

Assessment and Treatment of Pelvic Girdle Pain

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Pregnancy-related lumbopelvic pain has puzzled medicine for a long time. More than 2,000 years ago, Hippocrates (c. 460–c. 377 B.C.) theorized that an irreversible relaxation and widening of the pelvis occurs with the first pregnancy, the resultant instability of the sacroiliac joints leading to symptomatic inflammation. Pelvic girdle pain (PGP) is defined by pain experienced between the posterior iliac crest and the gluteal fold, particularly in the vicinity of the sacroiliac joints (SIJ). Recent literature suggests that around half of all pregnant women incur lumbopelvic pain, which may persist, or arise, after delivery and will, in some patients, lead to severe disability. Unfortunately, much remains unclear. Consensus on terminology is lacking, and it is uncertain that all the terms used refer to the same pathological entity. Moreover, published prevalence figures vary widely; underlying pathological mechanisms are still a matter of debate, and there is no unanimity in the literature as to diagnosis and treatment.

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