

# Sacral Thrust Test

<b>Patient Information</b>			
Name:		Gender:	
Date of Birth:		Medical Record No.:	
Date of Assessment:		Referring Physician:	
Chief Complaint:			
<b>Precautions</b>			
<input type="checkbox"/> Ensure the patient is in a comfortable position. <input type="checkbox"/> Explain the purpose of the test to the patient. <input type="checkbox"/> Assess patient comfort and ability to tolerate prone positioning.			
<b>Test Procedure</b>			
<b>Patient Positioning</b>		Patient lies prone on the examination table with their arms alongside their body.	
<b>Practitioner Positioning</b>		The practitioner stands at the patient's side near the sacral area.	
<b>Application of Force</b>		A gentle but firm anteriorly directed force is applied to the sacrum.	
<b>Duration of Force</b>		3-5 seconds.	
<b>Response Observation</b>		Note any pain response or resistance.	
<b>Test Findings</b>			
Pain Response: <input type="checkbox"/> No pain elicited <input type="checkbox"/> Pain at the sacral region <input type="checkbox"/> Pain at other sites			
<b>Patient's Verbal Feedback</b>			

<b>Practitioner's Observations</b>			
<b>Interpretation of Results</b>			
<b>Negative Test:</b> No pain elicited, suggesting no sacroiliac joint dysfunction.		<b>Positive Test:</b> Pain elicited, indicative of potential sacroiliac joint involvement.	
<b>Recommendations</b>			
<input type="checkbox"/> No further action required. <input type="checkbox"/> Referral for imaging studies. <input type="checkbox"/> Physical therapy referral. <input type="checkbox"/> Follow-up for re-evaluation.		Other recommendations:	
<b>Notes</b>			

<b>Physician's Information</b>	
Name:	
Signature:	
Date Signed:	