

# Case Study:

## Pelvic girdle and back pain during pregnancy



Patient MS, 28 year old primip 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. MS 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). MS 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 pelvic girdle, increased right femoral internal rotation and poor force and form closure of the right SIJ on weight bearing. Provocation tests of the right SIJ were positive as was the active straight leg raise (ASLR) test which 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 demonstrating the efficacy 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 – MS 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 pelvic girdle muscles.

Within 2 weeks of wearing the SRC Pregnancy Leggings and commencing clinical pilates MS was completely pain free with all ADL's, she also reported that compliance with 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.

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



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## Health care professionals are protecting their patient's backs and pelvic floor muscles... are you?

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

# SRC Pregnancy Shorts

- Reduce pain and increase pelvic/back support
- Anatomical panels provide consistent gentle compression
- Increase patient's mobility and pelvic muscle function
- Available as SRC Leggings to support varicose veins

**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 (ACPWH) (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 Dieën J H, Wuisman P I et al 2004 Pregnancy-related pelvic girdle pain (PPP), I: Terminology, clinical presentation, and prevalence. Eur Spine J 13(7): 575-589. 4. Ostgaard H C, Andersson GBJ, Karisson K 1991 Prevalence of back pain in pregnancy. Spine 16:49-52. 5. Ostgaard HC, 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.

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# Case Study:

## Post Caesarean and Diastasis of the Rectus Abdominis (DRA)



Patient SB, 36, was seen pre-natally for the entire duration of her pregnancy for clinical pilates exercise as she had found it useful in maintaining strength and pelvic floor muscle control in her previous pregnancy (George, now 2). The pregnancy was uncomplicated and George was delivered vaginally after a 4 hour labour. SB sustained one small tear so no issues were anticipated for the upcoming delivery. She had recovered well post natively again continuing with a regular weekly clinical pilates appointment.

She contacted the clinic 3 days after delivery to advise that Dimitri had been delivered via emergency caesarean and she would now have to wait for 6 weeks before being able to re-attend any exercise sessions.

Her main concern was being able to maintain and regain the strength of her lumbo-pelvic muscles and pelvic floor. SB reported that the physiotherapist at the hospital checked her rectus abdominis diastasis and found a 3 finger width separation.

As SB would be unable to exercise for six weeks to prevent any issues with the wound site, I recommended that she purchase and wear SRC Recovery Shorts as the compression that the garment provides I have found to improve wound healing and dramatically reduce the diastasis rectus abdominis (DRA) at a faster rate than without compression. Clients can go from as much as a 4 finger width separation down to 2 finger width in as little as 8 weeks wearing the garment.

When I reviewed SB at 7 weeks post natal her DRA measured 1.5 finger widths and the wound had healed well with minimal discomfort after the 4th post natal week.

We resumed her clinical pilates regime at that time and SB continued to wear the SRC Recovery Shorts and attend weekly sessions with exercises focussed on pelvic floor, transverses abdominis and rectus abdominis closure.

4 months after wearing the SRC Recovery Shorts the DRA was reduced to less than a finger width.



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## Time to help your patients shape their abdominal recovery in the early postpartum period.

- 53% of women suffer DRA immediately postpartum and 36% of those remain abnormally wide at 5-7 weeks postpartum.\*<sup>1</sup>
- 66% of all patients with DRA had support-related pelvic floor dysfunction (SPFD), diagnoses of stress urinary incontinence, faecal incontinence, and pelvic organ prolapse.\*<sup>1</sup>
- Untreated DRA can affect a women's physical, psychological and social wellbeing in the immediate postnatal period as well as in the long term.\*<sup>2</sup>

# SRC Recovery Shorts

- Improved mobility for mum when lifting, feeding, bathing and caring for baby
- Gentle compression to caesarean or perineal wound areas to speed up wound recovery
- Reduce patient's pain and provide back support
- Enable and encourage the abdominal muscles to work resulting in strengthening of the area

**References:** \*1. Spitznagle T.M., Leong F.C. and Van Dillen L.R. Prevalence of diastasis recti abdominis in a urogynecological patient population. International Urogynecology Journal 2007; 18(3), p 321-328, DOI: 10.1007/s00192-006-0143-5. \*2. Sleep J., et al, West Berkshire perineal management trial. BMJ, 1984; 289: 587-690

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