AQUARIUS PHYSIOTHERAPY
PRECISIONCARE

WOMEN'S HEALTH

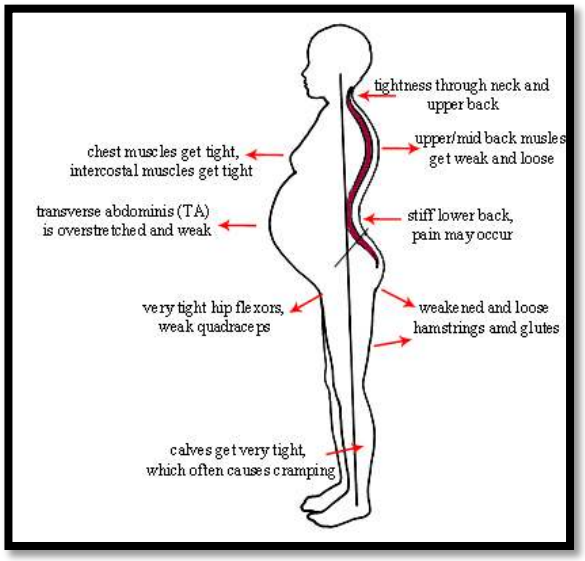
SUMMER EDITION

PHYSIOTHERAPY FOR PREGNANCY RELATED LOW BACK PAIN

Research supports that physiotherapy is the recommended choice for prevention and treatment of low back and pelvic pain during and after pregnancy.[1] So let's dive in and see what factors cause lumbar and pelvic pain and how physiotherapy can help.

Why does back pain develop in pregnancy?

Many women develop pregnancy-related low back pain; Mogren et. al found that this is common in 60-70% of women.[2] During pregnancy, there are significant changes to a woman's posture as the baby grows and the center of gravity moves forwards. The abdominal muscles stretch out and become weak, and can affect core stability. The pelvic floor musculature and the transverse abdominus work in unison to bring support to the lumbar spine and pelvis and are key areas to maintain strength during pregnancy. The natural increase lordotic curvature of the lumbar spine also results in increased load to the facet joints and discs. These are the most commonly treated areas of low back pain.



Increased risk associated with:

- Previous history of low back pain
- Low back pain during a previous pregnancy
- Hypermobility
- Smoking
- High BMI (Body Mass Index)
- Sedentary lifestyle
- Physically demanding job
- Increased age
- Psychosocial factors

When to see your physiotherapist

Most pregnancy-related low back pain will present in the second trimester. Pain is usually described as a dull ache, aggravated by forward flexion and prolonged sitting/standing. Some patients develop pain that radiates into their legs, indicating irritation of the nerve roots as they exit the spinal canal. When a woman develops low back pain during or after pregnancy, it is recommended that she seek physiotherapy assessment and treatment for patient specific exercises tailored to her individual body mechanics and contributing factors.

Initial Assessment

During the initial assessment, your physiotherapist will first take a history of your current symptoms and past medical history. Wearing comfortable clothing is recommended, as your physiotherapist will then perform various movement tests and palpate structures in the lumbar/pelvic region. Based on the findings of the assessment, the physiotherapist will begin initial treatment and prescribe initial individualized exercises.

Physiotherapy Treatment

Effective physiotherapy treatment combines manual therapy, education and exercise. Manual therapy is indicated in pregnancy to improve joint mechanics and address tight structures that are limiting movement. Education is important regarding ideal postures, lifting mechanics, sleeping positions and other patient concerns. Patient-specific exercises designed to increase core stability, lengthen tight structures, and strengthen weak muscles are prescribed and progressed as appropriate.

Diastasis Recti

Diastasis Recti is the separation of the abdominal muscles that can occur at the midline during pregnancy. Over 50% of women develop this separation during pregnancy; 36% of these women will still have this separation at 5-7 weeks post-partum.[3] Women who continue to have an abnormally large gap require specific education on what exercises to avoid which could worsen the problem, and which exercises can help fix the problem.

My name is Dacia Zavitz and I'm a physiotherapist here at Aquarius Physiotherapy. I have a passion for women's health and being a mother of 2 young boys I can personally relate. Come visit us at Aquarius Physiotherapy Yaletown.

1. S. J. Britnell, et al. Postural Health in Women: The role of physiotherapy. Joint Policy Statement No 159, May 2005
2. Mogren IM, Pohjanen AI. Low back pain and pelvic pain during pregnancy: prevalence and risk factors. Spine . 2005 Apr 15;30(8);983-91
3. Boissonnault J.S., Blaschak M.J. Incidence of diastasis recti abdominis during the childbearing year. Physical Therapy. 1988; 68:1082-1086

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