

**“The Rules of Physical Therapy for Cardiac Rehabilitation in Community Settings”**

 Jl. A. Yani, Pabelan, Kec. Kartasura, Kabupaten Sukoharjo, Jawa Tengah 57169

PHYSIOTHERAPY MANAGEMENT FOR PREGNANCY- RELATED PELVIC GIRDLE: A CASE STUDY

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**Abstract**

***Introduction****:* Pregnancy-related Pelvic Girdle Pain (PGPP) is the most common condition during pregnancy that affects the quality of life, and a previous study has found that between 17% to 64.7% of pregnant women reported PPGP worldwide. The physiotherapy management of PPGP has varieties among countries, especially in the low- and middle-income countries (LMICs) group setting which are dependent on their country’s situations. The topics that need to discover more in the LMICs were the vulnerable maternal and neonatal morbidity and mortality risk factors. This could be the inadequate health service quality, lack of information, limited coverage, and low quality of antenatal care.

***Case Presentation****:* A literature review from five databases (PubMed, Pedro, Science Direct, Cochrane, and Web of Science). A mix of keywords has been used in the search or Medical Subject Heading (MESH) terms related to "pregnancy-related pelvic girdle pain" or “Pelvic Girdle Pain AND Pregnancy” and combine with OR treatment and "low and middle-income countries". The inclusion criteria of the articles were that pregnant women aged 18 years old suffered PPGP and all studies assessed the published in English within 2000-2020. The methodological quality of the included studies in terms of internal validity was assessed using CASP (Critical Appraisal Skills Program).

***Management and Outcome:*** lumbopelvic belts could improve functional status, decreased the level and intensity of pain, and raise the quality of life among pregnant women were the benefit of physiotherapy management for solving the PPGP problems.

***Discussion****:* Four articles have been selected from five databases with 80% of quality assessment for each research. The studies mentioned 3 to 10 weeks exercise program, a specific exercise program (pelvic rocking technique, back care, routine prenatal care, home-based pelvic stabilizing exercise), and lumbopelvic belts could improve functional status, decreased the level and intensity of pain, and raise the quality of life among pregnant women were the benefit of physiotherapy management for solving the PPGP problems.

***Conclusion****:* Physiotherapy management in the LMICs group setting use the three to ten weeks of exercise program. The specific technique of exercise and lumbopelvic belts were used to treat the PPGP problems among pregnant women.

**Keyword**: pregnancy, PPGP management, physiotherapy, LMIC



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**Introduction**

Provide a context for the case and describe any similar cases previously reported.

**Case Presentation**

This 25-year-old female office worker presented for the treatment of recurrent headaches. The headaches are primarily in the suboccipital region, bilaterally but worse on the right. Sometimes there is radiation towards the right temple. The patient describes the pain as having an intensity of up to 5 out of ten, accompanied by a feeling of tension in the back of the head. When the pain is particularly bad, she feels that her vision is blurred. This problem began to develop three years ago when she commenced work as a data entry clerk. Her headaches have increased in frequency in the past year, now occurring three to four days per week. The pain seems to be worse towards the end of the work day and is aggravated by stress. Aspirin provides some relieve. She has not sought any other treatment. Otherwise the patient reports that she is in good health. There is no family history of headaches. Examination revealed an otherwise fit-looking young woman with slight anterior carriage of the head. Cervical active ranges of motion were full and painless except for some slight restriction of left lateral bending and rotation of the head to the left. These motions were accompanied by discomfort in the right side of the neck. Cervical compression of the neck in the neutral position did not create discomfort. However, compression of the neck in right rotation and extension produced some right suboccipital pain. Cranial nerve examination was normal. Upper limb motor, sensory and reflex functions were normal. With the patient in the supine position, static palpation revealed tender trigger points bilaterally in the cervical musculature and right trapezius. Motion palpation revealed restrictions of right and left rotation in the upper cervical spine, and restriction of left lateral bending in the mid to lower cervical spine. Blood pressure was 110/70. Houle’s test (holding the neck in extension and rotation for 30 seconds) did not produce nystagmus or dizziness. There were no carotid bruits.

**Management and Outcome**

The patient undertook a course of treatment consisting of cervical and upper thoracic spinal manipulation three times per week for two weeks. Manipulation was accompanied by trigger point therapy to the paraspinal muscles and stretching of the upper trapezius. Additionally, advice was provided concerning maintenance of proper posture at work. The patient was also instructed in the use of a cervical pillow. The patient maintained a headache diary indicating that she had two headaches during the first week of care, and one headache the following week. Furthermore, the



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intensity of her headaches declined throughout the course of treatment. Based on the patient’s reported progress during the first two weeks of care, she received an additional two treatments in

each of the subsequent two weeks. During the last week of care, she experienced no headaches and reported feeling generally more energetic than before commencing care. Following a total of four weeks of care (10 treatments) she was discharged.

**Discussion**

The distinction between migraine and cervicogenic headache is not always clear. However, this case demonstrates several features ………

**Conclusion**

This case demonstrates a classical presentation of cervicogenic headache which resolved quickly with a course of spinal manipulation, supportive soft-tissue therapy and postural advice.

**Acknowledgments**

**References**