

Sacroiliac joint pain treatment

- [Safety and initial effectiveness of minimally invasive sacroiliac joint fusion with metal implants using a lateral transiliac approach: a prospective trial](#)
- [Misdiagnosis of sacroiliac joint gout as ankylosing spondylitis: Solving the diagnostic dilemma with dual-energy computed tomography](#)
- [Systematic Review on Minimally Invasive Posterior Sacroiliac Joint Fusion](#)
- [What is the optimal block selection paradigm for predicting a successful treatment outcome following sacral lateral branch radiofrequency neurotomy? A real-world cohort study](#)
- [Sacroiliac joint fusion: incidence, timing, and risk factors for contralateral fusion](#)
- [Factors influencing treatment outcomes of ultrasound-guided pulsed radiofrequency in chronic sacroiliac joint pain: a 6-month follow-up study](#)
- [Ultrasound-Guided \(USG\) Aspiration From Sacroiliac Joint in Tuberculosis Is Rare: An Atypical Case Report From a Developing Country](#)
- [A creative approach to the diagnosis and treatment of low back pain: case report and review of the literature](#)

1. Conservative Treatments Rest and Activity Modification: Avoid activities that exacerbate the pain, such as prolonged standing or heavy lifting. Physical Therapy: Focus on strengthening and stabilizing core muscles. Stretching and mobilization exercises for adjacent muscles and tissues. Manual therapy to improve joint mobility. Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce inflammation and pain. Muscle relaxants or acetaminophen for pain management. Hot and Cold Therapy: Heat packs for muscle relaxation. Ice packs to reduce acute inflammation. 2. Interventional Procedures SI Joint Injections: Corticosteroid injections to reduce inflammation in the joint. Diagnostic injections to confirm the SI joint as the source of pain. Radiofrequency Ablation (RFA): Targets nerves around the SI joint to reduce pain signals. Prolotherapy or Platelet-Rich Plasma (PRP): Injections to promote healing of ligaments and tissues around the joint. 3. Assistive Devices SI Joint Belt: A supportive brace to stabilize the pelvis and reduce joint movement, alleviating pain. Orthotics: Custom shoe inserts to address leg length discrepancies or poor posture contributing to SI joint stress. 4. Advanced Surgical Options Reserved for cases where conservative and interventional treatments fail:

Minimally Invasive SI Joint Fusion: Uses screws or rods to stabilize the joint, promoting fusion and reducing movement. Indicated in severe, refractory cases of SI joint dysfunction. 5. Alternative and Complementary Therapies Chiropractic Adjustments: Gentle manipulation of the pelvis and lumbar spine. Acupuncture: May help relieve pain and improve mobility. Yoga and Pilates: Focus on core strength, flexibility, and proper alignment. Massage Therapy: Relieves muscle tension and promotes circulation around the SI joint. Lifestyle and Prevention Weight Management: Reducing body weight to lessen stress on the SI joint. Postural Awareness: Maintaining good posture to avoid unnecessary joint stress. Regular Exercise: Low-impact activities like swimming, walking, or cycling.

see [Pelvic belts](#) .

Patients were randomly assigned to CM (n = 51) or SIJF using triangular titanium implants (n = 52).

CM consisted of optimization of medical therapy, individualized physiotherapy, and adequate information and reassurance as part of a multifactorial treatment. The primary outcome was the difference in change in self-rated LBP at 6 months using a 0 - 100 visual analog scale (VAS). Other effectiveness and safety endpoints, including leg pain, disability using Oswestry Disability Index (ODI), quality of life using EQ-5D, and SIJ function using active straight leg raise test (ASLR), were assessed up to 12 months.

At 12 months, mean LBP improved by 41.6 VAS points in the SIJF group vs. 14.0 points in the CM group (treatment difference of 27.6 points, $P < 0.0001$). Mean ODI improved by 25.0 points in the SIJF group vs. 8.7 points in the CM group ($P < 0.0001$). Mean improvements in leg pain and EQ-5D scores were large after SIJF and superior to those after CM. CM patients were allowed to crossover to SIJF after 6 months. Patients who crossed to surgical treatment had no pre-crossover improvement in pain and ODI scores; after crossover, improvements were as large as those originally assigned to SIJF. One case of postoperative nerve impingement occurred in the surgical group. Two SIJF patients had recurrent pain attributed to possible device loosening and one had postoperative hematoma. In the CM group, one crossover surgery patient had recurrent pain requiring a revision surgery.

The primary limitation was lack of blinding and the subjective nature of self-assessed outcomes.

For patients with chronic LBP originating from the SIJ, minimally invasive SIJF with triangular titanium implants was safe and more effective than CM in relieving pain, reducing disability, and improving patient function and quality of life. Our findings will help to inform decisions regarding its use as a treatment option in this patient population. Key words: Sacroiliac joint dysfunction, pelvic girdle pain, randomized controlled trial, quality of life, spine implants ¹⁾.

A Level 1 study showed that minimally invasive SIJ fusion using triangular titanium implants was more effective than nonsurgical management at 1 year in relieving pain, improving function, and improving quality of life in patients with SIJ dysfunction caused by degenerative [sacroiliitis](#) or SIJ disruptions. Pain, disability, and quality of life also improved after crossover from nonsurgical to surgical treatment ²⁾.

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Dengler JD, Kools D, Pflugmacher R, Gasbarrini A, Prestamburgo D, Gaetani P, van Eeckhoven E, Cher D, Stureson B. 1-Year Results of a Randomized Controlled Trial of Conservative Management vs. Minimally Invasive Surgical Treatment for Sacroiliac Joint Pain. *Pain Physician*. 2017 Sep;20(6):537-550. PubMed PMID: 28934785.

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Polly DW, Cher DJ, Wine KD, Whang PG, Frank CJ, Harvey CF, Lockstadt H, Glaser JA, Limoni RP, Sembrano JN; INSITE Study Group. Randomized Controlled Trial of Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants vs Nonsurgical Management for Sacroiliac Joint Dysfunction: 12-Month Outcomes. *Neurosurgery*. 2015 Nov;77(5):674-91. doi: 10.1227/NEU.0000000000000988. PubMed PMID: 26291338.

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