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Pelvic Girdle Pain (PGP)

The Pelvic Girdle connects the low back to the hips. It contains three joints: one joint in front (Pubic Symphysis) and two joints in the back (Sacroiliac Joints). The pelvic girdle is shaped like a bowl. The bowl is held together by the joints and muscles. The bowl holds the abdominal organs, reproductive organs, bladder, and rectum. The top of the bowl is where a belt would be placed on pants. The bottom of the bowl is formed by the pubic bone (front) and where the crease of buttocks meets the thighs (back). Pelvic Girdle Pain includes pain anywhere in this region. Pelvic girdle pain is different from low back pain.

Symptoms of pelvic girdle pain include pain from the belt region to the crease of the buttocks (back) or pubic bone (front). Pain can be in the muscles or joints. The pain can be in the front, back (one or both sides), or all around. Sometimes the pain can radiate down to the knee. Usually the pain is worse with transitional movements (i.e., walking, getting in/out of a car, turning in bed).

Causes of pelvic girdle pain include changes in joint movement. Movement can be increased (laxity) or decreased (stiffness). Conditions that lead to pelvic girdle pain include: pregnancy, postpartum, rheumatologic diseases, arthritis, and spine fusion surgery. These conditions change the way the joints of the pelvic girdle move.

Diagnosis is usually made by physical exam. Sometimes imaging or injections may be necessary to confirm the diagnosis. Treatment can be complex. A physician will help choose the best option(s). Physical Therapy and use of Pelvic Belts help stabilize the pelvis. Physical therapy also strengthens muscles, corrects posture, and adjusts body movements (ergonomics). Pain medications (analgesics) and anti-inflammatory medications (NSAIDs or steroids) may be used. Ice or heat can also be helpful. Steroid injections are used for severe or chronic pain. Pelvic girdle pain almost always improves without surgery. Surgery is a last resort.

