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[Spine \(Phila Pa 1976\)](#). 2008 Mar 1;33(5):E145-51. doi: 10.1097/BRS.0b013e3181657f03.

Physical characteristics of women with severe pelvic girdle pain after pregnancy: a descriptive cohort study.

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Abstract

STUDY DESIGN: Descriptive cohort study.

OBJECTIVE: This study aims to further elucidate the differences in physical characteristics of women with severe pregnancy-related **pelvic** girdle pain (PGP).

SUMMARY OF BACKGROUND DATA: There is increasing interest in **pelvic** girdle pain (PGP). To our knowledge, this is the first study on a large population of patients with severe PGP, after pregnancy, based on high cutoff scores on diagnostic PGP tests.

METHODS: Two hundred five patients were selected from the outpatient clinic of a rehabilitation center. Patients were divided in 3 inclusion groups based on the total number of positive scores on 5 diagnostic tests; i.e., active straight leg raise test, posterior **pelvic** pain provocation test, long dorsal sacroiliac ligament test, and hip abduction and adduction strength tests. These inclusion groups were related to the data on trunk strength test, general provocation tests, Quebec Back Pain Disability Scale (QBPDS) and activities of daily living.

RESULTS: A typical pattern of PGP emerges from this study. The mean group score on the active straight leg raise, posterior **pelvic** pain provocation, and long dorsal sacroiliac ligament tests became higher when more than 3 inclusion tests were positive. Hip abduction and adduction strength became lower with more positive tests. The QBPDS score was overall high and significantly higher for 5 positive tests compared with 3 and 4 positive tests. This shows that the number of positive tests, the individual score on the diagnostic tests, and the QBPDS could all be an indicator for severity of PGP. Among the general pain provocation tests, both the passive hip flexion test and the upper and middle sacral thrust test scored high. The maximal isometric strength of trunk muscles was below the 10th percentile compared with women without complaints and was even less for 5 positive inclusion tests. It is confirmed that there is a typical order for difficulties with daily activities for PGP patients as follows (most difficult first): standing still, cycling, walking, sitting, and lying.

CONCLUSION: The study shows that the level of severity in PGP can be adequately assessed by a combination of specific tests.

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