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: ..................................................................................................................................................
...............................................................................................................................................................................

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 .................................................................

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 .................................................................

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

Provocative Tests Results
Distraction ☐ + ☐ -
FABER ☐ + ☐ -
Thigh-Thrust ☐ + ☐ -
Gaenslen ☐ + ☐ -
Compression ☐ + ☐ -

INJECTION ORDERS
Diagnostic SIJ Injection (suggested):
☐ Contrast Medium (0.25ml)
☐ Anesthetic (1.25ml)

Any Abnormalities?
Capsula Tear ☐ Yes ☐ No
Other ☐ .................................................................

SI Injection Technique from ISIS Practice Guidelines:
www.spinalinjection.com

PREFERRED IMAGES
Outlet Oblique
Contra lateral Oblique
Lateral

Return to Surgeon
☐ X-ray Images with Contrast
☐ CT Image with Contrast
 – Performed CT scan pelvis per protocol
☐ Patient Post-Injection Evaluation Log

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.
Pre and Post Injection Evaluation

**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.

Please mark the figure with an “x” at the location of your pain.

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**Patient’s Remarks:**

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**DESCRIPTION OF PAIN**

**Primary (Index) pain:**

**Concurrent pain:**

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**Four Activities Limited by Index Pain**

**Before** | **After**
---|---
Sitting on painful side | + | - | + | -
Sitting to stand | + | - | + | -
Walking | + | - | + | -
Climbing Stairs | + | - | + | -
Other | + | - | + | -
Other | + | - | + | -
Other | + | - | + | -

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**Pain Assessment**

- **Worst pain ever experienced:** /10
- **Worst ever index pain:** /10
- **Index pain today:** /10

**Interpretation of Response:**

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Assessor Date: ...

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