

Orthopaedic Connection

Sacroiliac Joint Treatment

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Transforming patient information into patient understanding.

When we began (several weeks ago!) I never imagined it would take this long to completely cover the Sacroiliac subject. I promise next week we will be on to another subject. Yea!

We are starting today, assuming I have done the correct history, exam and tests to identify the Sacroiliac Joint as the cause of the lower back and occasional leg pain.

Conservative Treatment

It is best to consider conservative treatment of the Sacroiliac Joint dysfunction in 2 ways.

Relief of Pain

Without making the area less painful the patient probably won't be able to do the second part of the treatment.

- Medication, oral. Usually non narcotic anti-inflammatory medication. I prefer prescription Ibuprofen (Motrin) 800mg orally 2 or 3 times per day. Or Naproxen 500mg twice per day. Tylenol can be taken instead, but it isn't anti-inflammatory.
- Medication, topical. Theragesic applied 3 times per day.
- Heat for 15 minutes followed by ice for 15 minutes twice a day
- Massage therapy
- Injection which I do in the hospital x-ray department to insure I am directly injecting into the joint. Any injection not done in this way has almost no chance of entering the joint. Close doesn't count!

Physical Therapy

PT is often combined with the above measures. Most patients are helped greatly by the relief of pain measures and physical therapy.

- Modalities such as ultrasound
- Physical manipulation
- Core strength exercises
- Improved posture and gait
- Home exercise program
- It can take several weeks to reach desired improvement

Invasive Treatment

- Radiofrequency Ablation. There are certain nerves around the SI joint that can be deadened to relieve pain. It is done with a heating probe. It seems to work better in younger patients.
- Surgery is an important option, but as always a last resort. The goal is to fuse the joint together. It is not possible to fully explain how this is accomplished in an article such as this. It does often include implanting metal devices across the joint to fuse it together.

The End

When I started this mini course on the sacroiliac joint I had no idea it would be this long. I hope you learned something. Thanks for staying with me.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website.

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush