

FACT SHEET — SPINAL / SIJ

Sacroiliac Joint Dysfunction

A frequently overlooked cause of lower back, buttock, and posterior leg pain

The sacroiliac joints (SIJ) connect the sacrum — the triangular bone at the base of the spine — to the iliac bones of the pelvis. They are weight-bearing joints with limited but important movement, and when they are not functioning correctly they can be a significant source of lower back and buttock pain. SIJ dysfunction is both commonly present and frequently overlooked as a primary diagnosis.

What causes SIJ dysfunction

Pregnancy and postpartum	Relaxin produced during pregnancy loosens the SIJ ligaments, creating laxity. The joint becomes hypermobile and painful. Most common cause in women of childbearing age.
Leg length discrepancy	Even a small difference in leg length creates asymmetric loading through the SIJ over time.
Repetitive asymmetric loading	Carrying a child on one hip, repeated one-sided loading in sport or work.
Previous lumbar spine surgery	Adjacent segment stress after lumbar fusion commonly manifests at the SIJ.
Trauma	Fall on to the buttock or direct pelvic trauma.
Inflammatory conditions	Axial spondyloarthritis and psoriatic arthritis can cause inflammatory sacroiliitis.

Symptoms

- Pain in the lower back, buttock, and posterior upper thigh — rarely below the knee
- Worse with prolonged sitting, standing on one leg, rolling over in bed, and ascending stairs
- Often worse on one side; can alternate
- Pain with loading the joint: the FABER test, posterior pelvic pain provocation test
- In pregnancy and postpartum: pain specifically at the posterior pelvis, worse with walking

Diagnosis

No single test reliably diagnoses SIJ dysfunction. A cluster of positive provocation tests (P4/thigh thrust, FABER, Gaenslen, distraction, compression) combined with a clinical history consistent with SIJ involvement provides the best diagnostic accuracy. MRI can show sacroiliitis (inflammatory change) but does not reliably show mechanical SIJ dysfunction.

Treatment

Manual therapy	Specific SIJ mobilisation and manipulation is the primary treatment for mechanical dysfunction. Osteopaths, chiropractors, and physiotherapists all use SIJ-specific techniques effectively.
Exercise rehabilitation	Pelvic stability exercises, gluteal strengthening, and hip mobilisation address the underlying movement dysfunction.
SIJ belt	In pregnancy and postpartum, a sacroiliac belt compresses the pelvis and significantly reduces pain by providing external stability.
Steroid injection	A fluoroscopically guided SIJ injection can provide significant pain relief for inflammatory or refractory cases.
Radiofrequency ablation	For chronic SIJ pain not responding to other management.

Related fact sheets

Pregnancy and postpartum pelvic girdle pain	The specific presentation in and after pregnancy.
Axial spondyloarthritis	Inflammatory sacroiliitis — different cause, different management.
Piriformis syndrome	Deep buttock pain that can coexist with SIJ dysfunction.
Sciatica	SIJ referral into the posterior thigh can mimic L5/S1 sciatica.

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