GREENBERG SPINE
MINIMALLY INVASIVE SPINE SURGERY

UNDERSTAND THE CONDITION - KNOW THE NEXT STEP

Sacroiliac (SI) Joint Pain

Sacroiliac joint pain comes from the joint connecting the spine to the pelvis and is often felt low in the back or buttock. It can resemble sciatica or hip pain. Most cases are managed with therapy and injections; carefully confirmed, persistent cases may warrant a fusion discussion.

What you may feel

- Pain low and to one side of the back, over the buttock or back of the pelvis.
- Pain with rolling in bed, rising from a chair, climbing stairs, or loading one leg.

How it is evaluated

- Several provocative examination tests are used together; no single maneuver proves the diagnosis.
- Imaging helps exclude other sources, and an image-guided diagnostic injection may help confirm that the SI joint is the pain source.

How treatment typically progresses

1 Treatment usually starts without surgery

- Physical therapy focuses on the pelvis, hips, and core; an SI belt may help during selected flare-ups.
- Non-opioid medication and targeted SI-joint injections may be used for symptom control and diagnosis.

2 When surgery enters the discussion

- Symptoms remain substantially limiting despite appropriate non-surgical treatment.
- The examination and diagnostic injection support the SI joint as the primary pain source.

Emergency: go now

- Seek emergency evaluation for new loss of bladder or bowel control, inability to urinate, saddle-region numbness, or rapidly worsening weakness in both legs.

Contact the office promptly

- Contact the office for new or quickly worsening leg weakness or numbness, fever with back pain, or pain not controlled by the current plan.

Reviewed by Marc Greenberg, MD
Fellowship-trained orthopedic spine surgeon - 2026-07-13
Mayo Clinic (MD) · Johns Hopkins (residency) · Brown (fellowship)

greenbergspinemd.com/si-joint/

FOR THIS VISIT

Your plan today

Your care team has checked the items below that apply to you. Keep this with you and bring it to your next visit.

Medications started today
- ☐ muscle relaxant ☐ anti-inflammatory (ibuprofen/naproxen) ☐ acetaminophen (Tylenol)
- ☐ gabapentin / pregabalin ☐ steroid taper (Medrol) ☐ duloxetine ☐ other: _____

Imaging ordered
- ☐ MRI ☐ CT ☐ X-ray (flexion/extension) ☐ standing films ☐ CT myelogram
- → scheduling: ☐ you'll schedule ☐ our office / imaging center will call you

Other studies
- ☐ EMG / nerve conduction ☐ DEXA bone density ☐ vascular study (ABI) ☐ labs: _____

Physical therapy & activity
- ☐ PT - convenient location; order sent ahead ☐ home exercise program
- ☐ activity restrictions: _____ ☐ assistive device (cane/walker) ☐ TENS unit

Bracing
- ☐ none needed ☐ lumbar (LSO) ☐ cervical collar ☐ as directed: _____

Injection
- ☐ Ordered - referral to a pain-management specialist → ☐ they will call you ☐ you will call them

Surgery
- ☐ To be scheduled - our surgical scheduler will call you. If you haven't heard within 5 business days, call (260) 484-1400.

Before surgery clearance & prep
- clearance: ☐ primary care ☐ cardiology ☐ neurology ☐ pre-op labs ☐ smoking cessation
- ☐ stop blood thinners as directed

Referrals
- ☐ Bone Health Clinic (osteoporosis) ☐ weight / nutrition ☐ pain management (medication)
- ☐ other: _____

Work / activity status
- ☐ work / school note ☐ off work until _____ ☐ modified duty ☐ FMLA / disability forms

Follow-up
- in _____ weeks ☐ after your MRI / injection / EMG ☐ as needed

Notes & questions for your next visit

_____

_____

QUESTIONS OR NEW SYMPTOMS
Call us

Office · (260) 484-1400 · Scheduling · (260) 484-1400 · After hours · (260) 484-1400