Comments about “European guidelines for the diagnosis and treatment of pelvic girdle pain”

Margareta Nordin

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Point of view

This publication was developed within the frame work of Cost Action B113 “low back pain: guidelines for its management” issued by the European Commission, Research Directorate-general, Department of Policy, Coordination and Strategy. The method is an evidence based systematic review where studies were accepted according to a review system. If no studies were accepted or found, the recommendations are based on expert consensus opinion from the authors.

A total of 155 of 202 studies were accepted for this review and 23 clinically related recommendations are given. It is commendable to undertake such review; it is time consuming, difficult and important and of course various professional and non-professional groups will critique it. However, this kind of review leads to more research, debates and usually reforms and advances clinical care both diagnostics and treatments.

The authors have made a musculoskeletal definition of pelvic girdle pain (PGP) and functional definition of joint

stability. The definition of musculoskeletal PGP is good and should be used. However, the definition of functional stability of joint is less useful. The authors propose optimal stability and non-optimal stability with no indication of what that means for the pelvic girdle. The definition is very general and does little to enhance clinical diagnostics of care or treatment, with such an effort done it would have enhanced the review with a more specific definition.

Diagnosing PGP

Perhaps the most knowledge is to be gained from the diagnostic section. For those who do not believe in PGP other than in pregnancy, this systematic literature review offers some diagnostic tests that are reliable and valid. Like many suggested tests in the musculoskeletal area, these tests are better to rule out diseases than to rule in diseases, i.e. lower sensitivity and higher specificity. Reliability of the manual tests is acceptable and most studies are made on pregnant women. The manual tests included are related to pain provocation of the SI-joint and the symphysis and function. All tests are described in Appendix 2, which is commendable. All imaging is considered of limited value unless there is suspicion of serious disease. Injections are not recommended for diagnostic purposes for the SI-joint.

Pregnancy and PGP: Treatment

The review is more convincing when it comes to pregnancy and PGP. Some good studies form the basis of evidence recommendation, for example, 1 of 2 women develop PGP during pregnancy however no clear risk factor for developing PGP can be pinpointed except for low back pain and/or previous trauma to the pelvic region yielding twice the

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M. Nordin
Departments of Orthopaedics and Environmental Medicine,
Program of Ergonomics and Biomechanics, School of Medicine
and Graduate School of Arts and Science, New York University,
New York, NY, USA

M. Nordin (✉)
Occupational and Industrial Orthopaedic Center (OIOC),
NYU Hospital for Joint Diseases, New York University Medical
Center, 63 Downing Street, New York, NY 10014, USA
e-mail: margareta.nordin@nyu.edu
URL: <http://www.oioc.org>

risk (OR 1.8–2.8). Prognosis is good and most PGP goes away post partum. Stabilization exercise and individualization of exercise as tolerated and physical therapy (unspecified) are recommended however effect size is not given. Additional treatments that may be helpful are; medication (paracetamol or NSAID) acupuncture, pelvic belt and/or some individualized information. No specific prevention can be recommended for pregnancy and PGP.

PGP and non-pregnancy: Treatment

The knowledge is sparse on PGP other than pregnancy and for other conditions clinicians will find little help. Possibly

individual exercise, medication (paracetamol or NSAID) and/or injections under imaging guidance in the SI joint may provide relief. Due to the lack of studies with a well-defined diagnosis of PGP this is a wide open field for research.

In conclusion, this systematic review reveals a few pearls for clinicians particularly for those treating pregnancy and PGP. For other PGP conditions, not due to pregnancy, the review is limited due to lack of studies.