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## **A randomized controlled trial comparing a multimodal intervention and standard obstetrics care for low back and pelvic pain in pregnancy.**

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### **Abstract**

**OBJECTIVE:** Women commonly experience low back pain during **pregnancy**. We examined whether a multimodal approach of musculoskeletal and obstetric management (MOM) was superior to standard obstetric care to reduce pain, impairment, and disability in the antepartum period.

**STUDY DESIGN:** A prospective, randomized trial of 169 women was conducted. Baseline evaluation occurred at 24-28 weeks' gestation, with follow-up at 33 weeks' gestation. Primary outcomes were the Numerical Rating Scale (NRS) for pain and the Quebec Disability Questionnaire (QDQ). Both groups received routine obstetric care. **Chiropractic** specialists provided manual therapy, stabilization exercises, and patient education to MOM participants.

**RESULTS:** The MOM group demonstrated significant mean reductions in Numerical Rating Scale scores ( $5.8 \pm 2.2$  vs  $2.9 \pm 2.5$ ;  $P < .001$ ) and Quebec Disability Questionnaire scores ( $4.9 \pm 2.2$  vs  $3.9 \pm 2.4$ ;  $P < .001$ ) from baseline to follow-up evaluation. The group that received standard obstetric care demonstrated no significant improvements.

**CONCLUSION:** A multimodal approach to low back and pelvic pain in mid **pregnancy** benefits patients more than standard obstetric care.

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