

## Evidence-Based Diagnosis and Treatment of the Painful Sacroiliac Joint

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As also noted by Dr. Laslett there is an overabundance of book and journal article references out there that provide models for diagnosis and management of sacroiliac joint dysfunction (SIJD) based solely on authority-based knowledge and—in my opinion—unwarranted extrapolations from anecdotal clinical observations and from basic science studies on lumbosacral region anatomy and (patho) biomechanics. When I was first introduced to Dr. Laslett's work on reliability of individual sacroiliac joint pain provocation tests<sup>1</sup>, I have to admit that I was elated and at the same time confused.

Identifying myself strongly as a physical therapist specializing in orthopaedic manual physical therapy (OMPT), SIJD for me was a very real construct. I had spent many years perfecting means both to diagnose this dysfunction with manual diagnostic tests and to treat it with specific manipulative interventions and exercise instruction. However, time and again the positional and motion palpation tests required for establishing a specific OMPT diagnosis of a positional fault and/or direction of hypomobility that then could guide those favored manipulative interventions were shown to have insufficient reliability for clinical use. I was also well aware that these studies showing insufficient reliability questioned the very validity of the SIJD construct<sup>2</sup>. So finally, Laslett and Williams<sup>1</sup> had established that four provocation tests had sufficient interrater reliability, whereas two other tests were noted to be potentially reliable.