Margie Polden Memorial Lecture: 'mind the gap!' symphysis pubis dysfunction revisited.

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Citation

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Source: Journal of the Association of Chartered Physiotherapists in Women's Health (J ASSOC CHARTER PHYSIOTHER WOMENS HEALTH), 2005 Spring(96): 3-15 (62 ref)

Publication Type: journal article - review, tables/charts

Language: English


Minor Subjects: Pregnancy; Female; Women's Health; Nomenclature; Joint Instability; Pelvis -- Pathology; Physical Therapy; Chronic Pain; Biomechanics; Pubic Symphysis -- Anatomy and Histology; Pubic Symphysis -- Physiology; Pregnancy -- Physiology; Labor; Pelvic Pain -- Risk
Abstract: Symphysis pubis dysfunction (SPD) is a common manifestation in pregnancy, and forms part of pregnancy-related pelvic girdle pain (PGP). Different terminology used across the literature makes it difficult to determine its true incidence. The pelvic girdle is responsible for transferring large forces during walking, and relies on active and passive stability. The normal symphysis pubis undergoes change during pregnancy and parturition. The aetiology of SPD is unknown, but musculoskeletal, hormonal and endocrine changes may all play a part. There is some evidence that asymmetrical laxity of the pelvic girdle rather than laxity alone plays a major role in musculoskeletal dysfunction. Diastasis symphysis pubis is a related component of PGP, but unlike SPD, diagnosis is made radiologically. Physiotherapists involved with women with PGP should undertake an examination of the pelvic girdle to establish the extent of musculoskeletal involvement. Musculoskeletal dysfunctions comprise movement restrictions of the pelvic girdle joints and/or poor control of mobility (functional instability). There may be coexistence of altered pain mechanisms, especially in patients with chronic pain presentation. Suggestions for management of musculoskeletal dysfunction are outlined. It is proposed that clinical research into the common presentations and management of PGP and SPD are undertaken.
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