

# Patient Sacroiliac Joint Diagnostic Injection Worksheet

Referring Physician: ..... Patient Name: .....  
 Referral Date: ..... Patient Phone Number: .....  
 Patient call physician office back: Date ..... Time: .....

## REFERRAL TYPE

- Physical Evaluation                       Diagnostic Block                       Therapeutic Block

Special Instructions: .....  
 .....  
 .....

Your health care professional also has a number of ways to evaluate SI joint disorders. She or he will explain each of them to you.

## PATIENT HISTORY AND PHYSICAL EXAM

- Trauma or minor trauma (Car accident, fall, work injury, etc.)  
 Prior Lumbar Surgery (Lumbar Fusion, laminectomy, etc.)  
 Pregnancy/Postpartum  
 Other .....

- Positive Fortin Finger test (point to PSIS)     Yes     No  
 Tenderness to palpation over the SIJ sulcus     Yes     No

### Patient experiences symptoms when ...

- Sitting on painful side                       Standing for long periods  
 Sleeping on painful side                       Sitting to standing  
 Riding in the car                                       Walking (gait)  
 Standing on one leg                               Other .....

### Provocative Tests Results

- Distraction     +     -                      Compression     +     -  
 Thigh-Thrust     +     -                      Gaenslen     +     -  
 FABER     +     -

## INJECTION ORDERS

### Diagnostic SIJ Injection (suggested):

- Contrast Medium (0.25ml)  
 Anesthetic (1.25ml)

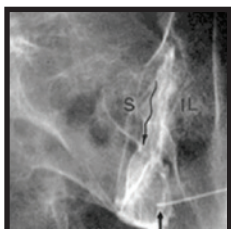
### Any Abnormalities?

- Capsular Tear     Yes                       No  
 Other     .....

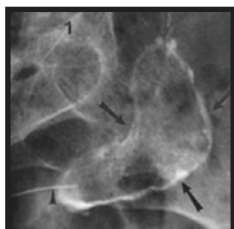
	Injection	Follow Up
Date	/ /	/ /
Time	:	:

SI Injection Technique from ISIS Practice Guidelines:  
[www.spinalinjection.com](http://www.spinalinjection.com)

## PREFERRED IMAGES



Outlet Oblique



Contralateral Oblique



Lateral

### Return to Surgeon

- Fluoroscopic/X-ray Images with Contrast  
 CT Image with Contrast  
     – Performed CT scan pelvis per protocol  
 Patient Post-Injection Evaluation Log

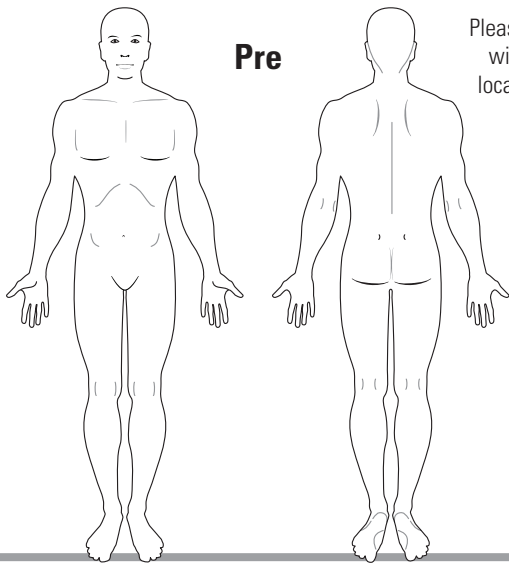
# Pre and Post Injection Evaluation

## Sacroiliac Joint Injection

**Very Important:** Please complete this pain log following your SI Joint Injection for the next 4 hours.

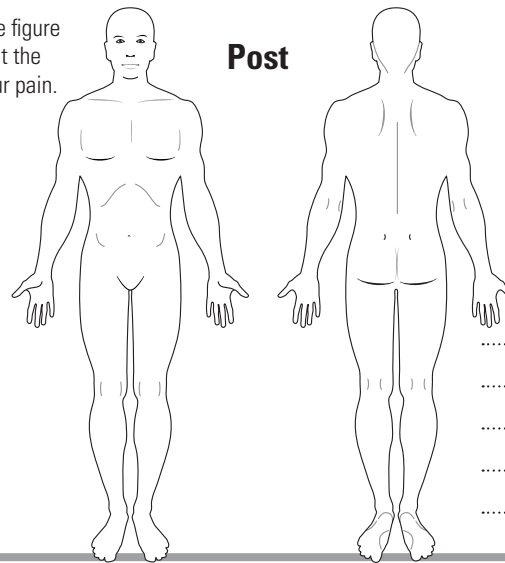
**Please note:** You may be sore from the needles, so when rating your pain, concentrate on your regular pain (the pain from your SI Joint area) and not any soreness from the needle injection itself.

SI joint disorders can be evaluated by reviewing several different factors. Please complete the following and your health care professional will explain the importance of each.



**Pre**

Please mark the figure with an "X" at the location of your pain.



**Post**

**Patient's Remarks:**

.....

.....

.....

.....

.....

.....

.....

### DESCRIPTION OF PAIN

Primary (Index) pain:.....

Concurrent pain:.....

.....

.....

### Pain Assessment

Worst ever  
SIJ pain

**/10**

SIJ pain  
today

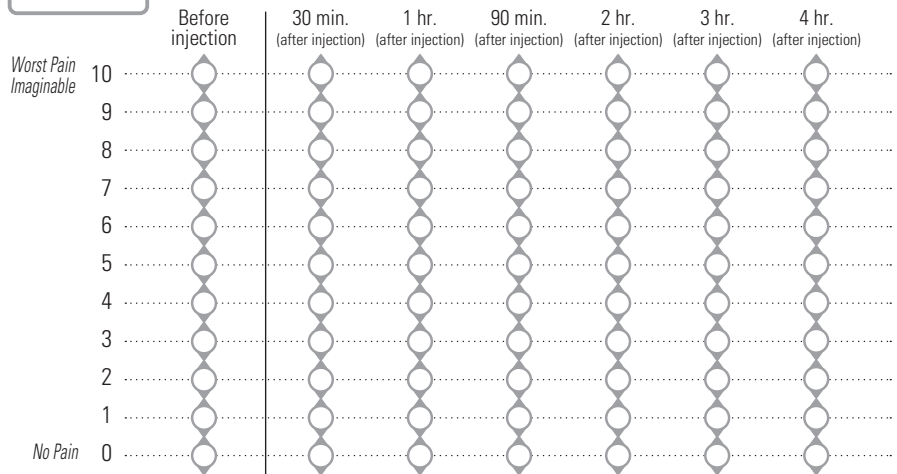
**/10**

### Activities Limited by Index Pain

	Before		After	
	+	-	+	-
Sitting on painful side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting to stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time of Injection

For each time period, please shade the circle that corresponds to your SIJ pain level:



### INTERPRETATION OF RESPONSE:

.....

.....

.....

.....

Assessor ..... Date: .....