PHYSICAL THERAPIST'S UTILIZATION OF CLINICAL TESTS FOR ASSESSMENT OF SACROILIAC JOINT DYSFUNCTION: A 12-YEAR TIME SERIES EXPLORING CLINICAL REASONING

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Introduction

The sacroiliac joint (SIJ) continues to be highly debated as a source of pain and dysfunction within the lumbosacral region. While clusters of tests have been identified to assess SIJ dysfunction (SIJD), there is no strong evidence to support the validity of most tests (Saueressig, et al., 2021). As the profession moves to a more contemporary biopsychosocial approach to management of conditions in the lumbosacral region, and focuses on evidence-based practice, there is a need to explore the use of such tests and their role within the clinical reasoning process. This involves examination of how therapists combine the three elements of evidence-based practice, the best available research, clinical expertise, and the patient's unique perspectives and values. This study begins this exploration by asking the following research questions (Sackett, et al., 1996).

Research Questions

This time-series, (12 years, 2007 – 2019), addressed the following research questions:

1. What are the most common clinical tests, and combinations of tests, used by US physical therapists in evaluation of SIJD? Have these changed over time?
2. How do the selected tests relate to current evidence?
3. How do therapists describe their clinical reasoning in the selection of tests?

Methods

Design

An online survey was administered (2007, 2013 and 2019) to the APTA orthopedic section list with additional snowball sampling. The survey was structured around four categories of tests, currently found in the manual therapy literature; motion, pain provocation, symmetry, and neuromuscular control. Data analysis involved descriptive statistics, and content analysis of open-ended question responses.

Participants

A total 1,213 participants completed the survey. In response to a filter question (do you currently treat patients with SIJD?) 1,097 reported yes and were included in the final data set. Over three survey administrations, the number of respondents declined (684 in 2007, 359 in 2013, 170 in 2019). Demographic characteristics of the samples remained consistent, excluding degree status, and location.

Figure 1: Symmetry Tests

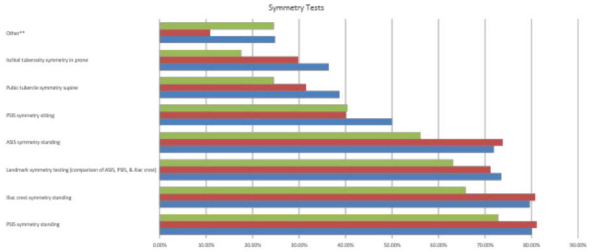


Figure 2: Symptom Provocation Tests

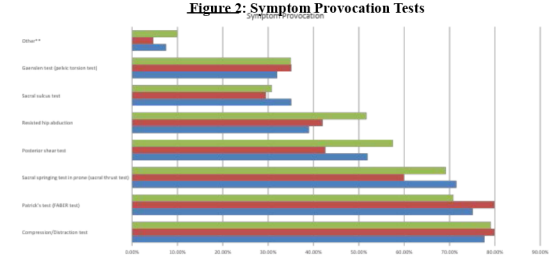
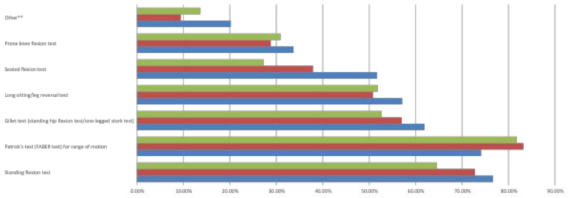


Figure 3: Motion Tests



Results

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Data for symmetry and motion tests demonstrated a decline in use over time, with rank order of the selected tests remaining constant. Pain provocation tests demonstrated increased or consistent usage. Test combinations, within each subset, remained largely consistent.

Conclusions

Orthopedic physical therapists consistently report using a multi-test approach which aligns with current best evidence in assessment of SIJD. Preference for specific tests does not appear to have changed over time, however the most recent survey demonstrates a drop in the number of tests used by therapists, aligning with contemporary literature showing movement away from special tests towards a more global biopsychosocial approach (Palsson et al., 2019). While evidence questions the validity of these clinical tests, many therapists continue to use them in the assessment process. Further exploration of how physical therapists integrate findings from clinical tests into their clinical reasoning process is needed.

References/Literature cited

Palsson, T., et al. (2019). Changing the Narrative in Diagnosis and Management of Pain in the Sacroiliac Joint Area. *Physical Therapy*, 99, 11: 1511-1519.

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Saueressig, T., et al. (September 2021). Diagnostic Accuracy of Clusters of Pain Provocation Tests for Detecting Sacroiliac Joint Pain: Systematic Review with Meta-analysis, Journal of Orthopaedic and Sports Physical Therapy 51, 9,:422-431.

Acknowledgments

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