

Lower Back Pain and the Sacroiliac (SI) Joint

Ask your doctor about diagnostic and treatment options for SI joint dysfunction.



SI-BONE[®]

Sacropelvic Solutions[™]

Making a Diagnosis

A variety of tests performed during physical examination may help determine whether the SI joint is a source of your symptoms. Your doctor should ask you to point to where it hurts (Fortin Finger Test).

In addition, X-Rays, CT-scans, and/or MRIs may be helpful in the diagnosis of SI joint-related problems.

It is also important to remember that more than one



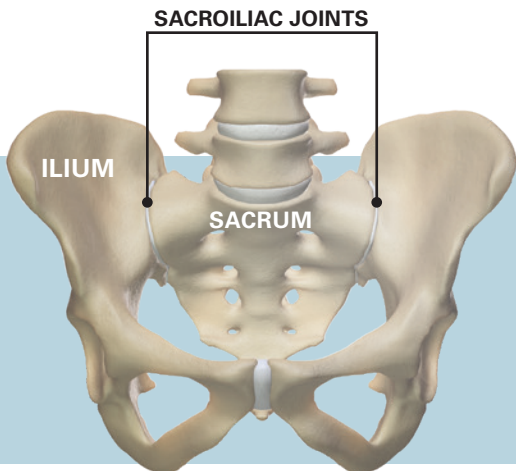
Fortin Finger Test

condition (like a disc problem) can co-exist with SI joint disorders.

An often relied upon method to accurately determine whether the SI joint is the

cause of your lower back symptoms is to inject the SI joint with a local anesthetic.

The injection will be delivered under either fluoroscopic or CT guidance to verify accurate placement of the needle in the SI joint. If your pain is temporarily reduced by 50% or more after this injection, the SI joint may either be the source, or a major contributor, to your lower back pain.³



3. Dreyfuss P, et al. *J Am Acad Orthop Surg.* 2004 Jul-Aug;12(4):255-65.

Treatment Options

Once the SI joint is confirmed as a source of your symptoms, treatment can begin. Some patients respond to physical therapy, use of oral medications, as well as injection therapy. Intermittent use of a pelvic belt may provide symptomatic relief as well. Treatments such as injections or use of a belt are performed repetitively and improvement using these therapies may only be temporary. If non-surgical treatment options have been tried and do not provide lasting relief, your surgeon may consider other options, including minimally invasive surgery.

Minimally Invasive SI Joint Fusion with the iFuse TORQ[®] Implant System

The iFuse TORQ[®] Implant System is indicated for fusion of the sacroiliac joint for sacroiliac joint dysfunction including sacroiliac joint disruption and degenerative sacroiliitis. The iFuse procedure involves the insertion of three small titanium implants across the SI joint, and is designed to stabilize and fuse the SI joint. The procedure is done through a small incision and takes approximately one hour.

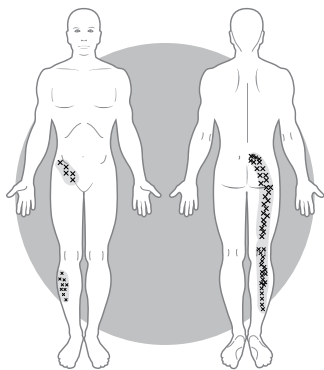
Sacroiliac Joint Anatomy

The sacroiliac joint (SI joint) is located in the pelvis; it links the iliac bones (pelvis) to the sacrum (lowest part of the spine above the tailbone). It is an essential component for energy transfer between the legs and the torso.

Do You Have SI Joint Pain?

Do you experience one or more of the symptoms listed below?

- Lower back pain
- Sensation of lower extremity: pain, numbness, tingling, weakness
- Pelvis/buttock pain
- Hip/groin pain
- Feeling of leg instability (buckling, giving way)
- Disturbed sleep patterns due to pain
- Disturbed sitting patterns (unable to sit for long periods, sitting on one side)
- Pain going from sitting to standing



"x" marks show possible location of pain¹

About Your SI Joint

Like any other joint in the body, the SI joint can be injured and/or become degenerative. When this happens, people can feel pain in their buttock and sometimes in the lower back and legs. This is especially true while lifting, running, walking or even lying on the involved side.

It's common for pain from the SI joint to feel like disc or lower back pain. For this reason, SI joint disorders should always be considered in lower back pain diagnosis.²

The good news is that trained healthcare professionals can now distinguish between lower back symptoms arising from the lumbar portion of the spine, hip, and SI joint.

1. Bernard TN Jr, Cassidy JD. The Sacroiliac Joint Syndrome: Pathophysiology, Diagnosis, and Management. Lippincott-Raven Publishers, 1997; Ch 109, pp 2343-66.

2. Weksler N, et al. *Arch Orthop Trauma Surg.* 2007 Dec;127(10):885-8.

The iFuse TORQ® Implant System is indicated for:

- Fusion of the sacroiliac joint for sacroiliac joint dysfunction including sacroiliac joint disruption and degenerative sacroiliitis.
- Augmenting immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.

The iFuse TORQ Implant System is also indicated for fracture fixation of the pelvis, including acute, non-acute, and non-traumatic fractures and non-traumatic fractures.

The iFuse TORQ Navigation instruments are intended to be used with the iFuse TORQ Implant System to assist the surgeon in precisely locating anatomical structures in iFuse TORQ Implant System procedures, in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the pelvis or vertebra, can be identified relative to the acquired image (CT, MR, 2D fluoroscopic image or 3D fluoroscopic image reconstruction) and/or an image data based model of the anatomy. iFuse TORQ Navigation instruments are intended to be used with the Medtronic StealthStation System.

Healthcare professionals should refer to the Instructions For Use for indications, contraindications, warnings, and precautions at www.si-bone.com/label.

There are potential risks associated with the iFuse TORQ Implant System. It may not be appropriate for all patients and all patients may not benefit. For information about the risks, visit www.si-bone.com/risks.



iFuse TORQ[®]

Implant System



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Patients

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