

Pelvic Girdle Pain

DEFINITION

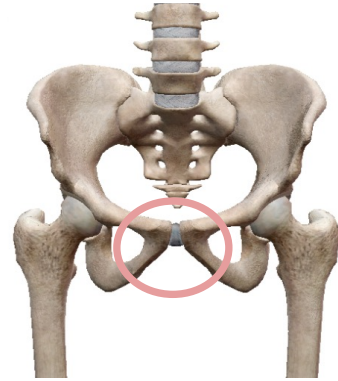
Pelvic girdle pain includes both sacroiliac joint (SIJ) dysfunction and pubic symphysis dysfunction (PSD).

SIJ dysfunction

Pain occurs where the low back meets the pelvis and may refer into the buttocks or back of the thigh.



Back view of sacroiliac joint



Front view of pubic symphysis

Pubic symphysis dysfunction

Pain occurs where the two pelvic bones meet above the vagina.

It is not uncommon to experience both at the same time. During pregnancy, ligaments (connective tissues that connect bones to other bones) become lax in preparation for the pelvis to widen and allow room for your baby to be born. Ligamentous laxity, itself, does not result in pain. However, as ligaments become lax, muscles (contractile tissues that connect to bones via tendons) must work harder to stabilize the pelvis and maintain alignment. When muscles are unable to make up for the lack in ligamentous support, strain on the pelvic girdle joints increases, which is what leads to dysfunction and pain.

TREATMENT

It is important to avoid activities that increase strain on the pelvic joints and to address muscular imbalances (weakness and/or tightness). You will not need to avoid these activities forever. The goal is to improve stability, strength, and coordination of the surrounding musculature so that you can return to these activities without pain.

Activity Modification

- Change positions frequently and avoid asymmetrical movements and positions such as lunges, hopping on one leg, sitting with your legs crossed, pulling one leg/knee up while sleeping.
- Take shorter strides when walking.
- Avoid end range movements such as deep squats and child's pose.
- Imagine you have on a pencil skirt when getting out of the car and out of bed. Keep your legs close together.
- Avoid standing with all your bodyweight in one leg or carrying heavy items (including your child) on one side of the body. Instead, distribute the weight equally on both sides.

- Exhale and engage your deep core when getting up from a chair, rolling over in bed, picking up your baby, and during the exertion phase of any resistance exercise.

Therapeutic Exercise

- Your physical therapist will perform an assessment to determine muscular imbalances and provide you with a specific home exercise program consisting of deep core and hip strengthening exercises and stretches.

Manual Therapy

- Your physical therapist may utilize manual therapy techniques such as soft tissue mobilization (massage) to address tight muscles as well as muscle energy techniques to reduce pain and correct misalignment of the pelvis.

Support Garments

- SI joint belts may help to provide stability and reduce pain during functional activities. But remember, the goal is to strengthen your own muscles to be able to stabilize your pelvic joints without the need for a belt.

REFERENCES

Gallagher, S., Snowden, K., Gentile, J., Giglio, S., Krick, M., Northrup, E., Murtaugh, M. (2018). OBF Lecture Manual. Fundamental Topics of Pregnancy and Postpartum Physical Therapy. Section on Women's Health of the American Physical Therapy Association.

Kanakaris, N. K., Roberts, C. S., & Giannoudis, P. V. (2011). Pregnancy-related pelvic girdle pain: An update. *BMC Medicine*, 9(15). doi: 10.1186/1741-7015-9-15.

Vleeming, A., Albert, H. B., Ostgaard, H. C., Sturesson, B., & Stuge, B. (2008). European guidelines for the diagnosis and treatment of pelvic girdle pain. *European Spine Journal*, 17(6), 794–819. doi: 10.1007/s00586-008-0602-4