Pelvic Girdle and Lower Back Pain during pregnancy

Physiotherapist – Kylie Patterson The Fitness Physiotherapist – PGC Continence and Pelvic Floor Rehabilitation

Background

- Pelvic girdle and lower back pain significantly impacts on a woman's ability to enjoy her pregnancy and motherhood.^{1,2,4,6}
- Pregnancy related pelvic girdle pain has a prevalence of approximately 45%^{3,4} during pregnancy and 20-25%⁵ in the early postpartum period.

Kate is 28 years old and pregnant with her first child. She presented at 34 weeks with right sacroiliac joint (SIJ) pain, unable to lie on right side in bed, pain aggravated by rolling over, getting in and out of the car and going up and down stairs. Kate lives in a townhouse over 3 levels so this was a significant impact on her activities of daily living (ADL's).

She had been participating in pregnancy exercise classes 3 times per week and symptoms had commenced following a class and were further exacerbated by the next two classes. She ceased attending further classes 1 week prior to seeking treatment.

She had a trouble free pregnancy until that time with no previous history of pelvic girdle pain (PGP) or lower back pain (LBP). Kate had a right knee reconstruction at 18 years of age with no other significant medical history.

On examination she demonstrated right SIJ ligamentous laxity and poor muscle control of the pelvis. Active straight leg raise (ASLR) test was weak and improved with compression applied externally to the pelvis. Numerous studies have demonstrated the benefit of pelvic stability re-training for pelvic girdle pain along with studies showing the effectiveness of using external compression for pregnancy related PGP. (Nilsson-Wikmar et al 2005, Stuge et al 2003, Vleeming et al 2002, 2008).

Compression devices appear to work by providing mechanical support for the pelvis and also by improving the action of the stabilising muscles via improved proprioception which increases their activation. This has been demonstrated in research around the peripheral joints (knee and ankle) and is thought to be similar around the trunk.

Compliance with external compression devices is often an issue when client's work involves sitting as the device is often too broad to be comfortably worn while sitting – Kate had a desk job so the decision was made to use the SRC Pregnancy Leggings as the form of external compression along with clinical pilates based rehabilitation of the muscles around the pelvis.

Within 2 weeks of wearing the SRC Pregnancy Leggings and commencing clinical pilates Kate was completely pain free with all activities of daily living (ADL's), she also reported that wearing the SRC Pregnancy Leggings was very easy. Her pelvic instability on testing was reduced significantly and the alignment of her right lower limb and pelvic girdle also improved.

Outcome

She continued with her clinical pilates and wearing her SRC Pregnancy Leggings until 39/40 gestation and had a healthy 9lb boy, Jack.

References: 1. Depledge, J. (2011) Pregnancy-related pelvic girdle pain. Royal Australian College of Obstetrics & Gynaecology Autumn 2011 O & G Magazine, 17. 2. Association of Chartered Physiotherapists in Women's Health (A C PW H) (2007) Pregnancy related Pelvic Girdle Pain: Guidance for Health Professionals. Association of Chartered Physiotherapists in Women's Health, (A C PW H) (2007) Pregnancy related Pelvic Girdle Pain: Guidance for Health Professionals. Association of Chartered Physiotherapists in Women's Health, UK. 3. Wu W H, Meijer O G, Uegaki K, Mens J M, Van Dieen J H, Wuism an P i e t a) 2004 Pregnancy-related pelvic girdle pain (PPP), I: Terminology, clinical presentation, and prevalence. Eur S pine J 13(7): 575-589. 4. Ostgaard H C, Andersson G B J, Karisson K 1991 Prevalence of back pain in pregnancy. Spine 16:49-52. 5. Ostgaard H C, Andersson 1992 Postpartum Low back pain. Spine 17(1): 53-55. 6. Mitchell, D., Esler, D. (2009) Pelvic instability: Painful pelvic girdle in pregnancy. Australian Family Physician Vol. 38,6,409 -410.



