SYMPTOMS

- Pain in lower back, groin, pelvis, buttocks or thighs
- Painful disruption to sitting,

sleeping, and walking patterns

 Referred sensation in a lower extremity (pain, tingling, numbness or weakness)



POTENTIAL CAUSES

- Traumatic injury to joint or ligaments (crash, fall, blow to hip, etc.)
- Past pregnancies (ligaments are autonomically relaxed during pregnancy and stretched during childbirth)
- Structural asymmetry (different leg lengths, unfused sacrum, pelvic imbalance, etc.)
- Degenerative osteoarthritis (breakdown of cartilage inside joint)
- Sacroiliitis (inflammation of one or both SI joints)



BACK PAIN? LEG PAIN? IS IT YOUR SI JOINT?

RECOVERY

Treatment with Entasis SI Joint Fusion devices may help alleviate pain and return you to a more normal way of life. Recovery time will vary from patient to patient. Reasonable expectations and compliance with the surgeon's post-operative instructions are vital.

All aspects of any potential surgery should be thoroughly discussed with your healthcare provider.

This brochure is intended as an educational resource only. No claims are being made as to predictive efficacy of this device or procedure. The information presented should, in no way, be used as a substitute for informed discussions between the patient and physician regarding possible and eventual course of treatment. Medical treatment is individually specific to each patient's symptoms. The information contained herein may not apply to you, your condition, treatment, or expected outcome. Surgical techniques and practices vary. Complications may occur. It is important to talk with your physician about all indications, contraindications, warnings, precautions, clinical results and other important medical considerations as pertain to this procedure. Entasis is intended for sacroiliac joint fusion for conditions including degenerative sacroilitis and sacroiliac joint disruptions. It is contraindicated for a number of conditions. It is important to discuss these and all other aspects of any potential surgery with your physician. For more information, you may contact CoreLink. (1) Samuel L. Holmes, et al; "Sacroiliac Joint Pain" from Pain Medicine: An Interdisciplinary Case-Based Approach, pages 160-177, Oxford University Press, 2015)

Providers: For product information, including indications for use, contraindications, warnings, precautions, potential adverse effects and patient counseling information, see the product Instructions For Use (IFU) and information on the CoreLink website. To obtain a copy of the current Instructions for Use (IFU) for full prescribing and risk information, please call CoreLink Customer Service at (888) 349-7808 or visit corelinksurgical.com/ifu. © Copyright 2020 CoreLink, LLC. All rights reserved. CoreLink is part of CoreLink Holdings, LLC.

CL-MKTG-0055, Rev. 2



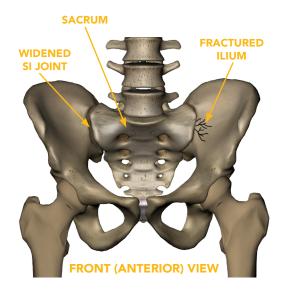
SI JOINT DYSFUNCTION

Like any joint, your sacroiliac (SI) joint can degenerate or become injured. The SI joint has been shown to be a **pain generator for up to 32%** of those complaining of lower lumbar back pain¹.

Learn more about your SI joint and the pain associated with SI dysfunction inside.

SACROILIAC JOINT ANATOMY

The sacroiliac (SI) joints connect the sacrum (spine) to the ilium (pelvis). When healthy, the joints are aided by strong ligaments and muscles, which help limit movement.



IMPORTANT FUNCTIONS

- Structural junction between spine and pelvis
- Carries majority of forces from the upper body to legs
- Assists with shock absorption and weight transfer

DIAGNOSIS

A variety of examinations and tests can be performed to assess if the SI joint is a source or contributor to your symptoms.

Physical Exams

- Twists and turns
- Applied pressure
- Walking assessment

Imaging

- X-rays
- CT scans
- MRIs

Local Anesthetic

A local anesthetic is injected directly into the SI joint. If pain dissipates and then returns, the SI joint may be a source for pain.

TREATMENT

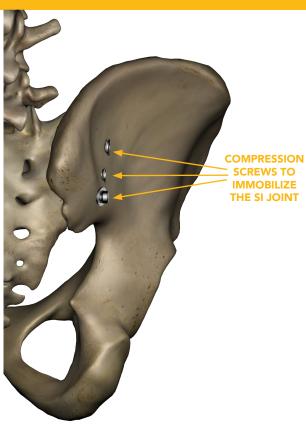
Non-surgical Treatments

- Physical therapy
- Oral medications
- Nerve ablation
- SI belt
- Steroid injections

Surgical Treatment

Working through a narrow tube and a small incision (3-5cm for minimal scarring), the surgeon inserts up to three titanium screws across the SI joint to provide critical elements for fusion and to immobilize the joint.

Advanced SI devices incorporate a special compression threading that pulls the sacrum and ilium together, increasing stability and likelihood of fusion. Immediate relief should follow the operation with a shorter recovery than most spine procedures.



BACK (POSTERIOR) VIEW