain like the FABER Test, Compression Test, Distraction Test, Thigh Thrust, and Gaenslen Test, and if three of these tests are positive it depicts that the patient is having SI joint pain. However, diagnosis of SI joint dysfunction is always challenging for physicians, and most of the time it is misdiagnosed or not diagnosed at all. Most studies have stated that physical assessment and medical and radiological findings are not enough to diagnose sacroiliac dysfunction. However, once it is diagnosed, its management and treatment are also very precarious.(3)

There are different treatment protocols available for SI joint dysfunction including physical therapy consisting of exercises to strengthen and stabilize SI joint dysfunction. Mobilization of SI joint is effective

for treating SI joint hypo-mobility and therapeutic ultrasound to reduce inflammation that may occur due to repetitive stress. However, the effectiveness of therapeutic ultrasound in treating SI joint pain and inflammation is still debatable. Along with unprecedented effects of physical therapy, other treatment protocols such as corticosteroids injection, chiropractic care, acupuncture, massage therapy along with life style modification such as ergonomic adjustments and activity modifications to reduce joint strain are also very effective in treating SI joint dysfunction. Intraarticular injections with steroids not only help in the treatment of sacroiliac joint pain but also help in its diagnosis.(3)

Pelvic stabilization is helpful in case of SI joint hypermobility and sacroiliitis.(4) SI joint pain can cause lower back and pelvic pain, affecting mobility and quality of life. Understanding its causes, symptoms, and treatment options can help manage the condition effectively. Individualized treatment plans and preventive measures are essential for long-term relief and improved function. However, patients having prolonged SI joint pain are not responsive to conservative management. Minimum invasive surgery and open sacroiliac joint fusion stabilize the joint and provide long-term relief. Pelvic bracing is also very effective in reducing pain and motion at the SI joint. However, it is highly dependent on the patient's condition that he or she will respond to any one of these treatments or combinations of these treatments.(5)

Considering all of the above facts, it is highlighted that treatment of SI joint dysfunction is a multidisciplinary approach. Therefore all healthcare professionals must consider this individualized treatment plan and preventive measures for long-term relief, improved function, and enhanced quality of life of individuals suffering from Sacroiliac Joint Dysfunction.

**Keywords:** Intraarticular injections, Physical therapy management, Sacroiliac joint dysfunction, Sacroiliac joint, Sacroiliitis.

**Disclaimer:** None to declare.

**Affiliations:** <sup>1</sup>Yusra Institute of Rehabilitation Sciences, Islamabad, Pakistan.

**Correspondence:** Ayesha Arshad

**Email:** aeshaarshad4200@gmail.com

**Received:** May 31<sup>st</sup>, 2024; **Acceptance:** July 1<sup>st</sup>, 2024

**DOI:** <https://doi.org/10.33897/fujrs.v4i2.424>

**How to Cite:** Arshad A. Navigating treatment protocols for sacroiliac joint dysfunction: A comprehensive guide. Foundation University Journal of Rehabilitation Sciences. 2024 July;4(2):127-128.

---

**Conflict of interest:** None to declare.

**Source of Funding:** None to declare.

**References:**

1. Szadek K, Cohen SP, de Andrès Ares J, Steegers M, Van Zundert J, Kallewaard JW. 5. Sacroiliac joint pain. *Pain practice*. 2024;24(4):627-46.
  2. Ziegeler K, Kreutzinger V, Proft F, Poddubnyy D, Hermann KGA, Diekhoff T. Joint anatomy in axial spondyloarthritis: strong associations between sacroiliac joint form variation and symptomatic disease. *Rheumatology*. 2022;61(1):388-93.
  3. Gartenberg A, Nessim A, Cho W. Sacroiliac joint dysfunction: pathophysiology, diagnosis, and treatment. *European Spine Journal*. 2021;30:2936-43.
  4. Newman DP, Soto AT. Sacroiliac joint dysfunction: diagnosis and treatment. *American Family Physician*. 2022;105(3):239-45.
  5. Karimi H, Rodrigues R, Patel S, Patel J, Kosarchuk J, Kryzanski J. A systematic review and update on diagnosis and treatment of new onset sacroiliac joint dysfunction after lumbar fusion. *Acta Neurochirurgica*. 2024;166(1):1-14.
- 

**Copyright Policy**

All Articles are made available under a Creative Commons “*Attribution-NonCommercial 4.0 International*” license. Copyrights on any open access article published by FUJRS are retained by the author(s). FUJRS is an open-access journal that allows free access to its published articles, in addition, to copy and use for research and academic purposes; provided the article is correctly cited. FUJRS does not allow commercial use of the articles published in FUJRS. All articles published represent the view of the authors and do not reflect the official policy of FUJRS.