Clinical Practice Guidelines for Pelvic Girdle Pain in the Postpartum Population: Summary of Recommendations

This document is meant to serve as a brief summary of the recommendations from the original CPG. Further details and explanations can be found in the complete CPG document.

Simonds AH, Abraham K, Spitznagle T. Clinical Practice Guidelines for Pelvic Girdle Pain in the Postpartum Population. *Journal of Women's Health Physical Therapy.* 2022;46(1):E1-E38. doi: 10.1097/JWH.0000000000000236.

Definition of Postpartum Pelvic Girdle Pain

Pain experienced between the posterior iliac crest and gluteal fold, particularly in the vicinity of the SIJ, from delivery up to 2 years postpartum.

Risk Factors

A Individuals are more likely to develop PP-PGP if they have a history of lumbar pain or PGP, including PGP during pregnancy.

Systems Screening

A Physical therapists should administer a depression index to screen for postpartum mood disorders. Refer to psychological, gynecological, or primary care providers if symptoms are present.

Screen for suicidal ideation. Refer to emergency department if present.

B Physical therapists should screen for urinary and fecal incontinence. Refer to a pelvic health physical therapist if symptoms are present.

Perform abdominal wall, back, and hip screening.

C Physical therapists should perform a lower quarter neurological assessment, including sensory and motor assessment of the perineal region and pelvic floor. Refer for medical examination of the lumbar plexus in the presence of distal neurologic symptoms.

C Physical therapists should screen for activity-associated pain that improves with rest, breastfeeding status, and heparin use in pregnancy, delivery, or postpartum. Physical therapists should perform boney palpation over sites of pain.

Refer for imaging to rule out stress fracture when patient presents within 2 weeks of delivery with complaints of: severe pain, decreased or inability to weight bear, antalgic gait or limp, pain relieved with lying down, sudden onset of pain located at SIJ, buttocks, low back, or PS.

Examination

A Physical therapists should inquire about location of pain, pain with rolling, and pain with LE weight-bearing.

C The Oswestry Low Back Pain Disability Questionnaire and Pelvic Girdle Questionnaire are validated for measuring disability associated with PP-PGP.

C Physical therapists should perform standing examination tests to observe and assess the level of difficulty, presence of pain, and movement impairments during trunk and limb movements.

P Physical therapists may perform alignment testing of pelvic landmarks to determine asymmetry, though not in isolation.

A B Physical therapists should perform the P4 test. Additional provocation tests may be performed as necessary to confirm the location of pain and irritability of the structures.

A Physical therapists should perform the active straight leg raise test.

P Physical therapists should not perform Gaenslen's test in the first 4 weeks postpartum, or beyond 4 weeks postpartum in the presence of PS pain.

A Muscle function should be assessed, including: force production, endurance, resting muscle tone, and muscle length.

C Physical therapists may perform diastasis rectus abdominis assessment.

P Physical therapist may perform the long dorsal ligament test, though not in isolation.

P Physical therapists may palpate the PS as part of a comprehensive examination of the pelvic girdle.

Prognosis

A Physical therapists should assess pain level and administer a disability questionnaire, as prognosis depends on initial pain and disability scores.

Individuals with greater disability and pain scores should be expected to recover more rapidly and return to function.

Physical therapists should advocate for initiating care before 3 months postpartum to reduce likelihood of chronic PP-PGP.

Regardless of intervention, individuals with PP-PGP may continue to experience low disability and/or pain at 1 year and 2 years postpartum.

Intervention

A Physical therapists may educate clients on pain and physiology of PP-PGP, as well as normal changes postpartum.

Physical therapists may instruct clients on functional movement strategies associated with activities of daily living and childcare tasks.

A Physical therapists should prescribe exercise to address muscle performance impairments. Exercise should be modified if painful. Cointerventions may be considered until tolerance for exercise improves, such as education, a pelvic belt, an assistive device for gait, functional training, and/or manual therapy.

A Physical therapists should not use pelvic belts in isolation, rather in conjunction with cointerventions.

A Physical therapists should not apply manual therapies in isolation, rather in conjunction with cointerventions.

P Physical therapists may consider functional training as an intervention.

Theoretical Models of Care

P Examination and intervention studies suggest that impaired limb loading is a primary movement impairment for PP-PGP.

Abbreviations: CPG: clinical practice guidelines, PGP: pelvic girdle pain, PP-PGP: postpartum pelvic girdle pain, PS: pubic symphysis, SIJ: sacroiliac joints

Grading of Evidence: A = Strong, B = Moderate, C = Weak, D = Theoretical, P = Best Practice, R = Research