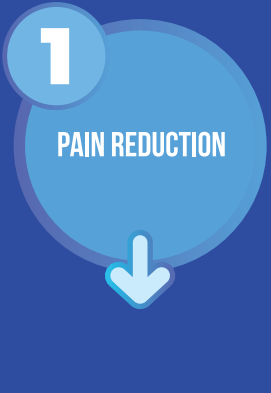



NORTH PARRAMATTA PHYSIOTHERAPY PREGNANCY RELATED PELVIC GIRDLE PAIN (PRPGP) PROTOCOL

| STAGE | AIMs | TREATMENT | HOME EXERCISE | CLINICAL PILATES (FP60) | ACTIVITY MODIFICATION |
|---|--|--|--|---|--|
|  <p>1 PAIN REDUCTION</p> | <ul style="list-style-type: none"> Settle pain and provide support for everyday functioning. LIMIT WALKING. Advice on activity modification to reduce pain. eg “hug” hips when moving from sit to stand (first few steps) or walking with short steps like wearing a miniskirt. Reassure and educate patient about the condition | <ul style="list-style-type: none"> Soft tissue releases to the muscle groups most affected eg posterior sling, hamstrings, gluteals, QL etc. Taping if required for force closure and/or bracing Unloaded exercises to recruit gluteals eg Supine ball on wall, BKFO, Isometric gluteals, supine/sitting MET (Muscle Energy techniques) to address pelvic asymmetries Patient Specific Functional Scale | <ul style="list-style-type: none"> ISOMETRIC GLUTEALS BLUE OR BLACK THERABAND (5 x 45 seconds - no pain, no worse 24 hours later) Intermittent brace use if appropriate/tape Spikey ball massage to gluteals Watch response; repeated 2-x day | <ul style="list-style-type: none"> Hydrotherapy program/Swimming Non-weight bearing clinical Pilates program | <ul style="list-style-type: none"> Incidental walking only “ Hug” hips with first few steps Reduce step length eg wearing a miniskirt Move both legs together when rolling over in bed or GOOC Advise to wear supportive shoes Aim to reduce time on feet significantly Non-weight bearing exercise |
| CRITERIA TO PROGRESS | | Walking with small steps without pain, reduce “waddle” while walking, able to stand on one leg momentarily. | | | |
|  <p>2 PAIN STABILISATION AND EARLY STRENGTHENING</p> | <ul style="list-style-type: none"> Continue to settle pain Improve load transfer through Pelvis Begin muscle hypertrophy gluteus ISOTONIC STRENGTHENING | <ul style="list-style-type: none"> Continued soft tissue therapy required to achieve optimal tissue tension Video analysis of SLS Transition from unloaded to loaded exercises eg wall squats with ball, clams with pillow, 4 point kneel with weight transference Continue MET manual Therapy | <ul style="list-style-type: none"> ISOMETRIC GLUTEALS 2x DAILY Plus ISOTONIC eg wall squats with ball, clams with pillow, 4 point kneel with weight transference. Trigger ball for gluteals | <ul style="list-style-type: none"> Pilates FP 60; Knee stretch, upstretch, SL press and turnout, standing abdo with squat, DAPD and SAPD standing Add T/S mobility seated /ball with ring, swan dive, bow and arrow | <ul style="list-style-type: none"> Continue avoidance of aggravating activities Able to walk on flat surfaces with no increase in pain and definitely no increase in pain with first steps |
| CRITERIA TO PROGRESS | | Maximum VAS 3/10 pain with activity? | | | |



3

FUNCTIONAL STRENGTH
(PAIN LESS OF AN ISSUE)



- Continued strengthening
- Begin movement retraining of the L-spine/hip/glute/knee focusing on control and alignment in functional positions
- Focus on load transfer especially sit to stand, and single leg stance

- General progress to exercise therapy/ clinical Pilates in this phase including fascial slings
- Standing clams, crab walks chariots, static lunge with single arm row
- Video analysis of SLS and walking

- Gluteal strengthening combined with fascial slings
- DL squats with lat dorsi theraband
- Standing clams, crab walks chariots, static lunge with single arm row
- CONTINUE WITH LOADED ISOMETRIC AS PER STAGE 2 1x daily

- Focus on weight bearing exercises to stimulate walking DAPD, SAPD and push throughs
- Gradually increase loads/hold and instability during this phase eg lateral component SA push through on trap table

- Increase walking tolerance

CRITERIA TO PROGRESS

Able to Single Leg (SLS) stand with minimal Trendelenberg- VIDEO ANALYSIS TO CONFIRM

4

FUNCTIONAL STRENGTHENING WITH MOVEMENT



- Gradual return to activity
- Manage increasing demands of Pregnancy ie weight and hormonal changes

- 1/1 clinical Pilates
- Add movement to gluteal and posterior chain exercises eg sliders with split stance and band, sliders with lat pull down, skater, squats with pulses, 4 point kneel with toe sliders

- Exercises to improve core and lower limb control eg sliders with split stance and band, sliders with lat pull down, skater, squats with pulses, 4 point kneel with toe sliders
- SLS with ¼ squat

- Progression to semi supervised clinical Pilates class with individualized program
- Plies

- Hip hinge to bend, walk up/down hills
- Check limited abducted gait

CRITERIA TO PROGRESS

Painfree

5

MAINTAIN GAINS AND PREPARE FOR BIRTH

- Manage daily activities and stay active
- Reassure and give advice re favourable birth position options

- Continue active strengthening with supervision
- Include lunges, split stance clam, Rip 60 squats, double arm rows

- High level lower limb stability and motor control exercises eg scooter on disc
- Include lunges, split stance clam, Rip 60 squats, double arm rows

- Monitor fatigue and form loss in FP 60 class

- Remain as active as possible to be fit for delivery