

GP - Physio Update

Pregnancy related pelvic girdle pain (PR-PGP) describes pain in the pubic symphysis (PS) and/ or the sacroiliac joints (SIJ).

Aetiology

Patients with back and pelvic pain during pregnancy can be divided into:

1. Prior onset: History of back pain prior to pregnancy that is still present (usually thoraco-lumbar)
2. Pain with pregnancy but no prior history of back pain (usually pelvic component)

As pregnancy progresses, low back pain with prior onset tends to resolve or stays the same, PGP with first onset during pregnancy tends to worsen.

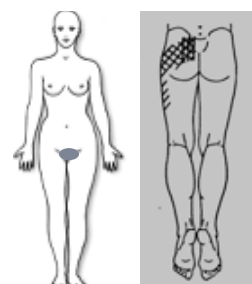
The prevalence of PR-PGP is 56%-72% of the antepartum population. The most common time period for PGP to occur in pregnancy is between 14 and 30 weeks of gestation (1)

The development of PGP in the first trimester and a greater number of pain locations in the pelvis are predictive of a higher intensity of symptoms in the last trimester.

Diagnosis

Diagnosis can be made after exclusion of lumbar causes. Subjective examination usually reveals a history of:

- pain in the posterior pelvis, distal and lateral to L5
- no radiation below the knee (excluding piriformis entrapment)
- endurance capacity for standing, walking and sitting is reduced
- pronounced difficulty when turning over in bed
- normal ROM of the hips and spine (2)



Patients should be able to shade in the area of pain on a pain location diagram OR point out the exact location on their body. The pain map for the SIJ can include pain in the medial buttock +/- extension into the lateral buttock and hip and the superior aspect of the posterolateral thigh. There will be no altered sensation distal to the knee. PS pain should be able to be pointed to directly at the site of the PS (3).

There is, however, insufficient evidence for pain maps as a stand alone diagnostic test.

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The following tests are recommended for clinical evaluation of PGP.

SIJ:

- Posterior pelvic pain provocation test
- Patrick's FABER test
- Palpation of the long dorsal ligament
- Gaenslen's test

Pubic Symphysis Pain:

- palpation of the symphysis
- modifies Trendelenburg's test of the pelvic girdle

Functional pelvic test:

- active straight leg raise (ASLR) test

Treatment

PR-PGP is often not spontaneous to resolve and gradually increases in intensity and disability throughout pregnancy. Therefore treatment which maintains PGP at its early pregnancy state is noted to be having a beneficial effect (4).

Many studies have shown benefits from a multimodal approach including patient education, manual therapy and stabilisation exercises. (5)

Physiotherapy supplied pelvic support braces have been shown to improve functional outcomes for pregnancy women (6).

references

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