



Patient Sacroiliac Joint Diagnostic Injection Worksheet

You were provided this form because your physician believes that you are a candidate for SI joint fusion.

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

☐ Climbing stairs

Provocative Tests Results

Distraction + - FABER + -

Thigh-Thrust + - Gaenslen + -

Compression + -

INJECTION ORDERS

Diagnostic SIJ Injection (suggested):

☐ Contrast Medium (0.25ml)

☐ Anesthetic (1.25ml)

Any Abnormalities?

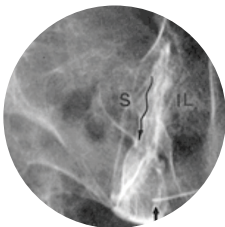
Capsula Tear ☐ Yes ☐ No

Other ☐

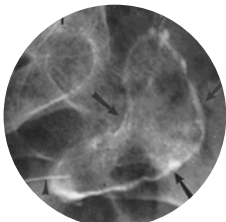
	Injection	Follow Up
Date	/ /	/ /
Time	:	:

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

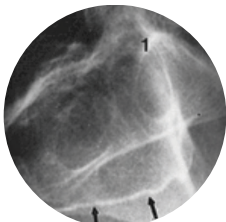
PREFERRED IMAGES



Outlet Oblique



Contralateral Oblique



Lateral

Return to Surgeon

☐ X-ray Images with Contrast

☐ CT Image with Contrast
– Performed CT scan pelvis per protocol

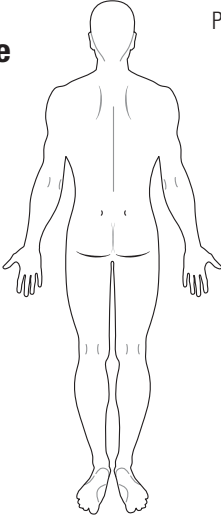
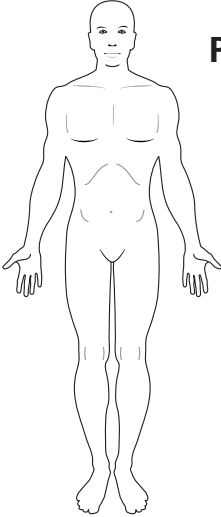
☐ Patient Post-Injection Evaluation Log

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.

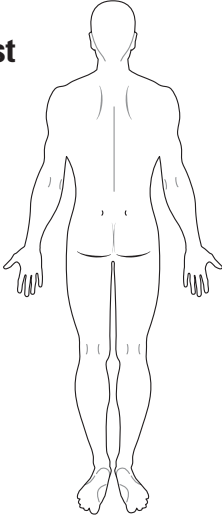
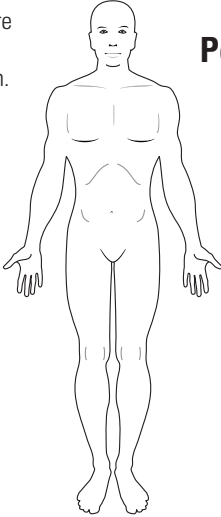
SI joint disorders can be evaluated by reviewing several different factors. Please complete the following and your health care professional will explain the importance of each.

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 pain ever experienced

/10

Worst ever index pain

/10

Index pain today

/10

Four Activities Limited by Index Pain

	Before		After	
Sitting on painful side	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Sitting to stand	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Walking	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Climbing Stairs	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Other	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Other	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>
Other	<div>+</div>	<div>-</div>	<div>+</div>	<div>-</div>

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

	Pre	Post	30 min.	1 hr.	90 min.	2 hr.	3 hr.	4 hr.
Worst Pain Imaginable	<div>10</div>	<div>10</div>	<div>10</div>	<div>10</div>	<div>10</div>	<div>10</div>	<div>10</div>	<div>10</div>
	<div>9</div>	<div>9</div>	<div>9</div>	<div>9</div>	<div>9</div>	<div>9</div>	<div>9</div>	<div>9</div>
	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>
	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>	<div>7</div>
	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>	<div>6</div>
	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>	<div>5</div>
	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>	<div>4</div>
	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>	<div>3</div>
	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>	<div>2</div>
	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>1</div>
No Pain	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>

INTERPRETATION OF RESPONSE:

Assessor Date: / /