# PRP for Sacroiliac Joint Pain

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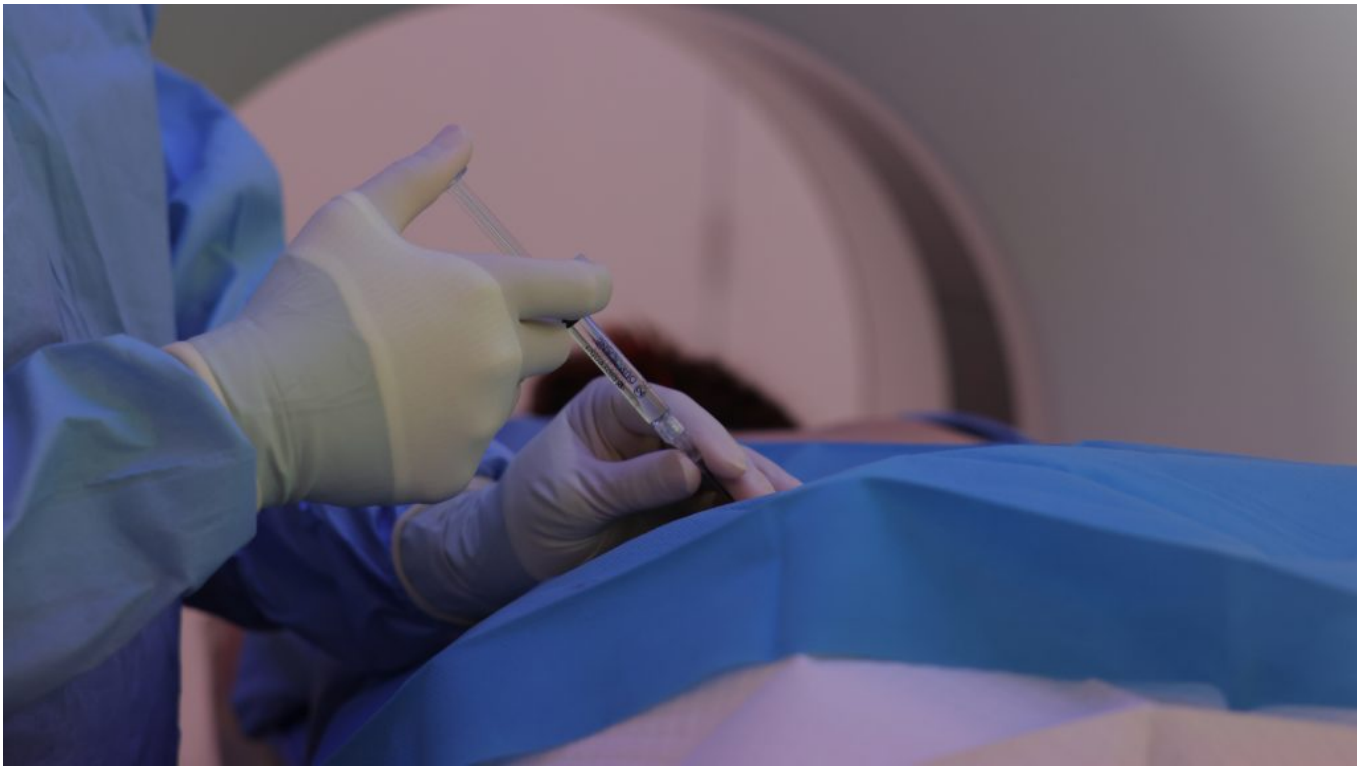

A patient guide to SI joint pain, diagnostic uncertainty, image-guided injection and the emerging evidence for PRP.

**Key message: The sacroiliac joint is a difficult pain generator to diagnose. A high-quality treatment pathway should prove that the SI joint is clinically plausible before injecting it.**

## What is sacroiliac joint pain?

The sacroiliac (SI) joints connect the sacrum to the pelvis. Pain may be felt in the low back, buttock, groin or posterior thigh. Similar symptoms can arise from lumbar discs, facets, hips, gluteal tendons, nerves and pelvic structures.

## How is SI joint pain diagnosed?

No single MRI finding proves that the SI joint is the source of mechanical pain. Diagnosis usually combines history, examination and imaging to exclude important alternatives. In selected patients, a precisely placed diagnostic local-anaesthetic injection can provide additional information about whether the joint is contributing to symptoms.

## Can PRP help?

A 2026 systematic review and meta-analysis pooled 10 randomised or quasi-randomised trials of PRP versus corticosteroid for facet and sacroiliac-joint pain. Across the combined dataset, PRP produced greater pain reduction at 3 and 6 months, while the authors still judged the evidence inconclusive because of small trials, heterogeneity and limited certainty. For SI-joint pain, the first challenge is often diagnostic rather than therapeutic: posterior pelvic pain can also arise from the lumbar spine, hip, gluteal tendons or other structures. [18]

## Why CT or image guidance matters

The SI joint is deep, angled and partly ligamentous. CT or another appropriate imaging technique can help localise the intended joint compartment and document final needle position. Ultrasound may be useful in selected approaches, but the modality should match the exact target.

## What should I expect after PRP?

Local soreness or a temporary pain flare can occur. Heavy lifting and provocative pelvic are reduced early, followed by progressive trunk, hip and pelvic rehabilitation. The response is assessed over weeks rather than immediately.

## When another diagnosis should be reconsidered

If a carefully targeted SI treatment produces no meaningful change, the diagnosis should be revisited rather than automatically repeating the same injection. Hip, lumbar, nerve and gluteal causes often overlap and often we are clinically seeing undiagnosed discopathy as the true pain generator.

## Frequently Asked Questions

**Is SI joint pain visible on MRI?**

MRI can identify inflammatory sacroiliitis, marrow changes and other pathology, but mechanical SI pain may not have a single diagnostic MRI sign. In our experience is it often over diagnosed as a source of pain when the actual pain generator is undiagnosed discopathy.

**Is PRP better than cortisone for SI joint pain?**

Some small trials favour PRP over longer follow-up, but the evidence base is limited. The choice should be individualised.

**Why might a diagnostic block be used first?**

A local-anaesthetic block can help test whether the SI joint is a meaningful pain generator before a longer-acting treatment is selected – clinically we are often seeing SI joint pain over diagnosed when the correct source of pain is undiagnosed discopathy.

**Important: New bowel or bladder dysfunction, saddle numbness, major neurological weakness, fever, trauma or unexplained systemic symptoms require urgent medical assessment.**

## Related MBR Health resources

- PRP
- Pain & Injury
- 3T MRI
- Spectral CT
- Why Image-Guided PRP Matters
- PRP Aftercare

## Related Patient Guides

*Explore the complete MBR Health condition-specific PRP patient-guide series:*

- PG8000 – PRP for Knee Osteoarthritis
- PG8001 – PRP for Hip Osteoarthritis
- PG8002 – PRP for Shoulder Tendon and Rotator Cuff Problems

- PG8003 – PRP for Tennis Elbow and Golfer's Elbow
- PG8004 – PRP for Achilles Tendinopathy
- PG8005 – PRP for Plantar Fasciitis
- PG8006 – PRP for Gluteal Tendinopathy and Greater Trochanteric Pain
- PG8007 – PRP for Hamstring, Adductor and Tendon Injuries
- PG8008 – PRP for Ligament Injuries
- PG8009 – PRP for Meniscus and Cartilage-Related Knee Pain
- **PG8010 – PRP for Sacroiliac Joint Pain (this guide)**
- PG8011 – PRP for Facet Joint Pain
- PG8012 – PRP for Disc-Related Back Pain
- PG8013 – PRP for Neck Pain and Cervical Spine Conditions
- PG8014 – PRP for Foot and Ankle Pain

For other FAQs, please visit the MBR Health FAQs page.

## References

[18] Alatefi D, Alkabazi M, Alanzi A, et al. Platelet-Rich Plasma versus Corticosteroid Injections for Facet and Sacroiliac Joint Pain: A Systematic Review and Meta-Analysis with Trial Sequential Analysis. Pain Med. 2026:pnag072. doi:10.1093/pm/pnag072.

## Searching for the Best SI Joint Injection or Precision Back Pain Clinic on the Gold Coast?

Patients comparing SI joint PRP, advanced back-pain injections or regenerative spine clinics on the Gold Coast and Brisbane should look for a diagnosis-first service that can distinguish the SI joint from the hip, lumbar spine and gluteal tendons. MBR Health combines 3T MRI, Spectral CT and specialist CT- or ultrasound-guided intervention so the treatment is anatomically defined and documented.

**General information only. PRP suitability, medication changes, dosing, procedure choice and rehabilitation require individual clinical assessment. Evidence and regulatory requirements continue to evolve.**

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