



Dynamic Chiropractic – July 15, 1994, Vol. 12, Issue 15

Lower Back Pain during Pregnancy

By Victoria Arcadi

One of the most common complaints during pregnancy is lower back pain. In my experience, lower back pain can be the first sign that a woman may be pregnant, especially when there has not been a trauma or any other reason for back pain to appear. My patients always give me a surprised sort of smile when I ask them if they might be pregnant. A large percentage of them are pregnant. Whether newly pregnant or very pregnant, lower back pain in pregnancy can be very uncomfortable and frustrating, especially when their medical doctor tells them that it is "normal." Actually, studies have reported lower back pain in half of all pregnant women.¹ These suffering women are told by their doctors that they need to wait until they have the baby to get relief. Meanwhile, there is no known medical treatment.

I have been specializing in treating pregnant women for over nine years, and from clinical experience I am here to tell you that there is much that can be done for these women who suffer from sometimes debilitating lower back pain. Chiropractic adjustments have been shown clinically to be successful in relieving this discomfort in a large majority of cases, and usually with only one adjustment. In a recent paper published in *Obstetrics and Gynecology*, January 1988, "Low back pain during pregnancy,"² 862 pregnant women participated in a study in the community of Linköping, Sweden answered detailed questionnaires in the 20th, 30th, and 35th week of pregnancy. All women had symptoms of low back pain. Seventy-nine had such severe pain that they were unable to continue work, and were referred to an orthopedic surgeon for orthoneurologic examination. These 79 were followed from six to 12 months after delivery. The results of this study are important to chiropractors.

Low back pain was caused in 78 percent of the women by sacroiliac dysfunction, resulting from the sacroiliac fixation test also known as Piedallu's sign. The patient is examined and one posterior superior spine is lower than the other. On forward flexion, the position is reversed. The test used was our motion palpation test for a fixation of the SI joints, where the examiner puts one thumb over the PSIS, and the other over the ipsilateral second sacral tubercle. With the patient standing, the examiner asks the patient to flex

the knee and hip, bringing the thigh up toward the abdomen. In a moving joint the PSIS of course will move inferiorly with respect to the sacral tubercle. A fixation or reduction of mobility of the joint is indicated if the PSIS fails to move. This would indicate some sort of blockage of the joint.³

Other tests used to diagnose sacroiliac dysfunction were Patrick's test, placing the heel on the opposite knee, supine and rotating the leg outward to elicit pain in either the hip or the SI joint; and Derbolowski's test, in which a change was noted in the medial malleoli in relation to each other, when the patient is either lying down or sitting. Shortening of one leg would indicate rotation backward on the ipsilateral half of the pelvis.⁴

I thought these tests to be the type of testing that chiropractors use every day to diagnose a sacroiliac dysfunction. But what was really interesting was the treatment and results of the study. Of the 79 women treated for severe back pain, 52 were diagnosed with sacroiliac dysfunction. Of 54 patients given a trochanteric belt to restrict the movement of the sacroiliac joints during the pregnancy, 39 experienced relief. Ten women were treated with mobilization of the joints, which was administered by two orthopedic surgeons. They used a technique described by Maitland and Corrigan.⁵ But whichever techniques used, whether Maitland and Corrigan, diversified, etc., seven of these women were totally relieved, and three had only temporarily relief for one to two days: still a good result.

The outcomes from this study support chiropractic adjustments during pregnancy. Complete relief was only found when treatment included adjustments or manipulation as stated in the study. From these results, we can conclude that chiropractic adjustments beneficial and also alleviate back pain in at least 70 percent of all patients from this study, with adjustments to the SI joints.

In my experience adjusting and evaluating pregnant women, I have found that the sacrum seems to be subluxated most commonly when there is severe lower back pain. Later in the pregnancy, especially in the last trimester, the SI joint as well as the buttock muscles seem to be strained and must be treated.

Occasionally, a trochanteric belt is necessary to totally relieve the pain and stabilize the joint to reduce edemic infusion into the joint. But as I stated above, chiropractic care has been shown clinically to be extremely beneficial in alleviating lower back pain in pregnancy.

Pregnant women comprise a significant group who can utilize our approach in relieving their discomforts. I would like to see every chiropractor become knowledgeable and confident and excited about treating and helping pregnant women because, after all, we are not only benefitting one life, but two. Think about it.

References

1. Mantle MJ, Greenwood RM, Currey HLF: Backache in pregnancy. *Rheumatol Rehabil* 16: 95, 1977.
2. Berg et al: Low back pain in pregnancy. *Obstetrics and Gynecology* 71: 1, 1988.
3. Maigne R: Sacroiliac joints, the problem of their blockings and strains. *Douleurs d'Origine Vertebrale et Traitements par Manipulations*, 2nd ed. Paris, Expansion Scientifique, 1972, p.294.
4. Grieve GP: *Common Vertebral Joint Problems*. New York: Churchill Livingstone, 1981.
5. Maitland GC, Corrigan B: *Practical Orthopaedic Medicine*. London: Butterworths & Co. Ltd., 1983, pp.330-331.

Victoria C. Arcadi, DC

Sherman Oaks, California



Page printed from:

http://www.chiroweb.com/mpacms/dc/article.php?id=41386&no_paginate=true&p_friendly=true&no_b=true