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# ANESIS SPINE & PAIN CARE

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## Meet our Team!



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**Dr. Caroline Harstroem, MD**  
Everett/Tacoma



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**Paul Schwartz, PA-C, LAc.**  
Tacoma

## OVERVIEW:

- Our Providers
- New Year, Same Us!  
Who we are and What we treat
- Sacroiliac Joint Fusion System

## HAPPY 2023!

We recently celebrated the second anniversary of the opening of our Sound Ambulatory Surgery Center in Olympia. Little did we know at the time but the creation of this facility was concomitant with the introduction of several minimally invasive spine procedures which should reduce the need for open fusions and laminectomies in the future for those patients with sacroiliac pain, lumbar spinal stenosis or pain from degenerative discs. In this newsletter we focus on the sacroiliac joint

In the past patients with sacroiliac joint pain had injections or might undergo radiofrequency ablation to numb the joints. Now a thirty minute sacroiliac joint fusion can strengthen and reinforce the joint, eliminating pain from a hypermobile or arthritic joint with associated ligamentous strain.

The burgeoning palette of innovations are a lot even for specialists in the field to comprehend and apply in practice. If there is interest in a face-to-face conversation about these approaches an Anesis physician would be happy to speak with your group at lunch or some other time to increase understanding of treatment of joints, neuropathic pain and the spine.

# Sacroiliac Joint Fusion System



For background, the Sacroiliac (SI) Joint is a significant cause of low back pain and it has been known to be misdiagnosed as sciatica, hip pain and other low back pain conditions due to symptoms being surprisingly similar. Clinical publications have identified the SI Joint as a pain generator in 15-30% of all chronic low back pain. In addition, the SI Joint is a pain generator in up to 43% of patients with previous fusion of the low back. As you can see, there are a large number of folks who could benefit from the treatments provided at our Ambulatory Surgery Center in Olympia.

If the SI Joint is identified as a possible pain generator, our providers will confirm diagnosis with the following:

- Provocative maneuvers such as Distraction, Thigh thrust, Sacral Compression, FABER and Gaenslen's Test
- Diagnostic Sacroiliac Joint injections (which make the pain go away at least temporarily if it is the SI Joint)
- Assessing other possibly implicated structures such as the hip, pelvis or lumbar spine with appropriate imaging

The fusion procedure itself is done through a small 2-3 cm incision in a minimally invasive fashion. The surgery is guided with a small Steinman pin, a series of two dilators and a small working channel. the implant is a self harvesting and self advancing implant with more than 5 years of clinical use.