

PRLBP

- Affects up to 80% of pregnant women
- High recurrence rate
- Functional stress (weight gain, gait changes, postural strains due to ligamentous laxity)
- Anterior pelvic tilt and l_x hyperlordosis - strain on ligaments, discs, l_x facets and SI joints
- Abdo muscles stretched
- Hormone relaxin (released by ovaries)
- Usually starts at the 5th and 7th Month and sometimes the 1st trimester

Presentation

- LS pain which radiates to buttock and posterior thigh
- Provoked by standing, sitting, coughing, sneezing, straining
- Gets worst at the end of the day sometimes night pain
- Oswestry and FABQ

Red Flags

- Lightheadness
- SOB
- Chest pain
- Headache
- Calf pain/swelling
- Decreased fetal movement
- Neuro involvement
- Fever
- Chills
- Bleeding
- Spotting
- Unusual discharge
- Cramping
- High blood pressure
- Sudden onset pelvic pain

PE

- +ve SI tests (distraction, thigh thrust, compression, sacral thrust)
- +ve ASLR
- +ve Gaeslens
- +ve Kemps
- +ve Thomas test (pelvic anteversion = tight iliopsoas)



DDx

- Lx segmental joint dysfunction
- SI joint dysfunction
- Lx facet syndrome
- LS strain/sprain
- Lx disc
- Degeneration
- Lx instability
- Hip pathology
- F#
- Infection
- Neoplasm
- Diastasis rectus abdominis

Management

- Education and reassurance
- SMT
- PIR of tight muscles (piri and iliopsoas)
- Exercises (pelvic tilts, knee to chest, sciatic nerve floss, hammy stretches, kegel exercises, stability exercises of gluts, QL, abdominal wall and intrinsic spine muscles)
- Gentle aerobic exercises (water aerobics and yoga)
- Round ligament STW (gentle release)
- Advice (take frequent breaks from sitting/standing, small footstool, sleeping with pillow between knees whilst side lying)
- SI/pregnancy support belt
- Pelvic floor strengthening

