

Pregnancy-related pelvic girdle pain: understanding the clinical perspectives and decision-making of physiotherapists practising in the UK

1. Frankham, A., 2. Dufour, S., 3. Clark-Smith, M.

1. Clinical Lead Pelvic Health Physiotherapist – Performance Physiotherapy, Jersey. Email: alex@physio.ie, 2. Associate Clinical Professor, Rehabilitation Science – Faculty of Health Science, McMaster University, Canada, 3. Director & Pain Relief Movement Specialist – Resolving Chronic Pain Clinic, Scotland

Background

Pregnancy-related pelvic girdle pain (PPGP), presenting either ante or post-partum, is increasingly recognised as a nociplastic pain presentation, influenced by and influencing biological, psychological, and social factors.

The 2020 IASP definition states pain (all pain) is ‘an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage’ (Raja et al. 2020)

Historically however, physiotherapists have considered the aetiology of PPGP to be predominantly due to altered biomechanics associated with pelvic instability during pregnancy, associated predominantly with peripheral nociception. As such, treatments have included pelvic belts, manual therapies and exercises aimed at addressing the biomechanics and stabilising the pelvic joints, in order to reduce nociception (Clark-Smith, Tichband and Dufour, 2019). Experts in this field remain divided in their understanding of aetiology and treatment choices, favouring a biomechanical paradigm, despite lack of supportive evidence from clinical trials (Hodges et al. 2019).

This was a cross-sectional online survey using quantitative data analysis.

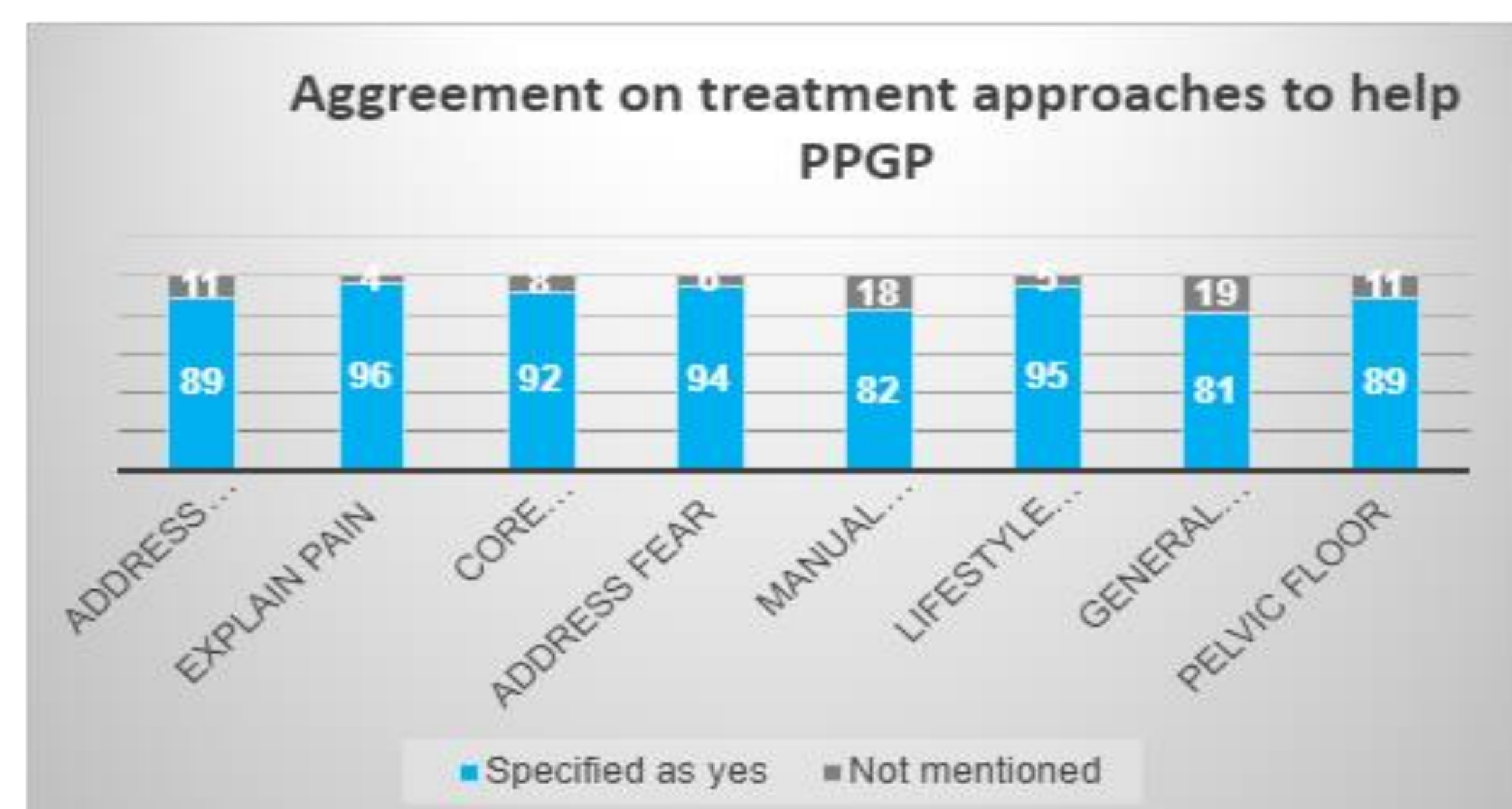
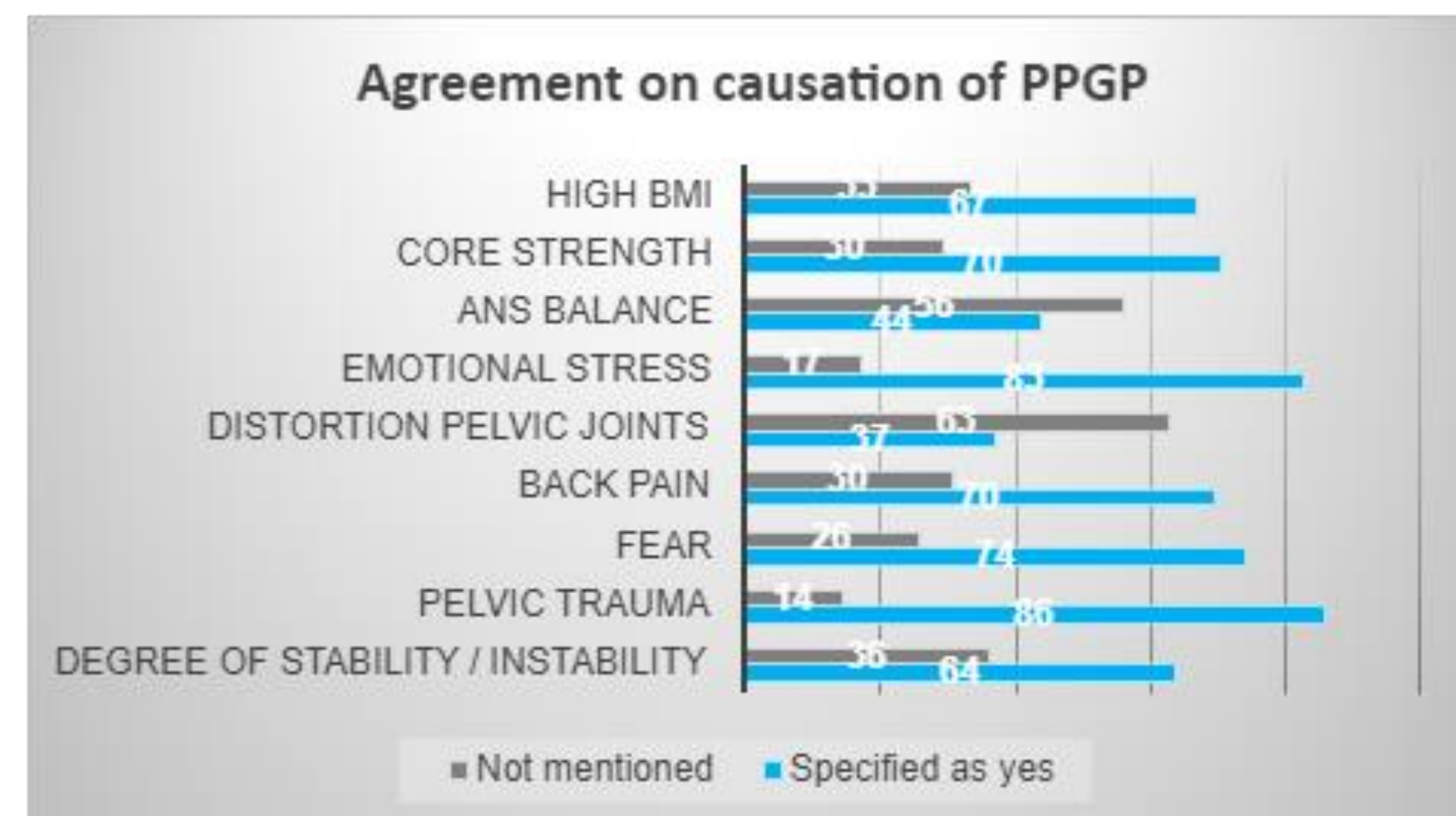
The aim of this study was to seek opinions on the aetiology of PPGP and subsequent clinically reasoned physiotherapy treatments of choice, of physiotherapists in the U.K.

Results

Descriptive statistical analysis was performed on 105 completed anonymized data sets using Microsoft Excel.

Demographics on level of education and place of work

- 55% BSc Physiotherapy
- 45% Masters or Phd
- 67% practicing 10+ years
- 44% solely NHS; 33% solely private practice; 23% combined public / private working



References

- Clark-Smith, M., Tichband, L., Dufour, S. (2019) Irish Physiotherapists' Perspectives: Pregnancy-related Pelvic Girdle Pain. Auctores, doi: 10.31579/2578-8965/029.
- Hodges, P., Cholewicki, J., Popovich, J. et al. (2019) Building a Collaborative Model of Sacroiliac Joint Dysfunction and Pelvic Girdle Pain to Understand the Diverse Perspectives of Experts. PM & R : the journal of injury, function, and rehabilitation, 11(1), S11–S23.
- Raja, S., Carr, D., Cohen, M., et al. (2020) The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. PAIN, 161 (9), 1976-1982.

Study design

Health Care Profession Council (HCPC) registered physiotherapists were approached via social media sites frequented by physiotherapists, who are either members or associated with the Pelvic Obstetric & Gynaecological Physiotherapy (POGP) registered charitable organisation. Ethical approval was obtained from Hamilton Integrated Research Ethics Board (Project 1625). The survey was listed on 3rd December 2020 advertising HCPC registered physiotherapists to complete an anonymous online survey using Typeform®. The survey was further promoted on the 5th January 2021 and closed on the 3rd February 2021. The survey firstly provided statements requiring opinion on the clinical significance of PPGP and whether treatment should be offered. Secondly, dichotomous responses on causation and treatment choices were requested, intentionally allowing for opinion to be gleaned on the physiotherapists understanding being either more structurally orientated or favouring a more contemporary understanding of the biopsychosocial nature of pain.

Survey statements on considered causation of PPGP

Structural	Contemporary pain science
High BMI	Autonomic nervous system (ANS) balance
Core Strength	Emotional stress
Distortion of pelvic joints	Fear
Back pain	Pelvic trauma
Degree of pelvic stability / instability	

Survey statements on considered treatments for PPGP

Structural	Contemporary pain science
Address biomechanics	Explain pain
Enhance core stability	Address fear
Manual therapy	Address lifestyle factors
Pelvic floor muscle training and general exercise could be considered within a structural context or a contemporary pain science understanding.	

Results

Structural / biomechanical

- 60%+ of participants do not believe pelvic joint distortion to be clinically relevant
- 60%+ believe that stability of the pelvis is clinically relevant
- 92% of participants wish to address core stability
- 89% wish to address biomechanics.

Contemporary Pain Science

- 90% + of all participants want to offer a contemporary pain explanation
- 90% + address a patients fears and offer lifestyle considerations.
- Less than 50% consider ANS balance to have consideration

Interpretation

- Physiotherapists are recognising that PPGP is multifaceted and not simply associated with peripheral nociception.
- Physiotherapists are recognising that psychological factors may influence the experience of pain and that treatments could facilitate reduction in fear.
- The ANS involvement in pain perception is less recognised.
- Treatments addressing core stability and biomechanics may suggest that there remains a difficulty in aligning treatment with the contemporary understanding of pain with PPGP.

Limitations

The wider context of physiotherapists understanding cannot be gleaned from quantitative survey data. Whilst authors feel data captured a representative sample of the physiotherapy population working in the field of POGP the relatively small number of participants mean that interpretation cannot be applied to all physiotherapists working in POGP. Further research could qualitatively investigate physiotherapists clinical reasoning and models of influence.