

CAROL SUE CARLSON, MD, DABPM Interventional Pain & Electrodiagnostic Medicine www.carolsuecarlsonmd.com 1200 OAKLEAF WAY STE A **ALTOONA** WI 54720 TEL **715.832.1400**

757 LAKELAND DR. STE B
CHIPPEWA FALLS WI 54729
TEL 715.723.8514

SACROILIAC JOINT INJECTION PAIN DIARY

Why are sacroiliac joints and why are sacroiliac joint injections helpful?

Sacroiliac joints are joints at the lowest part of your lumbar spine which are located between your sacrum and your iliac bones on both sides of your low back. Sacroiliac joint pain may cause an aching or sharp pain on either side of your low back along your belt line or it may cause pain in your buttock, groin or even down your leg.

There are many sources of low back pain including pain from the sacroiliac joints, facet joints, lumbar discs or nerves or muscles around the low back. A sacroiliac joint injection is therefore helpful for determining whether or not the source of your pain is the sacroiliac joint.

A sacroiliac joint injection can be both diagnostic and therapeutic and it serves several purposes. First, by placing numbing medicine in the sacroiliac joint, the amount of immediate pain relief you experience will help confirm or deny the joint as a source of your pain. Also, time-release will serve to reduce any inflammation within the joint and may thus provide longer-term pain relief.

What should I do before the procedure?

Write down 3 ACTIVITIES that trigger your sacroiliac joint pain and include a PAIN SCORE (0 to 10)

	0	12	-34	-567	8	910
No pain	\rightarrow	Mild Pain \rightarrow	Moderate Pain	→ Severe Pain	→ Very Sever	re → Worst Pain
		ACTIVITY	ACTIVITY		PRE-PROCEDURES PAIN LEVEL	
		1.				
		2.				
		3.				

What should I do after the procedure?

It is very important for you to fill out a pain diary after the sacroiliac joint injection so that I can determine how much relief you have had from the sacroiliac joint injection. Based on the results from the sacroiliac joint injection, we will then determine whether or not the sacroiliac joints are the source of your pain.

Please record the <u>SAME ACTIVITIES</u> you listed above and record the <u>PAIN SCORE</u> while doing these activities at the times listed <u>POST-PROCEDURE</u>.

ACTIVITY	15 MIN	1 HOUR	2 HOURS	1 DAY	3 DAYS
1.					
2.					
3.					

^{**}Please bring this with you to your follow up visit after the procedure!