

All information, content, and material of this website / handout is for informational purposes only and are not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider. The information is not intended to recommend the self-management of health problems or wellness. It is not intended to endorse or recommend any particular type of medical treatment. Should the reader have any health care related questions, that person should promptly call or consult your physician or healthcare provider. This information should not be used by any reader to disregard medical and/or health.

PELVIC GIRDLE PAIN (PGP)

What is 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, ligaments, and muscles. The bowl contains 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

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 be felt down to the knee. Usually the pain is worse with certain movements involving a change in position (i.e., walking, getting in or out of a car, turning in bed, etc.).

Main causes of PGP

Causes of pelvic girdle pain include changes in joint mobility. Joint mobility can be increased (laxity or looseness) 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 and Treatment

Diagnosis is usually made by a physical exam. Sometimes imaging or injections may be necessary to confirm the diagnosis. Treatment can involve various approaches. A physician will help choose the best option(s). Physical Therapy and use of Pelvic Belts help stabilize the pelvis. Physical therapy also helps to align bony structures as well as reestablishing proper length/tension relationships of the soft tissues, strengthen muscles, correct posture, and adjust 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.

Last revised on 12.10.2022

For more information about other chronic pelvic pain syndromes visit:

International Pelvic Pain Society www.pelvicpain.org/public

Join our social media:

