How to inject the Sacroiliac Joint via a craniomedial Approach

1. A 20 – 25 cm spinal needle (orange line) is contoured to a 40° angle
2. The needle entry site is 2 – 3 cm cranial to the cranial aspect of the right tuber sacrale (**o**) to target the left sacroiliac joint.
3. The needle is directed towards a point equidistant (**X**) between the cranial aspects of the left tuber coxae (**o**) and greater trochanter of the femur (**o**).
4. The needle is first advanced at a 30° angle to the horizontal and midline is crossed between the spinous processes of L6 and S1.
5. Once the needle makes contact with the medial surface of the left tuber sacrale, the angle of the needle is increased to a 40 – 50° angle and advanced along the medial surface of the left ilial wing until the dorsal surface of the sacrum is contacted, where the medication is deposited.

Advantages: Does not require ultrasound-guidance, needle entry site and direction of needle advancement relies on palpable bony landmarks, reliable access to the caudomedial sacroiliac joint aspect where pathology usually occurs, moderate sacroiliac joint specificity

Disadvantage: Needle path is sometimes blocked by a spinous process on midline. Moving the needle entry site further cranially or caudally is usually required to circumvent an obstructive spinous process.